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QUILÚRIA NÃO PARASITÁRIA, EM ÁREA NÃO ENDÊMICA, APRESENTANDO-SE COMO PROTEINÚRIA DE NÍVEL NEFRÓTICA: TESTES SIMPLES NO DIAGNÓSTICO DIFERENCIAL

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Chyluria is the excretion of chyle from the urinary tract (UT) and indicates the presence of an abnormal communication between intestinal lymphatics and the UT. Southern Brazil is not an endemic region for filariasis. AIM: report a case of a 14-yrs Caucasian girl referred to Pediatric Nephrology Out-Patients. History: she started to pass milky urine with white clots at the age of 12yrs. No edema. Investigation in another hospital included a renal biopsy that was normal. A diagnosis of nephrotic syndrome was made. She was treated initially with steroids and after changed to cyclosporin, lisinopril and simvastatin. Physical examination: 49kg, 1.62m, BP: 90/60mmHg, no edema. Laboratory data: milky urine with white clots. Urinalysis: specific gravity 1024, 4+ proteins, pH 6.5, < 3 RBC, 4WBC. Urine tests: 24h-proteinuria: 9.07g, proteinogram: albumin: 51.2%, alfa1: 10.8%, alfa2: 11.5%, beta: 4.8%, gamma: 11,7%, cholesterol: 14mg/dL, triglycerides: 603mg/dL. Blood tests: albumin: 2.92g/L, cholesterol: 166mg/dL, HDL: 53mg/dL, triglycerides: 105mg/dL; creatinine:0.7mg/dL. Imaging: normal kidneys on ultrasound. Filariasis, tuberculosis and neoplasms were excluded as etiology for chyluria. Congenital anomalies of the lymphatic system are under investigation. CONCLUSION: chyluria, although a rare condition especially in children and adolescent in non-endemic areas, should be included in the differential diagnosis of nephrotic syndrome. Macroscopic examination of the urine, that is milky and cloudy, is simple and very helpful. Also, triglycerides are found only in the urine of patients with chyluria. These simple tests will avoid unnecessary treatment, which is not without side effects.