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, 2nd to 3rd 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:
  - elderly
  - male
  - hypertensive
  - proteinuric
  - already crappy kidneys

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

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.