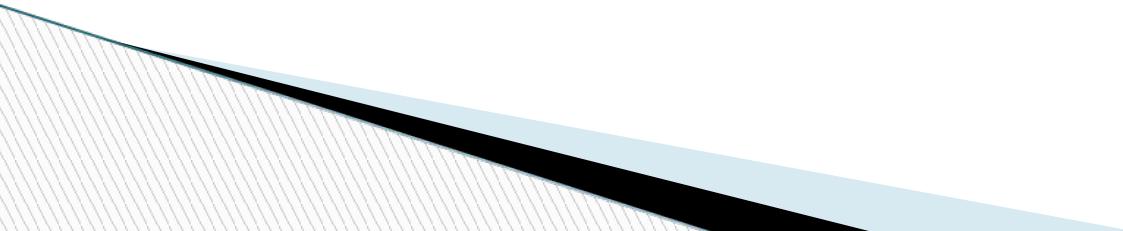
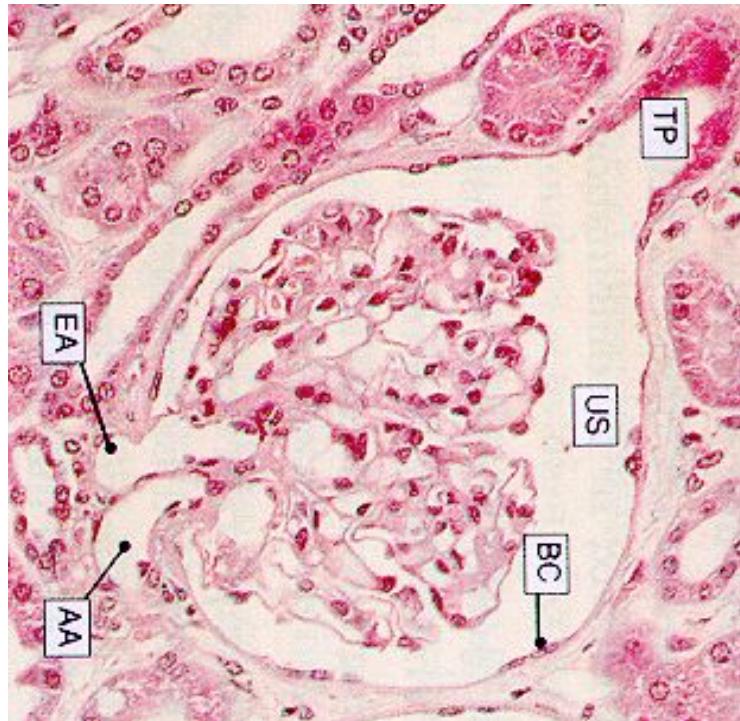


