



# 5/18/26 Mainstream Monday with @CPSolvers



"One life, so many dreams" Case Presenter: Aakriti (@) Case Discussants: Maddy (@MadellenaC) & Magnus (@)  
<https://clinicalproblemsolving.com/present-a-case/>

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| <p>Scribing (Sana)</p> <p>CC: 29 y/o F w. <b>reddish discoloration of urine</b> for 7 days</p> <p>HPI: Recurrent episodes of painless, gross hematuria each lasting 5 to 7 days. Preceded by episodes of URI with cough</p> <p>ROS: No history of dysuria, abdominal pain or bleeding from other sites.</p> |                                                                                                               | <p>Vitals: T: HR: 80 BP: 140 /100 RR: 16 Sat:98 BMI:</p> <p>Exam: Gen:</p> <p>HEENT: Mild Pallor. No rash, edema, LAD or pharyngeal exudate.</p> <p>CV:</p> <p>Pulm:</p> <p>Abd:</p> <p>Neuro:</p> <p>Extremities/skin:</p>                                                                                                                                                                                                                                                                                                                                                   | <p><b>Problem Representation:</b> 29 F w. recurrent episodes of reddish discoloration of urine preceded by URI, UA +ve for protein, RBC and granular casts. Renal biopsy shows mesangial hypercellularity and segmental sclerosis with IgA and C3 deposition.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>PMH: -</p> <p>Meds: -</p>                                                                                                                                                                                                                                                                                | <p>Fam Hx: n/h/o renal disease</p> <p>Social Hx: -</p> <p>Health-Related Behaviors: -</p> <p>Allergies: -</p> | <p>Notable Labs &amp; Imaging:</p> <p>Hematology:</p> <p>WBC: Hgb: 10.2 Plt: MCV:</p> <p>Chemistry:</p> <p>Na: K: Cl: HCO3: Cr: 1.14 (bl 0.96) BUN: Glucose: Ca: Mg:</p> <p>UA: 2+ proteinuria, 80 to 100 rbc/hpf, granular casts seen</p> <p>Imaging:</p> <p>Kidney Echo: kidneys are nl</p> <p>CT KUB: nl</p> <p>ANA -ve, Anti GBM -ve, ANCA -ve, ASO titres nl; viral serologies negative</p> <p>Renal Biopsy: Diffuse mesangial hypercellularity, FSGS</p> <p>IGA deposition and mild C3</p> <p>→ Mx with corticosteroids x6M and ACEi x2M</p> <p>Dx: IgA Nephropathy</p> | <p><b>Teaching Points (Lera)</b></p> <p><u>Red urine - why?</u></p> <ul style="list-style-type: none"><li>- <b>Hemat-uria.</b> Keep the mimics at the front of your mind:<br/><b>Color?</b> [beets, medications, pigments] -&gt; move on to <b>blood</b> as the deadliest cause [UA with microscopy is key]<br/><b>Urine?</b> Neighboring organs [eg rectal / menstrual bleeding]</li><li>- Look for <b>clues outside of GU system</b> -&gt; systemic Sx [fever?], <b>abdominal pain</b> [kidney stones?]</li></ul> <p><u>Hematuria clues:</u></p> <ul style="list-style-type: none"><li>- <b>Macro vs. Micro.</b> Localization proxy: <b>gross hematuria</b> = bladder &gt;&gt; else. If <b>kidney</b>, base rate -&gt; stones &amp; malignancy.<br/><b>Non-GU Sx as a clue.</b> Kidney is smart, tubes are not.<br/>Hypertension &amp; anemia -&gt; <b>kidney</b> &gt;&gt; else.</li><li>- <b>Constant vs. Episodic.</b> If recurrent, main Qs = "What's the trigger?"<br/>Infection -&gt; IgA nephropathy?</li></ul> <p><u>Anemia ⊕ kidney:</u></p> <ul style="list-style-type: none"><li>- Decreased <b>production</b> [CKD] vs. increased <b>loss</b> [hematuria]</li><li>- Keep in mind <b>Hickam's dictum</b> [menstrual bleeding -&gt; IDA]</li></ul> <p><u>AKI formula:</u> "Most AKIs can be fixed by bag of fluids or Foley"</p> <ul style="list-style-type: none"><li>- <b>Intrinsic renal disease</b> = anatomic approach -&gt; <b>glomerulus / vasculature / tubules &amp; interstitium.</b><br/><b>Proteinuria ⊕ Hematuria</b> -&gt; <b>GN</b> until proven otherwise.<br/>GN reflex -&gt; "need <b>complements</b> now" -&gt; Bx.</li></ul> |