

UC Irvine

UC Irvine Previously Published Works

Title

Erratum to "In time: averting the legacy of kidney disease – focus on childhood" [Rev. Paul. Pediatr. 34 (1) (2016) 5–10]

Permalink

<https://escholarship.org/uc/item/9vp326n7>

Journal

Revista Paulista de Pediatria, 34(2)

ISSN

0103-0582

Authors

Ingelfinger, Julie R
Kalantar-Zadeh, Kamyar
Schaefer, Franz
[et al.](#)

Publication Date

2016-06-01

DOI

10.1016/j.rppede.2016.04.004

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed



REVISTA PAULISTA DE PEDIATRIA

www.rpped.com.br



ERRATUM

Erratum to “In time: averting the legacy of kidney disease – focus on childhood” [Rev. Paul. Pediatr. 34 (1) (2016) 5–10]



Errata do “Em tempo: evitando as consequências da doença renal – foco na infância” [Rev Paul Pediatr 2016;34(1):5–10]

Julie R. Ingelfinger^{a,*}, Kamyar Kalantar-Zadeh^b, Franz Schaefer^c, on behalf of the World Kidney Day Steering Committee¹

^a Massachusetts General Hospital, Boston, USA
^b University of California, Irvine, USA
^c Heidelberg University Hospital, Heidelberg, Germany

In the editorial Erratum of “In time: averting the legacy of kidney disease – focus on childhood” [Rev Paul Pediatr. 2016;34(1):5-10], in the Table 2, which reads:

Table 2 Etiology of chronic kidney disease in children.²

DRC		DRET	
Etiology	Percentage (range)	Etiology	Percentage (range)
CAKUT	48-59%	CAKUT	34-43%
GN	5-14%	GN	15-29%
HN	10-19%	HN	12-22%
HUS	2-6%	HUS	2-6%
Cystic	5-9%	Cystic	6-12%
Ischemic	2-4%	Ischemic	2%

CKD, chronic kidney disease; ESRD, childhood onset end-stage renal disease; CAKUT, congenital anomalies of the kidney and urinary tract; GN, glomerulonephritis; HN, hypertension; HUS, hemolytic uremic syndrome. Rare causes include congenital NS, metabolic diseases, cystinosis. Miscellaneous causes depend on how such entities are classified.

Chronic Kidney Disease data are from North American Pediatric Renal Trials and Collaborative Studies, the Italian Registry and the Belgian Registry. Childhood onset end-stage renal disease data are from ANZDATA, ESPN/ERA-EDTA, UK Renal Registry and the Japanese Registry.

DOI of original article: <http://dx.doi.org/10.1016/j.rppede.2015.12.001>

* Corresponding author.

E-mail: myriam@worldkidneyday.org (J.R. Ingelfinger).

¹ Philip Kam Tao Li, Guillermo Garcia-Garcia, William G. Couser, Timur Erk, Julie R. Ingelfinger, Kamyar Kalantar-Zadeh, Charles Ker-nahan, Charlotte Osafo, Miguel C. Riella, Luca Segantini, Elena Zakharova.

It should read:

Table 2 Etiology of chronic kidney disease in children.²

DRC		DRET	
Etiology	Percentage (range)	Etiology	Percentage (range)
CAKUT	48-59%	CAKUT	34-43%
GN	5-14%	GN	15-29%
HN	10-19%	HN	12-22%
HUS	2-6%	HUS	2-6%
Cystic	5-9%	Cystic	6-12%
Ischemic	2-4%	Ischemic	2%

CKD, chronic kidney disease; ESRD, childhood onset end-stage renal disease; CAKUT, congenital anomalies of the kidney and urinary tract; GN, glomerulonephritis; HN, hereditary nephropathy; HUS, hemolytic uremic syndrome. Rare causes include congenital NS, metabolic diseases, cystinosis. Miscellaneous causes depend on how such entities are classified.

Chronic Kidney Disease data are from North American Pediatric Renal Trials and Collaborative Studies, the Italian Registry and the Belgian Registry. Childhood onset end-stage renal disease data are from ANZDATA, ESPN/ERA-EDTA, UK Renal Registry and the Japanese Registry.