In Italy the treatment of renal diseases is generally entrusted to pediatric nephrologists, even though minor issues, as for instance uncomplicated urinary tract infections or self-limiting post-infectious glomerulonephritis may be managed by general pediatricians.

Pediatric nephrology centers are widely spread all over the country. There are around 100 pediatric nephrologists actively involved in the care of children with renal diseases, working in 15 centers specifically, identified as pediatric nephrology units, scattered in the whole country (Figure). In addition, there are several Pediatric Centres where good Pediatric Nephrology is carried out (Udine, Pordenone, etc) and several Adult Nephrology Centers where a Pediatric section exist (Bergamo, etc.) There is not a recognized specialty in the university. Physicians working in these centers are usually formally trained as pediatricians or adult nephrologists and gain their experience on the field. In few Centers belonging to the University Pediatric Department nephrourological master courses and PhD are organized both for physicians and biologists.

All centers offer dialysis to children, both hemodialysis and peritoneal dialysis. Also continuous dialysis techniques are widely available and all the principal centers guarantee also CRRT for AKI in neonatology and intensive care units, also for pediatric cardiac surgery. In addition, most of these Units also perform plasma-exchange treatment for severe renal disease (aHUS, immunomediated glomerulopathies, acute humoral rejection, etc.). Five of these centers are also transplant centers. Four additional adult centers occasionally perform transplants in older children or adolescents below the age of 18.

70-80 transplant per year are performed in children below the age of 18, usually starting from a minimum body weight of 8 Kg, almost matching the need for renal transplants. Living donor transplant accounts for around 20 % of the whole transplant activity almost completely guaranteed by 2-3 centers. A trend toward an increase of this activity is however currently evident over time. Organ distribution follows a nationwide sharing policy through a centralized allocation. This guarantees a better HLA matching and a uniform waiting time across the country.
Follow up responsibility obviously remains on the transplant center itself, but several pediatric nephrology units collaborate with the transplant centers. In all cases, there is a strict collaboration between transplant centers and the nephrology units to guarantee a rigorous post transplant management. National registries are active for dialysis and transplant patients and all large centers actively participate to European databases and to the European reference networks.

Genetic diagnosis of the most common rare renal diseases is widely available by the lab of Genetic Units in the principal National Hospital-University, usually in tight connection with Pediatric nephrology Centers. National health system in Italy guarantees a full coverage of costs for children with renal diseases. This includes any treatment: dialysis, transplantation and also provision of the most expensive treatments, such as eculizumab for life-long HUS treatment, growth hormone or erythropoietin. Pediatric nephrology Centers are also generally allowed to provide “off label” drugs for several rare diseases.

A non completely solved problem is the transition period. It is difficult to replicate the behavior of pediatric nephrology units in Adult centers. Pediatric centers do have a comprehensive approach, which is not often available in adults centers, that are mostly directed solely to the care of the renal disease. Following transition “former” children, grown up in the pediatric center don’t feel anymore at home in the new center, may have a feeling of loss which may end in a less strict control and compliance, ultimately leading to a minor attention in the treatment itself. For renal transplant this may be a cause for graft loss.

**In Conclusion:** In Italy renal diseases, dialysis and renal transplantation in children are managed mainly by pediatric Nephrologists. In any case, a large network exist and all complicated cases initially referred to Pediatric centers can be easily referred to a proper pediatric Nephrology center. All children can be managed, as the cost for treatment is entirely supported by the National Health System.