

Ask the Professors

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Case 1

- 8 year old boy
- Presents with abdominal pain
- Dipstix +++ blood, nil else, culture negative
- After 2 weeks - +++ blood, microscopy RBCs++
- Normal examination
- FBC, creatinine, C3 normal, US scan NAD
- Normal urine Ca:Cr ratio, no proteinuria
- **Can I discharge him?**

Case 2

- 4 year old girl, wt 16kg
- Nephrotic syndrome – steroid sensitive
- Frequent relapser – 3 in the last 6 months
- Currently on prednisolone 15mg alternate days – behavioural issues, weight gain (21kg, 98th centile)
- **What steroid sparing option should I chose?**

Case 3

- 5 yr old nephrotic syndrome – 1st presentation
- No atypical features – Normal creatinine, BP and C3, no haematuria
- Commenced on prednisolone 60mg/m²
- Day 4 weight 16kg at admission, now 19kg
- Urine output 0.3ml/kg/hr
- **Do I do nothing, give 20% HAS or furosemide?**

Any more questions?