Haematuria

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Presenter: Umberto Maggiore (Parma)

Systematic: Barbara Buscemi (Palermo) - Ilaria Umbro (Roma)

ERBP 2013

3.5 On which criteria should we select living kidney donors to optimize the risk–benefit ratio of their donation?

Haematuria

- We recommend considering persistent haematuria of glomerular origin as a contraindication to living donation, because it may indicate kidney disease in the donor. (1B)

- However, we acknowledge thin basement membrane disease might be an exception. (Ungraded statement)

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CHAPTER 7: EVALUATION OF HEMATURIA AND INDICATIONS FOR KIDNEY BIOPSY IN KIDNEY DONOR CANDIDATES

Evaluation

7.1: All donor candidates should be screened for the presence of microscopic hematuria. (Not Graded)

7.2: Donor candidates with persistent microscopic hematuria should undergo testing to identify possible underlying causes which may include (potential tests in parentheses): (Not Graded)

- Infection (urinalysis and urine culture)
- Nephrolithiasis/microlithiasis (urography and a 24-hr urine stone panel)
- Malignancy (multiphasic computerized tomography, or urography with and without IV contrast, or magnetic resonance urography AND cystoscopy, along with a focused history evaluating demographic and clinical cancer risk factors)
- Glomerular disease (measurement of GFR, urinary protein, focused review of family history of kidney disease, and consideration of renal biopsy)

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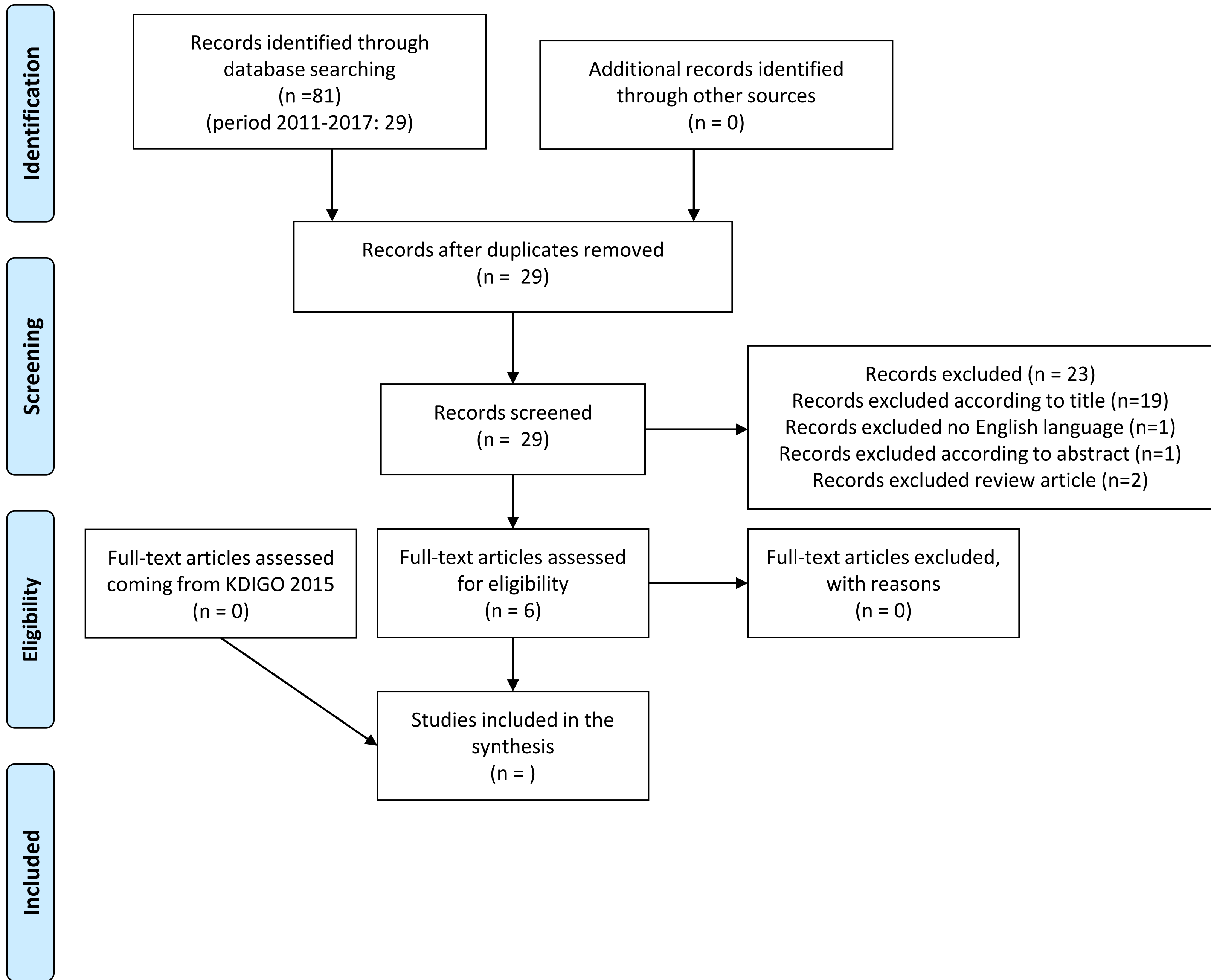
Donor Selection

7.3: Hematuria from a reversible cause, such as infection, that resolves with treatment is not a contraindication to kidney donation. (Not Graded)

7.4: Some donor candidates with microscopic hematuria also have other characteristics which associate with a higher lifetime risk of ESRD (such as a low GFR, high levels of albuminuria, hypertension, or evidence of a glomerular disease on kidney biopsy such as IgA nephropathy). Such donor candidates should generally be excluded from kidney donation. (Not Graded)


Identification
Screening
Eligibility
Included
Records identified through database searching (n =81) (period 2011-2017: 29)
Additional records identified through other sources (n = 0)
Records after duplicates removed (n = 29)
Records screened (n = 29)
Records excluded (n = 23)
Records excluded according to title (n=19)
Records excluded no English language (n=1)
Records excluded according to abstract (n=1)
Records excluded review article (n=2)
Full-text articles assessed coming from KDIGO 2015 (n = 0)
Full-text articles assessed for eligibility (n = 6)
Full-text articles excluded, with reasons (n = 0)
Studies included in the synthesis (n =)