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Asymptomatic microscopic haematuria

There are different views on this condition but most Urologists feel that if there are more than 4 red blood cells/ul, then despite the low yield of sinister pathology, upper tract imaging (U/S cheapest and least invasive) and a flexible cystoscopy should be performed once. If no pathology is found, no further investigation is required unless there is gross haematuria, loin pain or other lower urinary tract symptoms.

If there is any suggestion of a glomerulonephritis then nephrological referral considered. This would include dysmorphic red cells on urine microscopy (routinely reported by Clinpath and if specifically requested at Gribbles or Abbott Pathology but requiring more blood for accurate assessment than often seen in this situation), heavy proteinuria or casts on microscopy.

Many studies have been performed looking at this condition, the largest ones in the USA with Air Force Recruits. Studies have shown that between 2% and 5% of the population have asymptomatic microscopic haematuria and sinister pathology is rarely found.

It is clear that some GP's test a lot of urine and find a lot of haematuria. Some don't refer for investigation and based on the above figures would rarely but occasionally miss pathology. Referrals often result from insurance or employment medicals and medicals for entry into the armed forces. Very occasionally renal calculi, bladder and renal tumours are found but at a rate of only 1-2% if truly asymptomatic, as unexpected renal calculi or bladder tumours often are associated with mild symptoms at least in retrospect.

I have never seen anyone investigated with the above guidelines and reassured as to the absence of pathology and benign nature of the condition ever found later to have sinister pathology that had previously been missed.