Asymptomatic Microhematuria

In patients without significant urologic symptoms, microscopic hematuria is occasionally detected on routine urinalysis. Once asymptomatic microscopic hematuria (AMH) is discovered, its cause should be investigated by performing a thorough medical history (including current medication review), focused examination, and as appropriate, additional laboratory and imaging studies. Microscopic hematuria is defined as the excretion of >3 red blood cells per high-power field in a centrifuged urine specimen. Because the degree of hematuria does not correlate with the seriousness of the underlying cause, hematuria should be considered a symptom of serious disease until proven otherwise.

Key Points:

- Routine screening of adults for microscopic hematuria with dipstick testing is not recommended due to the low incidence of significant associated urologic disease.

- Positive dipstick for blood does not define microhematuria.

- Asymptomatic microhematuria defined as >3 RBC’s per high power field on a properly collected urinary specimen.

- Evaluation should be based solely on findings from microscopic examination of urinary sediment – *not on dipstick readings*.

- Assessment should include a careful history, physical examination, and laboratory testing to rule out benign causes of AMH such as infection, menstruation, vigorous exercise, medical renal disease, viral illness, trauma, or recent urologic procedures. If AMH persists following treatment of other causes, then referral to urology should be made.

- AMH occurring in patients taking anti-coagulants requires urologic and
nephrologic evaluation

- Further urologic work-up warranted if greater than 3 RBC’s per HPF are found on at least 2 of 3 properly collected urine specimens or if high grade microscopic hematuria (>100 RBC’s/HPF) is found on a single urinalysis.

Reference:


Questions: Please reply to this e-mail, and your questions(s) will be directed to the author of this Pearl, Bryan Warren, MD.

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