Evaluation of Haematuria

Haematuria

Glomerular
- Isolated renal disease
  - Post infGN, IgA Neph, Alport's, FSGS etc
- Multisystem disease
  - SLE, HSP, HUS, HIV, Sickle

Non-Glomerular
- Upper urinary tract
  - Pyelonephritis, ATN, Nephrocalcinosis, thrombosis, calculus, hydronephrosis, tumor, trauma, dysplasia, cystic disease
- Lower urinary tract
  - Cystitis, urethritis, urolithiasis, trauma, heavy exercise, coagulopathy
Symptomatic, microscopic haematuria
Any gross haematuria
Any associated systemic disease
Haematuria + Proteinuria

Cola/brown coloured urine?
Proteinuria ≥100 mg/dl?
Red cell casts?
Acute nephritis picture?

YES

Glomerular cause
1. FBC & film
2. U&Es, Creat
3. S Albumin, Protein
4. S Cholesterol
5. C3, C4
6. ASO/anti DNAse B
7. ANA
8. Anti-neutrophil Ab
9. Throat & skin swab (if indicated)
10. 24 hr urine total prot/creat clearance
11. ? Biopsy

ON

Extra-glomerular cause
Step 1: Urine culture
Step 2: Urine Ca creat
Hb electrophoresis (Ethnicity)
Renal/bladder US scan
Step 3: sibling/parents urine microscopy
U&Es, Ca & creatinine

Persistent haematuria or atypical presentation – seek advice from nephrologist
Evaluation of Haematuria

Other tests depending on clinical suspicion

- History of trauma/palpable mass – CT abdomen
- Positive personal/family history – clotting screen
- Audiometry and ophthalmology review as indicated
- 24 hr urine Calcium/Creatinine, uric acid, oxalate – if crystalluria/uroolithiasis/nephrolithiasis
- Appropriate radiological investigation – renal colic
- Referral to Joint Renal Clinic if persistent or atypical presentation

Haematuria

- **Referral to Nephrology**
  - * Hypertension
  - * Renal insufficiency
  - * Family history of renal disease
  - * Urolithiasis /nephrocalcinosis

- **Biopsy- indications**
  - * Persistent microscopic haematuria
  - * Recurrent gross haematuria a/w hypertension, decreased renal function, proteinuria

References

- The investigation of haematuria. R H White . Arch Dis Child, 1989, 64, 159-165