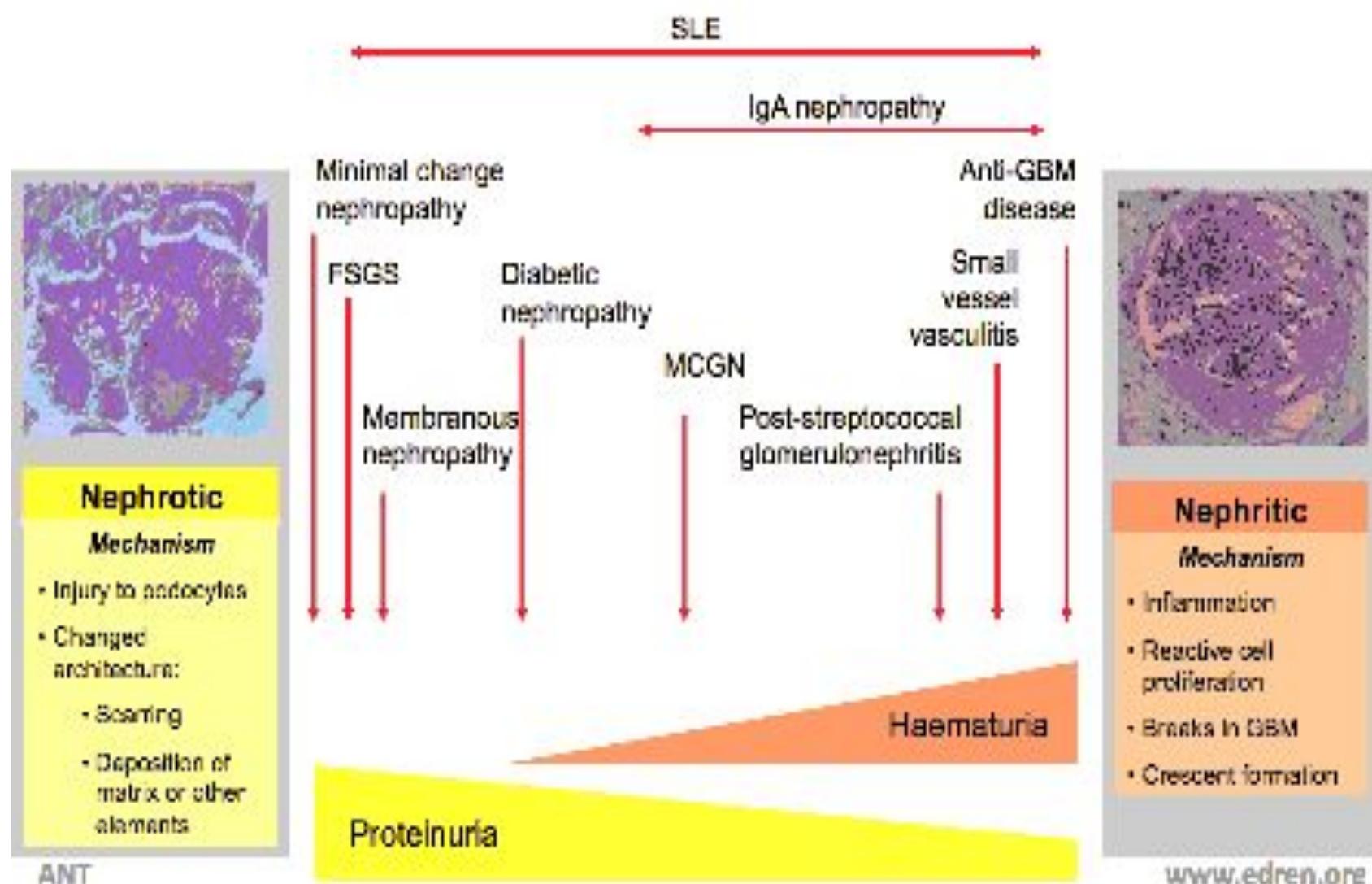
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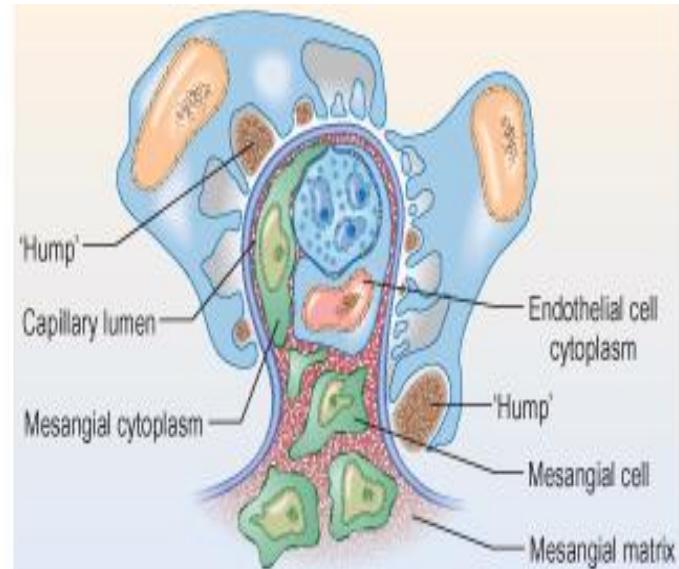
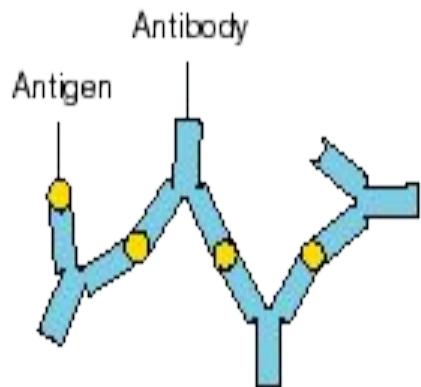
GLOMERULUS



