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Poststreptococcal glomerulonephritis with pulmonary edema and microscopic hematuria

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Sirs,

We read with great interest the article by Chiu et al. [1]. The authors describe 6 patients with acute post-streptococcal glomerulonephritis (APSGN) and pulmonary edema. In the pediatric age group, while evaluating pulmonary infiltrates with or without cardiac failure, APSGN should be kept in mind. It is generally known that APSGN has a wide range of clinical presentations. While a child may incidentally be diagnosed with APSGN, he or she may present with severe systemic manifestations without significant urinary abnormalities. We published a series of 152 patients with APSGN as a Letter to the Editors in *Pediatric Nephrology* several years ago [2]. In that series, 44 of the 152 patients were admitted with cardiac failure and/ or pulmonary edema, and 35 of them had only microscopic hematuria on urinalysis. During that study, one of the authors (Z. Bircan) was working at the University Hospital in Diyarbakır. It was very impressive for her to meet so many children with pulmonary edema and cardiac failure. Those patients had been urgently referred from the local hospital with the diagnosis of bronchopneumonia and cardiac failure. Their mean age was 8.5 ± 5.8 years. Of the patients, 35% presented with severe systemic manifestations without macroscopic hematuria.

The only clue to the diagnosis was microscopic hematuria, and serologic APSGN diagnosis was possible with low C3 and high ASO. Hypertension, cardiac failure and/ or pulmonary edema constitutes a significant clinical presentation in APSGN without any significant urinary abnormality, and it should be stressed that in patients with hypertension, cardiac failure and/ or pulmonary edema, APSGN should be ruled out with urinalysis.

In conclusion, we agree with Chiu [1] that urinalysis should not be neglected in pediatric patients, and microscopic hematuria should be considered especially in patients with pulmonary infiltrates in order to avoid a misdiagnosis of APSGN.

References

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