

Child appearing ill

Child seldom expresses specific complaints

Older children complaining of:

- Headaches
- Abdominal discomfort
- Dysuria

Vomiting possible

Mild to severely elevated blood pressure

Urinalysis during the acute phase characteristically shows hematuria and proteinuria. Proteinuria generally parallels the hematuria and may be 3+ or 4+ in the presence of gross hematuria. Gross discoloration of the urine reflects RBC and hemoglobin content. Microscopic examination of the sediment shows many RBCs, leukocytes, epithelial cells, and granular and RBC casts. Bacteria are not seen.

Azotemia that results from impaired glomerular filtration is reflected in elevated blood urea nitrogen (BUN) and creatinine levels in at least 50% of cases. Occasionally, proteinuria is excessive, and the patient may have nephrotic syndrome (i.e., hypoproteinemia and hyperlipidemia).

Cultures of the pharynx are rarely positive for streptococci because the renal disease occurs weeks after the infection.

Some serologic tests are necessary to make the diagnosis of APSGN. Circulating serum antibodies to streptococci indicate the presence of a previous infection. The antistreptolysin O (ASO) titer is the most familiar and readily available test for streptococcal infection. Other antibodies that may aid in diagnosis are elevated antihyaluronidase (AHase), anti-deoxyribonuclease B (ADNase-B), and streptozyme. All patients with APSGN have reduced serum complement 3 (C3) activity in the early stages of the disease. Rising C3 levels are used as a guide to indicate improvement of the disease