The spectrum of glomerular diseases



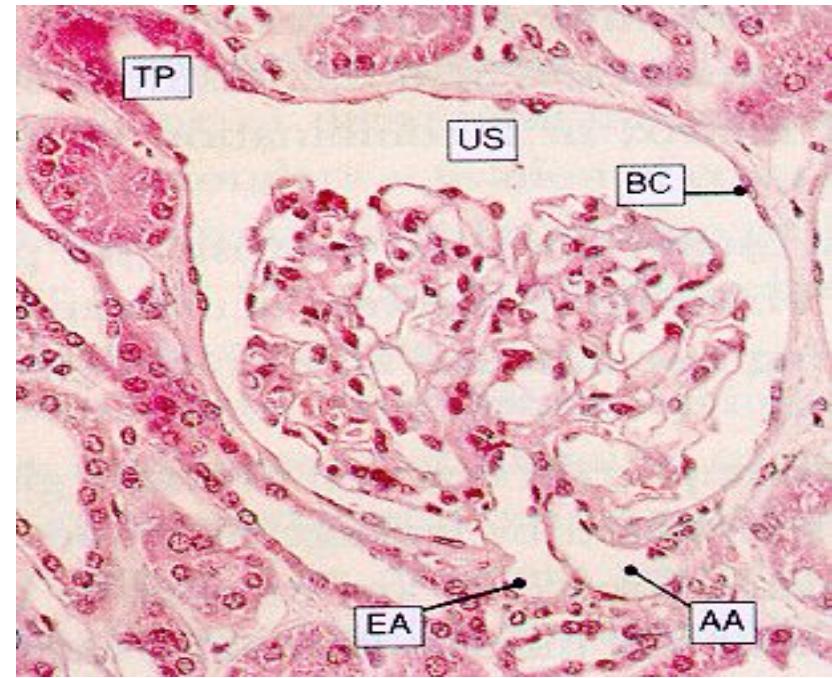
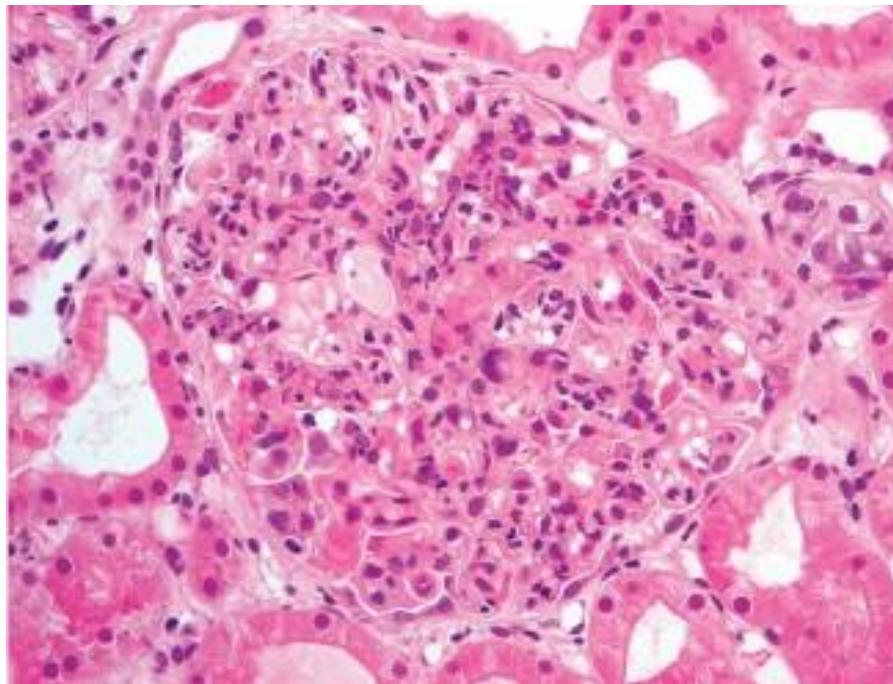
AETIOLOGY



