

GRAND ROUNDS
February 3, 1960

1. Case [redacted] [redacted] [redacted] male, aged 10 years. Admitted [redacted]/59 with 3 day history of sore throat and headache. Pain in wrist, both ankles and knees started on the day prior to admission and a rash typical of Schonlein-Henoch purpura appeared on day of admission. Because of persistent nausea, abdominal pain and recurrent purpura prednisone was started on [redacted] with prompt relief of symptoms. Urinalyses on [redacted] and [redacted] were normal, but on [redacted] and [redacted] showed 3+ proteinuria with 10-12 finely granular casts. On [redacted] many RBC and WBC were present also. Renal biopsy was performed on [redacted]. Following this the urine remained pink-tinged for about six weeks; there were no symptoms, nor any change in hemoglobin. At the time of discharge steroids had been discontinued. There was no gross or microscopic hematuria but 4+ proteinuria persisted.

2. Case [redacted] [redacted] [redacted] female, aged 10 years. Admitted [redacted]/59 with 3 day history of vomiting, sore throat and swelling around the eyes. Mild URI one week before admission. Physical exam was negative except for pharyngitis and BP 210/120, no edema. During first few days patient showed oliguria, hypertension and protein and RBC in urine. 1+ hemolytic strep was cultured from the nasopharynx. ASO titer 250 - 333 units. Subsequent course is outlined in the chart.

	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Wt.	64	63	66	69	72	65	56	57	58
BUN	75	62	54	87	65	42	29	9	5
Hgb.	11.8	7.5	7.5	7.0	5.9	10.4	11.6	11.0	11.0
Other		Proteins 2.01/2.42					Proteins 2.36/1.68		
		Cholesterol 152							
					Tx				

Patient was treated with steroids from 10/31-11/28. Renal biopsies were performed on 10/21 and 1/14. At the time of discharge on [redacted], patient was edema-free and feeling quite well. BP 140/80.

3. Case [redacted] [redacted] [redacted] female, aged 5 years. Admitted [redacted]/58 with 5 week history of edema treated in a local hospital with low salt diet without effect. On admission, moderate edema, BP 110/80, BUN 14 mg%, Urine 2-4+ protein, 8-10 RBC, 20-25 WBC, serum proteins 4.48, 1.80/2.66. Cholesterol 450 mg%. She was treated with prednisone for 5 weeks with complete clearing of edema and return of serum proteins towards normal. She has subsequently been maintained on steroids given 3 days/week. She has remained asymptomatic and is in school; however, the urine continues to show protein and RBC, and the serum proteins and cholesterol are not entirely normal. Renal biopsy was performed on [redacted]/59

Renal Biopsy

1. Muehrcke, R. C., Kark, R. M., Pirani, C. L. Technique of Percutaneous Renal Biopsy in Prone Position. J. Urol. 74:267, 1955.

Complete description of the standard technique.

2. Arnold, J. D., Spargo, B. Clinical Use of the Percutaneous Renal Biopsy. Circulation 19:609, April, 1959.

Review of indications, contraindications, hazards and principal data obtained.

3. Felton, L. M., Andronaco, J. M. Delayed hemorrhage after Percutaneous Kidney Biopsy. J.A.M.A. 170:2185, 1959.

Case of massive retroperitoneal hemorrhage occurring nine days after biopsy in adult with BP 180/110; nephrectomy performed.

Electron Microscopy of Normal and Abnormal Glomeruli

1. Hall, B. V. Studies of normal glomerular structure by Electron Microscopy. Proceedings of the Fifth and Sixth Annual Conferences on the Nephrotic Syndrome, 1953 and 1955.
2. Vernier, R. L., Earquhar, M. G., Brunson, J. G., Good, R. A. Chronic Renal Disease in Children. A.M.A.J. Dis. Child. 96:306, Sept. 1958.
3. Vernier, Piel and others in Proceedings of Tenth Annual Conference on the Nephrotic Syndrome, New York, 1959.
4. Worthen, H. G., Vernier, R. B., Good, R. A. Infantile Nephrosis. A.M.A.J. Dis. Children 98:731, Dec. 1959.