

# Glomerulopathy Guide

## Clues that suggest a glomerulopathy

-History:

\*Dyspnea, edema, foamy urine

\*Other: fever, rash, weight loss, hemoptysis, and hx of hep B or C, HIV

-Exam: HTN, edema

-Labs: Albuminuria +/- hematuria, AKI, and hypoalbuminemia

## First specific clue to Glomerulopathy - UA reveals moderate-to-significant proteinuria

Terminology

-Glomerulopathy: Any pathology of glomerulus - both inflammatory and noninflammatory

-GN: Inflammatory glomerulopathy (subtype of glomerulopathy)

-Immunofluorescence (IF): Use labelled antibodies to categorize the type, pattern, and location of injury

\*IgG, IgM, IgA, light chain Ig, and complements.

\*Granular vs linear

\*Capillary vs mesangial

\*MPGN, not included on our GN schema, is a pathological diagnosis with a broad DDX similar to immune complex GN.

-UA detects albumin (not other protein)

-Albuminuria points to glomerulopathy b/c large size cannot be filtered through healthy glomerulus

-Now must determine whether inflammatory or noninflammatory glomerulopathy

## Clues to inflammatory glomerulopathy (GN)

-Glomerular hematuria\* - RBC casts more specific than dysmorphic reds

Other:

-Albuminuria, Pyuria

-HTN, AKI, and systemic inflammation

## Evaluation of GN

-Biopsy (w/ IF) almost always needed

-Lab tests (see GN schema)

\*Mimickers of glomerulonephritis - glomerular hematuria without inflammation

-Thin basement membrane

-Alport syndrome

-Collapsing FSGS

-Anticoagulation nephropathy