Hou-Xuan Huang



•Current position:

Attending Staff, department of Pediatrics,

National Taiwan University Hospital.

Specialty:

- Congenital anomalies of kidney and urinary tract
- Pediatric chronic kidney disease
- Glomerulonephritis

- Proteinuria and nephrotic syndrome
- Pediatric hypertension

Education:

 MD, School of Medicine, National Taiwan University.

Career and certification:

- Adjunct attending physician, department of pediatrics, NTUH Hsin-Chu branch BioMedical Park Hospital.
- Clinical fellow, department of pediatrics,
 National Taiwan University Hospital.
- Pediatric nephrology fellow, Emory University
 School of Medicine and Children's
 Healthcare of Atlanta
- Pediatric resident, University of
 Wisconsin-Madison School of Medicine and

University of Wisconsin Hospital and Clinics

•Reminder from Dr. Huang:

Nowadays, many structural anomalies of kidney and urinary tract could be diagnosed via prenatal ultrasound. Children born with such diagnoses are usually otherwise healthy and can grow up just like other kids as long as they are followed by a pediatric nephrologist and managed accordingly. On the other hand, decreased kidney function (referring to a lower capability of clearing toxins by the kidneys), whether it is due to inherited diseases, extreme prematurity, or something that happened in childhood (such as cancer, severe illnesses, or autoimmune diseases), is something that often

catches parents off guard. What might be some early signs of kidney dysfunction? Some signs/symptoms may be present, like loss of appetite, vomiting, growth retardation, hematuria, swelling.....etc. However, some children might be asymptomatic for a long time and the only sign might be proteinuria that is accidentally found in school urine screening. Regardless, once decreased kidney function is diagnosed, it is important that the child be regularly followed by pediatric nephrology team in order to get proper monitoring, anticipatory guidance, and to avoid further damage to the kidneys.