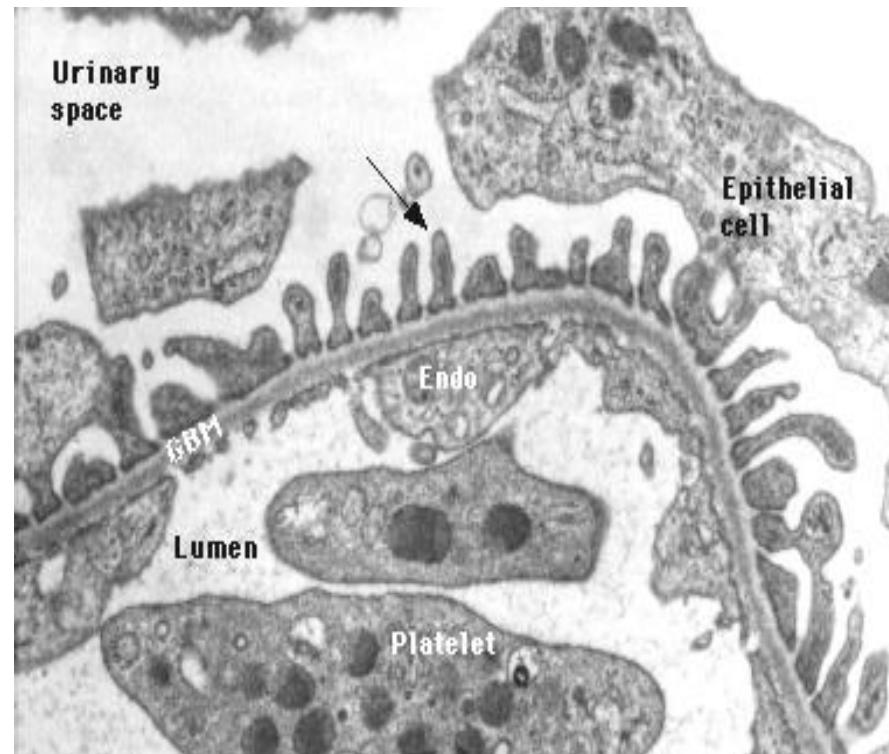
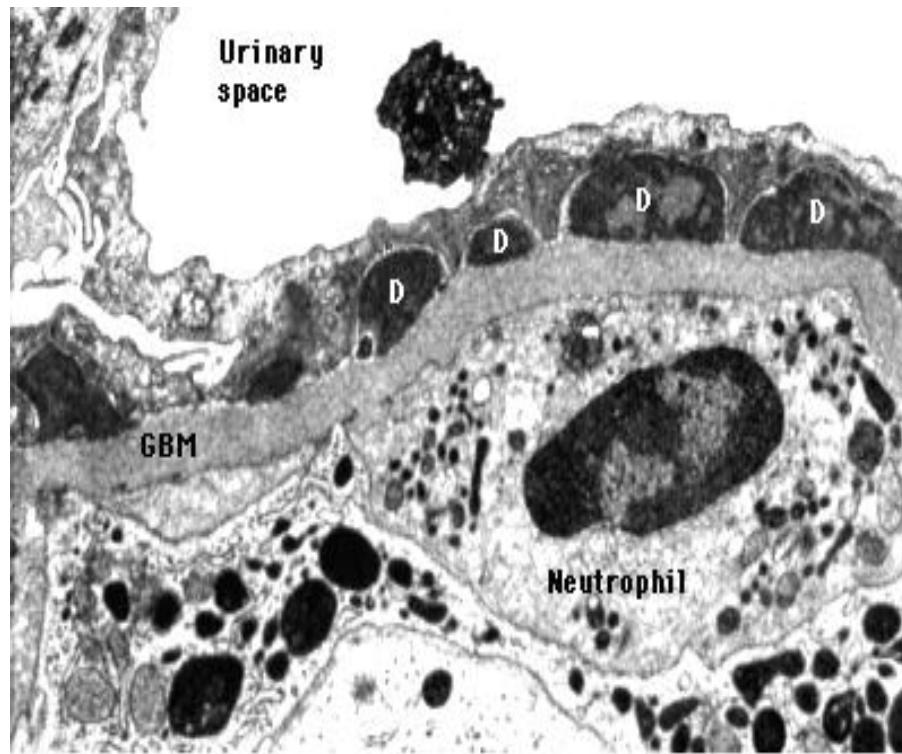
(a)

