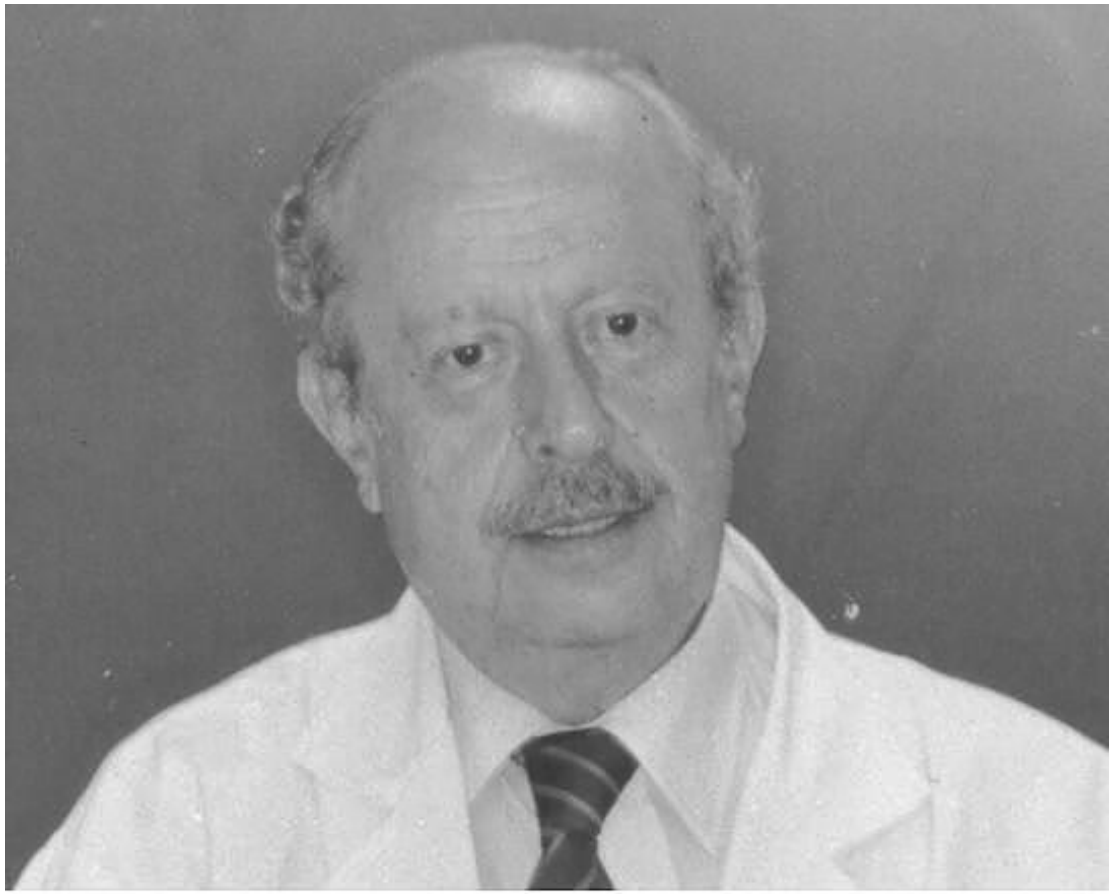


Dr. Carlos A. Gianantonio

(1926-1995)

Carlos Gianantonio

Aspectos destacables

1955-57. Asistente del Jefe de Residentes en el St. Christopher’s for Children Hospital de Pensylvania. Su Jefe, Waldo Nelson, era el pediatra más reconocido del mundo.

1957. En el Hospital de Niños de Bs. As. instala la hidratación IV en vez de la subcutánea, algo que fue revolucionario en el país.

1958. En ese hospital, crea **la primera Residencia Pediátrica** en la Argentina.**Tenía solo 31 años.**

1959. Crea el Servicio de Nefrología y Metabolismo en el Hospital de Niños Ricardo Gutierrez.

Carlos Gianantonio

Aspectos destacables

1959. Ingresa como investigador en el CONICET.

1962. Crea la SLAIP con el Dr. Monckeberg de Chile.

1962. Primera publicación sobre SUH.

1964. Jefe del Dep. de Docencia e Investigación Hospital de Niños Dr. Ricardo Gutierrez.

1964. Miembro fundador de la Soc. Arg. de Nefrología.

1972. Jefe del Departamento de Medicina del Hospital de Niños Dr. Ricardo Gutierrez, por concurso.

1974. Director del Comité Científico del XIV Congreso Internacional de Pediatría, Buenos Aires.

Carlos Gianantonio

Aspectos destacables

1981. Co-fundador de la ALANEPE.

1984: Presidente de la SAP (1984-1987)

