

## Asymptomatic Hematuria in Glomerulonephritis

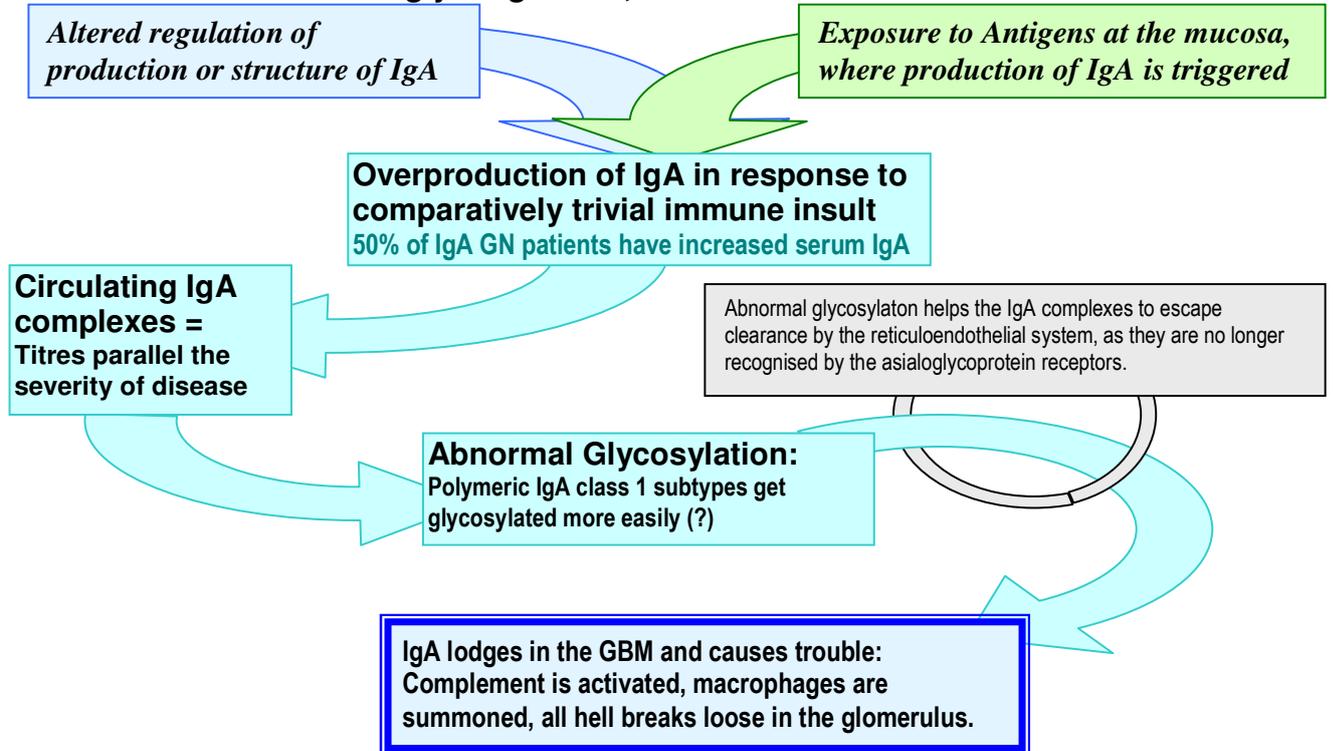
**BEWARE!** Asymptomatic hematuria can mean ANY DAMN THING.

Glomerulonephritis is JUST ONE POSSIBILITY.

**BUT!...** if there is also **PROTEINURIA**, you must keep GN in the back of your mind.

### IgA Nephropathy is the commonest GN cause of asymptomatic hematuria

Commonest among young males, 2<sup>nd</sup> to 3<sup>rd</sup> decades of life.



### PRESENTATION and NATURAL HISTORY

- In 50-60% of cases **ASYMPTOMATIC GROSS HEMATURIA**
- In 30% of cases, **ASYMPTOMATIC MICROSCOPIC HEMATURIA**
- In 10% of cases, **NEPHROTIC SYNDROME** or **ACUTE GLOMERULONEPHRITIS**
- **Simultaneous Respiratory or GIT infection**
- 10-20 years later, **END STAGE RENAL FAILURE** . Especially if:

**AT-RISK GROUP!!** Should at least **ATTEMPT TO RETARD PROGRESSION TO END STAGE RENAL FAILURE**

- **elderly**
- **male**
- **hypertensive**
- **proteinuric**
- **already crappy kidneys**

### SO WHAT DO I DO?

**Supportive management.**

- Keep fluid balance in the realms of normality
- Diuretics for overload, saline for dehydration.
- If your patient runs the risk of progressing to ESRF, try corticosteroids or fish oil.
- **ACE inhibitors for all!**
- **Ang II receptor blockers for some.**

*So many trials, so many mixed results:*

- **Corticosteroids:** decrease proteinuria, but no change in disease progression. Pfft.
- **Fish Oil:** n-3 fatty acids should limit the production and/or action of cytokines at the glomerulus. Some success. One very wonky trial showed extreme benefit. 6% fish-oilers doubled their serum creatinine over 4 yrs , versus 33% of placebo group.
- **ACE inhibitors:** there is OBVIOUS BENEFIT; All experts agree.