血尿 (Hematuria) 處理流程

Patient with HEMATURIA

History
Physical examination

CBC with differential and platelets
Urinalysis and culture
Consider:
  Sickle cell screen
  Phase-contrast microscopy
  24-Hour urine for protein, calcium, and creatinine
  Renal ultrasonography
  Prothrombin time, partial thromboplastin time, and bleeding time

Assess pattern of hematuria

Nonglomerular hematuria

Microscopic (asymptomatic) hematuria

Glomerular hematuria

Repeat test x 3

Acute glomerulonephritis

Persist

Resolves

Hemolytic-uremic syndrome (thrombocytopenia, microangiopathic anemia)

Renal ultrasonography
Consider:
Voiding cystourethrogram

Abnormal

Mass (Wilms' tumor, hematoma)
Polycystic kidney
Renal vein thrombosis
Hydronephrosis
Ureteropelvic junction obstruction
Posterior urethral valves
Chronic pyelonephritis (scarred kidneys)
Urolithiasis
Trauma/hemorrhage

Normal

Measure urine calcium excretion

Abnormal

Hypercalcuria

Modify diet

Consider:
Diuretic

Coagulation tests

Normal

Screen family for hematuria

Abnormal

Coagulation disorder

Positive

Apoport's syndrome
Familial nephritis

Negative

Follow for 6 months

Hematuria resolves

Hematuria persists

Nephrology consultation
Renal biopsy
Consider:
Culture for tuberculosis

Renal tuberculosis
IgA nephropathy
Membranous nephropathy
Focal glomerulosclerosis
Interstitial nephritis

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