

A child with familial glomerulonephritis

Pennesi Marco, Squillaci Domenica, Diomedi-Camassei Francesca, Giulia Pennesi, Barbi Egidio

Author information

Affiliations

Institute for Maternal and Child Health—IRCCS Burlo Garofolo, Trieste, Italy
Pennesi Marco, Barbi Egidio

University of Trieste, Trieste, Italy
Barbi Egidio, Squillaci Domenica

Bambino Gesù Children's Hospital, IRCCS, Rome, Italy
Diomedi-Camassei Francesca

Edinburgh Napier University, Edinburgh, United Kingdom
Giulia Pennesi

Corresponding author

Pennesi Marco: marco.pennesi@burlo.trieste.it ORCID iD [0000-0001-5207-6232](https://orcid.org/0000-0001-5207-6232)

A child with familial glomerulonephritis: Questions

A 24-month-old boy was referred for a glomerular haematuria previously labeled as a chronic glomerulonephritis.

His clinical story begins at the age of 18 months when the urine test performed due to the presence of dysuria showed the presence of microhaematuria and light proteinuria. Farley's test results highlighted glomerular haematuria. Blood tests performed in the same occasion were all normal as well as kidneys and urinary tract ultrasound.

Family history was remarkable due to the mother's diagnosis of a mesangial proliferative glomerulonephritis without hearing loss or eye anomalies at 3 years of age, currently treated with losartan. Maternal grandfather was reported to have suffered from a non defined form of chronic renal failure.

Blood laboratory test results were all in normal range and no anomalies were detected at the renal ultrasound. Both the eye and the ENT examination gave normal results. The result of the genetic test for Alport Syndrome (COL4A3, COL4A4, COL4A5) was negative.

Questions:

1. What is the most likely diagnosis?
2. Which test(s) would be required to confirm the suspected diagnosis?
3. What is the prognosis and treatment of the disease?