WEB TABLE I PRESENTATION AND OUTCOME OF CRESCENTIC GLOMERULONEPHRITIS IN CHILDREN

Author, year	*N; mean age (range)*	*Etiology n (%)*			*Follow up, mean (range)*	*Outcome*	*Determinants of adverse outcome*
		Immune complex	*Pauci-immune GN*	*Anti-GBM*			
Dewan [1], 2008	22; 12.3 (4-18) yr	19 (86.4): post-infectious GN (7), IgA nephropathy (3), membranoproliferative GN (3), SLE (2), others (4)	1 (4.6)	2 (9.1)	8.1 (1-43) mo	Mean renal survival 14.4 months. Proteinuria, 13; CKD 1-3, 7; CKD 4, 3; CKD 5, 10*[1]	Fibrocellular crescents, glomerular sclerosis
Jardim [2], 1992	30; 9.5 (3.7-15.7) yr	19 (63.3): Henoch Schonlein purpura (9), membranoproliferative GN (7), poststreptococcal GN (2), SLE (1)	5 (16.7)	2 (6.7)	2.0 (0.1-9.5) yr	eGFR >80 ml/min/1.73 m^2, 4; eGFR 30-80, 6; eGFR 15-30, 4; eGFR <15, 16 (includes 3 deaths)	Dialysis at presentation; fibrous crescents; time to treatment
Southwest Pediatric NephrologyStudy Group [3], 1985	50; 10.1 (1.7- 17.2) yr	37 (74): unspecified (13), SLE (9), poststreptococcal GN (6), IgA nephropathy or Henoch Schönlein purpura (7), membranoproliferative GN (2)	10 (20)[#]	3 (6)	NA	ESRD, 23; eGFR <60, 6; eGFR >60, 18; proteinuria, 12; hypertension, 4; hematuria, 1*[2]	Large, cellular/fibrous crescents; IgM deposits; gaps inBowman capsule; interstitial fibrosis, tubular atrophy, glomerulosclerosis
Tapaneya-Olarn [5], 1992**[1]	16; NA (1-14) yr	Poststreptococcal GN (6), SLE (1)	–			ESRD, 8; complete or partial recovery, 8	Idiopathic; extensive (>80%) crescents
Srivastava [4], 1992**[2]	43; 8.7 (3.5-14) yr	Poststreptococcal GN (11), Henoch Schönlein purpura (3), juvenile rheumatoid arthritis (1), SLE (1)	1	–		ESRD, 23; renal insufficiency 14; recovery, 6	Need for dialysis
Miller [14], 1984**[3,^]	56; 1.3-17 yr	SLE (10), membranoproliferative GN (17), IgA nephropathy or Henoch Schönlein purpura (11), poststreptococcal GN (2)	1	3.1 (0-12) yr		Renal failure, 19; renal insufficiency, 3; normal function, 20; not available 14	Membranoproliferative GN; idiopathic disease Improved, 30; dialysis
lsaad [7], 2011**[4]	37; 13.2± 5.6	SLE (20), postinfectious GN (6), others (5)	3	-	30.9±22 mo	Improved 30; dialysis dependent, 7	Young age, non-SLE; proportion withcrescents, tubular necrosis, vasculopathy
Present report, 2012	36; 10[$] (8-11.5) yr	17 (47.2): SLE (4), postinfectious GN (3), membranoproliferative GN (2), IgA nephropathy (2), Henoch Schonlein purpura (2), idiopathic (5)	19 (52.8)	0	34[$] (19-72)	Normal renal function, 7; abnormal urinalysis or hypertension, 12; CKD 3, 7; CKD 4-5, 10	Dialysis or oliguria at presentation; (inverse association with) normal glomeruli

**Outcome not reported for [1]2 and [2]3 patients; **Did not distinguish pauci-immune GN as distinct category; disease termed idiopathic in [1]9, [2]26, [3]11 and [4]3 patients; [#]Includes 3 vasculitis and 7 idiopathic without immune deposits; [^] Includes Alport (3) and hemolytic uremic syndrome (1); [$] Median value; CKD chronic kidney disease; eGFR estimated glomerular filtration rate (ml/1.73 m^2/ minute); GN glomerulonephritis; NA not available; SLE systemic lupus erythematosus.*