

Glomerulonephritis

ACUTE

PATHOLOGY

- untreated strep
- immune system response by creating antigen-antibody complexes (14 days after infection)
- antibodies get lodged into glomeruli
- causes inflammation + scarring
- ↓ GFR

It's not strep that causes inflammation → it's the antigen-antibody complexes that form after strep that causes inflammation & damage to glomeruli

usually resolves completely, but some may develop chronic glomerulonephritis or progress to irreversible renal failure

SYMPTOMS

no early symptoms, sudden onset with pronounced symptoms

- hematuria * primary presenting feature
- * ◦ azotemia (nitrogenous waste in blood) (tea colored urine)
- proteinuria (mild)
- ↓ GFR = oliguria
- edema: face + periorbital - weight gain
- ↑ BP
- ↑ specific gravity, BUN, creatinine
twice as common in men than women

INTERVENTIONS

diagnostic findings:

- lab findings
- percutaneous renal biopsy

interventions:

- no specific tx, tx of symptoms - fix the cause (strep): antibiotics

◦ diet modifications:

- fluid restriction
- sodium restriction
- ↓ protein

◦ provide carbs (provide energy + stop breakdown of protein)

◦ monitor I/O + daily weight

◦ bed rest

◦ monitor BP

- antihypertensives
- diuretics

when fluid overload has been corrected, moderate activity permitted - still suff. rest to heal kidneys

main cause:
group A-negative hemolytic streptococci

CHRONIC

PATHOLOGY

- autoimmune connective tissue disorders resulting in scar tissue bands, renal failure
 - slow progressive disease
 - Goodpasture's syndrome
 - lupus

SYMPTOMS

- anasarca (severe generalized edema)
- renal failure symptoms

INTERVENTIONS

- controlling hypertension
- correcting fluid, electrolyte imbalance
- reducing edema (diuretic therapy)
- preventing CHF
- eliminating UTIs