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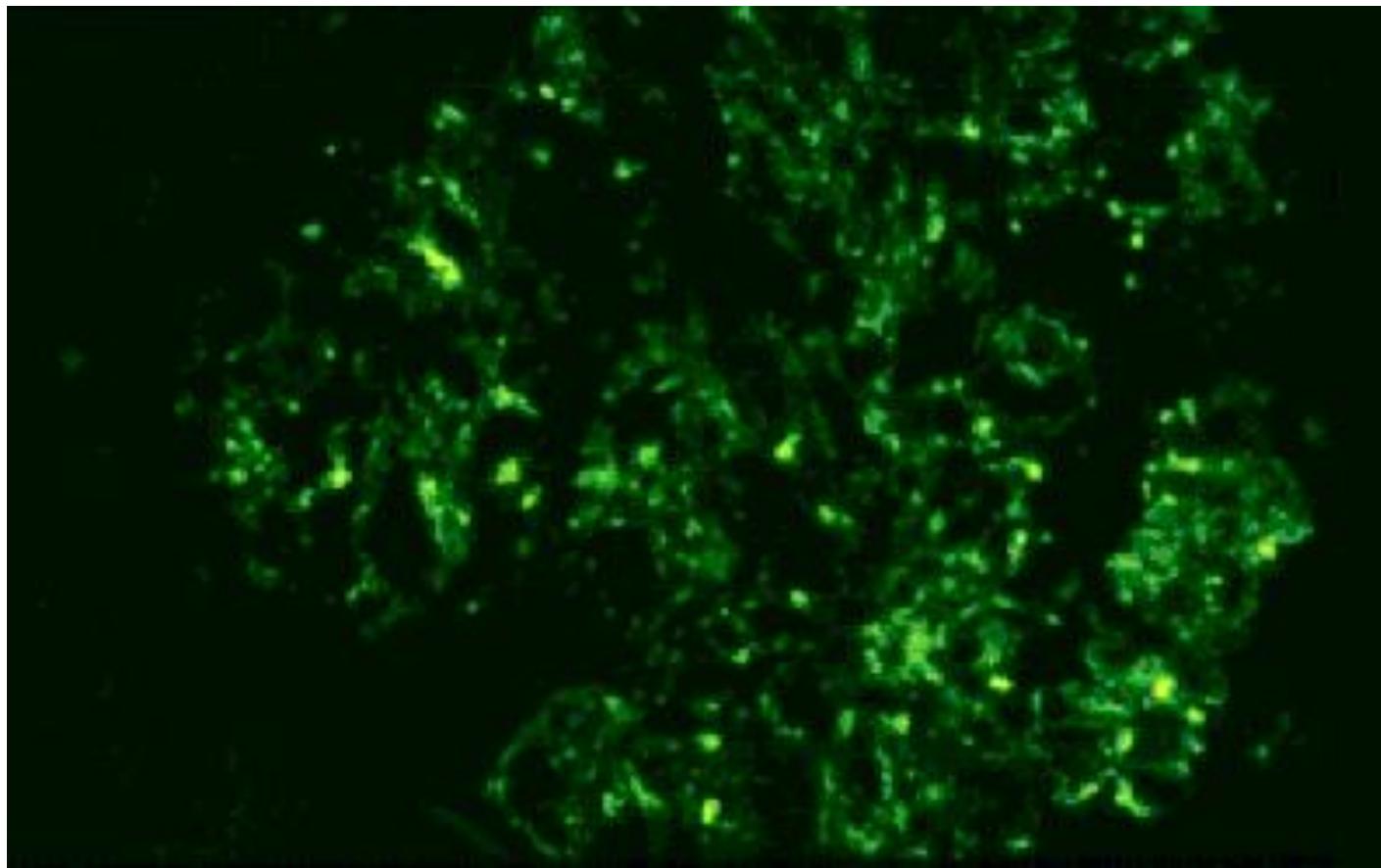
LIGHT MICROSCOPE



EM



IF



CLINICAL FEATURES

- **Abrupt** onset of :
- glomerular haematuria (RBC casts or dysmorphic RBC).
- non-nephrotic range proteinuria (< 2 g in 24 hrs) .
- oedema (periorbital, sacral).
- hypertension.
- transient renal impairment (oliguria, uraemia).

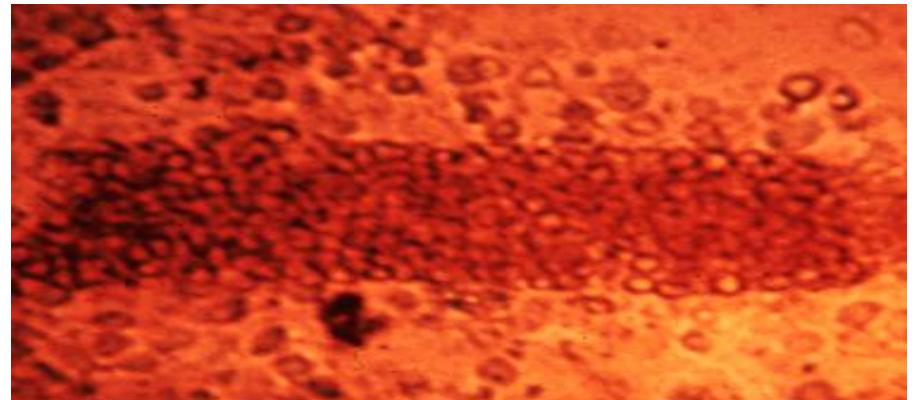


Hematuria specimens will show levels of red blood cells ,white blood cells, epithelial cells, casts , bacteria, yeast, crystals, pH, glucose, ketones and more.

INVESTIGATIONS

Base line measurements:

- ↑ Urea
- ↑ Creatinine
- Urinalysis (MSU) :
 - a) Urine microscopy
(red cell cast)
 - b) proteinuria



Diagnostically useful tests

:

- Culture (swab from throat or infected skin)
- Serum anti-streptolysin-O titre
- Hepatitis B surface antigen
- Hepatitis C antibody
- anti DNA , ANCA
- ↓C3,4
- Renal biopsy