1985. Crea el Comité de Ética Clínica en el Departamento de Pediatría del Hospital Italiano. **Fue el primero en el país.**

1987. Lo designan como Profesor Honorario de la UBA.

1989. La Academia Nacional de Medicina lo nombra **Académico titular del sitial número 2**

Acute renal failure in infancy and childhood

Clinical course and treatment of 41 patients

Experience with 41 infants and children in acute renal failure is recorded; 28 of them had the "hemolytic-uremic" syndrome. The mortality attributed to renal failure was 37 per cent. Exchange transfusion was performed in 9 children, peritoneal dialysis in 6, and extracorporeal dialysis in only 2. The regimen for conservative treatment of acute renal failure is discussed, and the efficacy of exchange resins in the management of hyperkalemia is emphasized.

Carlos A. Gianantonio, M.D.,* Margarita Vítacco, M.D., Javier Mendilaharzu, M.D., Fernando Mendilaharzu, M.D., and Arnaldo Rutty, M.D.

BUENOS AIRES, ARGENTINA

The Journal of PEDIATRICS, 61: 660-678, **1962**

The hemolytic-uremic syndrome

The combination of acute renal failure, thrombocytopenia, and hemolytic anemia associated with distorted erythrocytes("burr" cells) constitutes the hemolytic-uremic syndrome. These observations of the natural history of 58 affected infants and children represent the largest single group studied. Preliminary serologic studies point to a viral etiology in some cases. During the acute phase, the mortality rate has been lowered substantially by the judicious use of transfusions of packed erythrocytes and improvements in the treatment of the acute renal failure. The severity of renal failure and central nervous system abnormalities appear to influence the frequency of sequelae. It is not clear whether affected children represent the clinical expressions of one disease or reflect similar changes induced by diverse disease processes.

Carlos Gianantonio, M.D.,* Margarita Vitacco, M. D.,

Fernando Mendilaharzu, M.D., Arnaldo Rutty, M.D., and

Javier Mendilaharzu, M.D.

BUENOS AIRES, ARGENTINA

The Journal of PEDIATRICS, 64: 478-491, **1964**

The hemolytic-uremic syndrome

Renal status of 76 patients at long-term follow-up

Follow-up data on 76 patients, who were observed during the acute phase of the hemolytic-uremic syndrome, are presented for periods of time ranging from 1 to 8 years (mean, 3 years). A significant number of these children have evidence of prolonged renal involvement, and in some of them the disease is progressive.

Carlos A. Gianantonio, M.D.,* Margarita Vitacco, M.D., Fernando Mendilaharzu, M.D., and Guillermo Gallo, M.D.

BUENOS AIRES, ARGENTINA

The Journal of PEDIATRICS, 72: 757-765,**1968**

EDITOR'S
COLUMN

A new cause for an old disease—chronic nephritis

Wallace W. Mc Crory, M.D
Department Of Pediatrics,
Cornell University Medical College,
New York, N.Y.

The Journal of PEDIATRICS, 72: 912-914, **1968**

ORIGINAL ARTICLE

Renal transplantation in patients with classical haemolytic-uraemic syndrome

Carlos E. Bassani, Jorge Ferraris, Carlos A. Gianantonio, Susana Ruiz, and Jose Ramirez
Department of Paediatrics, Nephrology Section, Hospital Italiano de Buenos Aires, Gascon 450, (1181) Buenos Aires, Argentina

Abstract. Eighteen records from children with renal transplants (RT) and classical haemolytic-uraemic syndrome (HUS) were reviewed. The mean oliguric period was 17.9 ± 7.5 days; the interval between acute phase and endstage renal disease (ESRD) was 9.3 ±5.2 years. HUS was the most frequent cause of renal transplantation (23.4%). There were no significant differences between patients with HUS and controls (children with RT but without HUS), regarding renal function, frequency of rejections, renal survival (HUS 65%, controls 57%) or patient survival (94.4% and 96.6%, respectively) after 9 years. None had clinical or histopathological evidence of HUS recurrence in the allograft. Of all children with living-related donors (LRD), renal survival after 3 years was longer for those who received cyclosporin A (CSA) (HUS and controls 86%) than for those who did not receive it (HUS 50%, controls 53%). Classical HUS is a frequent cause of ESRD in Argentina. The duration of the acute oliguric period is a good predictor of the likelihood of progression to chronicity. In the classical form of HUS there is no recurrence in the allograft. CSA and LRD can be used without risk in renal transplantation of children with classical HUS.

