



COMMENT

Early Career Investigator—March 2020

Pierluigi Marzuillo ¹*Pediatric Research* (2020) 87:615; <https://doi.org/10.1038/s41390-019-0714-z>

I was born in the well-known Sorrento and grew up in the nearby Sant'Agnello, a little town on the sea in the heart of the Sorrentine Peninsula in the province of Naples, South of Italy. I graduated cum laude at the Seconda Università degli Studi di Napoli.

In the same University, I also got my specialization in Pediatrics in June 2014 and the PhD in Translational Medicine in December 2017.

After my vocational training in Pediatrics, I was recruited as a hospital doctor in the division of Pediatric Medicine at the Università degli Studi della Campania "Luigi Vanvitelli". Here, in November 2019, I also won the contest for the position of RTDb Researcher in Pediatrics (the equivalent of Assistant Professor in the USA).

My intense desire to help children was innate in me. I remember that I have always wanted to become a Pediatrician. As proof, I also found a theme dating back to 1990, when I was only 7 years old. In that Italian essay, I already expressed the desire to become "a doctor for children," as I wrote. This desire has increasingly strengthened progressing my studies and after coming into contact with the sufferings of children during my first working experiences.

I became passionate in Pediatric Research in the field of Endocrinology and Metabolism under the guide of my mentors, Professor Laura Perrone and Professor Emanuele Miraglia del Giudice, and under the guide of Dr. Anna Grandone.

In the past years, my clinical and specific research interests have shifted to Pediatric Urology and Nephrology under the guide of Dr. Angela La Manna, Dr. Cesare Polito, and Dr. Stefano Guarino. The first study in this field is very dear to me. In 2016–2017, our group evaluated the outcomes of a population of children with prenatal diagnosis of congenital solitary kidney and starting their controls in our department in the first months of life. We found a very low prevalence as 3.9% and a very mild degree of kidney

injury (defined by reduction of estimated glomerular filtration rate and/or hypertension and/or proteinuria) in 306 patients compared with the previous literature reports indicating renal damage in about 33% of the children with congenital solitary kidney.

My advice to those coming along behind me is to never give up and persist—with passion—in order to achieve their goals. The key elements to success in academic medicine are curiosity, thirst for knowledge, and desire for progress of the medical care.



ADDITIONAL INFORMATION

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