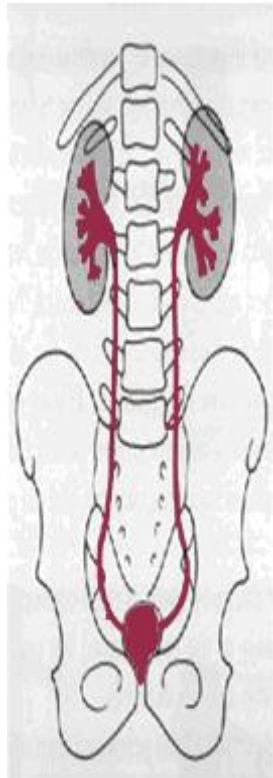


Haematuria

To use this handout - first look at the list of sites. Then look at the causes and relevant features in the history. Finally work through the history on the next page



Site	Cause	History – (See page 2 for assimilation)
Systemic	Coagulation disorders Sickle Trait/Disease Vasculitis SBE	Drug History, Past medical history, Family history, Bruising Personal history, family history, ethnicity, pregnancy, operations Personal history, Family history History of murmur, dental work, operations
Renal	Infection Glomerular disease Malignancy Infarction Trauma Cystic disease Vascular malformations	Pain (loin pain +/- dysuria), fevers, malaise History of renal disease. Strep infection 10-14 days previous, Malaise, uraemia etc Systemic features (wt loss etc), Risk factors (Smoking, occupation) age (>40) Passing clots Pain, acute onset doh! Mass effect, pain, personal or family history past history
Ureter & renal pelvis	Calculi Malignancy	Pain - colic +/- Colic, clots
Bladder	Infection Malignancy Calculi	Dysuria, Frequency, Nocturia, Low abdo ache (NB remember other path predisposing to UTI) Usually painless bleed at end of micturition Pain, often an associated cystitis
Outflow Tract	Prostate malignancy Trauma Prostatitis	Hesitancy, poor stream, post micturition dribbling, nocturia, frequency, age (eg catheterisation) Hesitancy, poor stream, etc, urethritis, pain on ejaculation, perineal pain, penis tip pain, past STD
Spurious	Haemoglobinuria Myoglobinuria Beetrooturia/Rifampacin Vaginal/PR bleeding	personal/family history of haemoglobinopathies, G-6-PD def, Cardiac haemolysis, drugs Muscle injury/necrosis (Crush, exercise [marathon, Army], trauma, burns, electric shock, fits) Diet, Drugs History, exam

Assimilation of potential symptoms into a systematic history

Introduction

As always, introduce yourself and explain the purpose of the history. Ascertain patients name, age.
To make your life easier you could say to the patient *“Blood in the urine may come from the kidneys, the bladder, the tubes between them, or from other causes, and I would like to ask you some questions to work out where it is coming from in you”*

Complains of:

Red urine - has this been confirmed on dipstick? Microscopy?

HPC

When? Onset? Duration? Previous episodes? True haematuria (LMP if a woman)?
Timing in urination (start = lower tract, throughout = renal/bladder, end = bladder tumour)?
Amount of blood? Clots?
Pain: Dysuria? Back pain? Abdo pain/ache? Colic?
UTI: Dysuria, frequency, nocturia
Prostate: Hesitancy, poor stream, PMD, Nocturia
Systemic features of infection: Fevers, malaise
Systemic features of malignancy
Any urinary tract trauma? Exercise, Muscle trauma
Recent sore throat (strep)
ask the patient if they have an idea of what has caused it

PMH

Haemoglobinopathies, Clotting disorders, renal disorders, heart murmurs, autoimmune disease, STD's

Drugs/Diet

Anticoagulants, Rifampicin, Beetroot

SH/Risk factors

Smoking. Occupation (ever worked with alanine dyes?). Allergies

Family history

Renal disease, Stones, Coagulation disorders, Haemoglobinopathies, autoimmune disease, malignancy.

Summarise back to the patient

Ask if this is right, and if there is anything else (s)he thinks might be relevant
Thank the patient

Present your findings to the examiner

Suggest sensible differential diagnoses with justification from history