Pediatr Nephrol 5:607-611, **1991**

ORIGINAL ARTICLE

Shiga toxin-associated hemolytic uremic syndrome: absence of recurrence after renal transplantation

Jorge R. Ferraris, Jose A. Ramirez, Susana Ruiz, María G. Caletti, Graciela Vallejo, Juan J. Piantanida, Jose L. Araujo, Ernesto T. Sojo

Abstract We evaluated the relationship between the acute phase and the development of end-stage renal disease (ESRD) and the outcome of renal transplant in patients with Shiga toxin-associated hemolytic uremic syndrome (Stx-HUS). A 20-year retrospective study was performed of 66 renal transplants in 62 patients with Stx-HUS compared with 189 renal allografts in 178 children with other diseases. Of 62 patients, 61 had >7 days of oliguria during the acute phase. Stx-HUS patient survival was not different from controls (92% vs. 83% 15 years after renal transplantation). In the cyclosporine (CsA) era, survival of grafts from living related (LRD) and cadaver (CD) donors in Stx-HUS and control patients was 83% versus 70% (P<0.03) and 77% versus 49% (P<0.05) at 10 years. Graft survival in Stx-HUS and dysplasia/obstructive uropathy patients was 79% versus 76% (P=NS), but it was different from that of other diseases (79% vs. 58%, P<0.001). There was no clinical or histopathological evidence of Stx-HUS recurrence. In conclusion, in Stx-HUS patients the duration of the acute oliguric period was a good predictor for the progression to ESRD. Use of CsA and the absence of recurrence of the disease influenced the excellent prognosis in Stx-HUS patients after renal transplantation. The development of ESRD in Stx-HUS could be mediated by nonimmunological factors.

Pediatr Nephrol 17:809–814, **2002**

Nosotros y la Pediatría

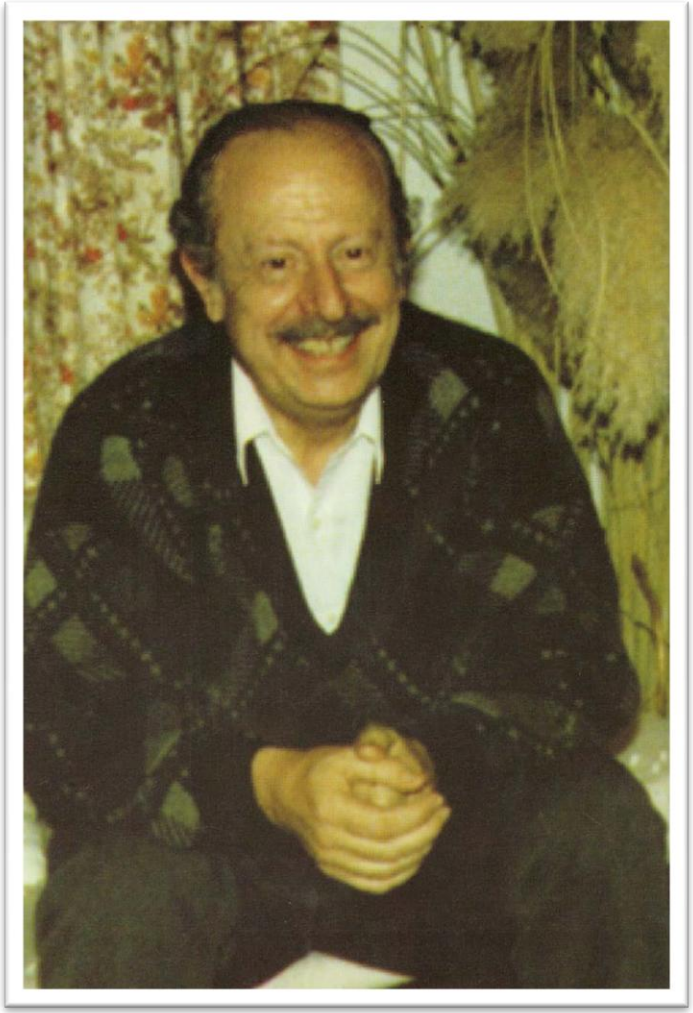
"La Pediatría es una actividad ***humilde****.*

Se trata de gente que quiere hacer algo y hacerlo bien y ***se siente feliz al hacerlo****.*

Cuida a los niños*; a los seres humanos en esa edad en que* ***pequeños hechos*** *tienen* ***efectos enormes*** *sobre el futuro del individuo."*

Carlos Gianantonio

Hasta siempre



La muerte, ese silencio irrevocable
y su hermano menor, que es el olvido,
habrán de pretender un imposible:
el hacernos creer que Usted se ha ido.

Pero todos sabemos que no es cierto.
Es otra la verdad que nos ocultan:
se dice que hay un Angel muy enfermo
y Dios necesitó una interconsulta.

Por eso, aunque nos digan que se ha ido,
volveremos a verlo, a la distancia.
En un aula del cielo, como siempre.
Hasta entonces, maestro... y muchas gracias.

Daniel Grill

21 de octubre de 1995