

## **PEDIATRIC NEPHROLOGY:**

### **Asymptomatic Proteinuria**

**1. Definition:** Unexpected finding of isolated protein in urine.

**2. Relevant Information:**

- a) Usually found by dipstick on routine urine screening
- b) Urine only positive for protein without occult blood or glucose
- c) Otherwise healthy patient
- d) No family history of renal disease, DM, HBP
- e) No current medications or recent weight gain

**3. Physical Exam:**

- a) Normal BP for age
- b) No edema formation

**4. Initial Screening Studies:**

- a) Step I: Repeat dipstick of urine x 2-3  
If follow-up urines are negative or trace – no other evaluation needed  
If follow-up urines are 1+ to 4+ protein, go to Step II
- b) Step II: Evaluate for orthostatic proteinuria
  - Check AM and PM urine for protein on 5-7 different days: AM urine should be consistently negative or trace and PM urine should be 1+ to 4+ protein consistently or
  - Collect 24<sup>o</sup> urine in two containers: One for daytime & one for overnight urine. Analyze for protein and creatinine.
  - If daytime sample has > 100 mg protein ( $U_{p/cr} > 0.3$ ); night time sample has < 50 mg protein ( $U_{p/cr} < 0.2$ ) likely to be orthostatic proteinuria
- c) Step III: Confirm diagnosis of orthostatic proteinuria by documenting:
  - normal BP
  - lack of edema
  - normal BUN/Cr
  - normal C<sub>3</sub> and C<sub>4</sub>
  - isolated Proteinuria
  - total 24 hr urine protein excretion < 1gm

**5. Disposition:**

- a) Routine follow-up for both Step I and II patients with confirmation in Step III.
- b) Referral for patients with abnormal values on screening studies, family history of renal disease, hematuria plus proteinuria.
- c) Pediatric Renal Service ( Sandra Iraborri, MD), Fax: (203) 785-3462, Telephone: (203) 785-4643.