



Hematurie

Deriemaeker Hanne

Urologie AZ West

Hoe hematurie opsporen?

1. Urinestix

- . 91% sensitief / 56% specifiek
- . Uitsluiten van hematurie
- . Vals +: myoglobinurie, forse bacteriurie, menstruatie
- . Vals -: hyperalbuminurie, Vitamine C, nitriet, formaline, geconcentreerde urine (onvoldoende lyse RBC)



2. Microscopisch urine onderzoek

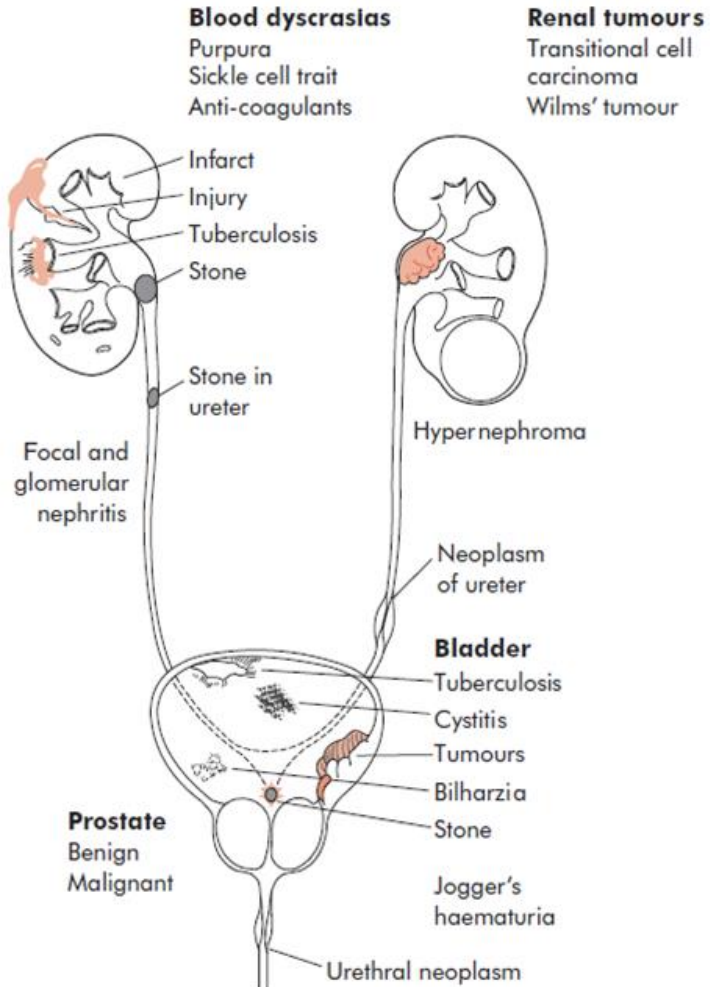
Dysmorfe erythrocyten?

3. Macroscopisch urine onderzoek

Cave: myoglobine, rode bieten, rabarber, porfyrie, rifampicine...

Urologische oorzaken hematurie

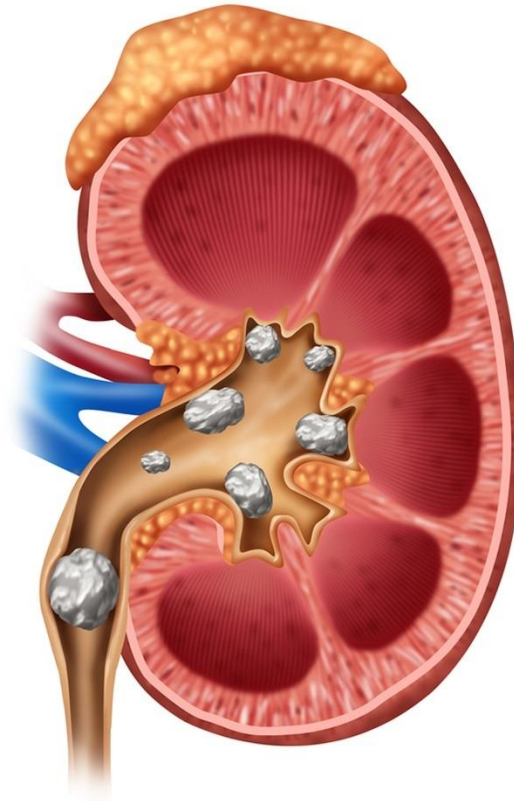
1. Urolithiasis
2. Tumoren
3. Trauma
4. Cystitis/urethritis/prostatitis
5. Prostaathypertrofie
6. Parasitaire ziekte
7. Radiocystitis
8. Zware lichamelijke inspanning



Urologische oorzaken hematurie

1. Urolithiase:

1. Pijn?
2. Mictieklachten?
3. ATCD?



Urologische oorzaken hematurie

2. Tumoren

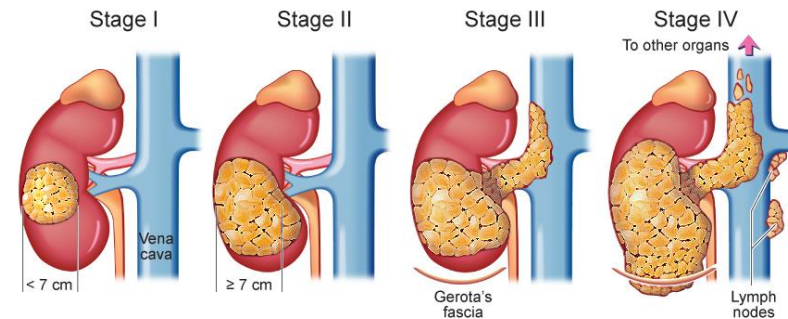
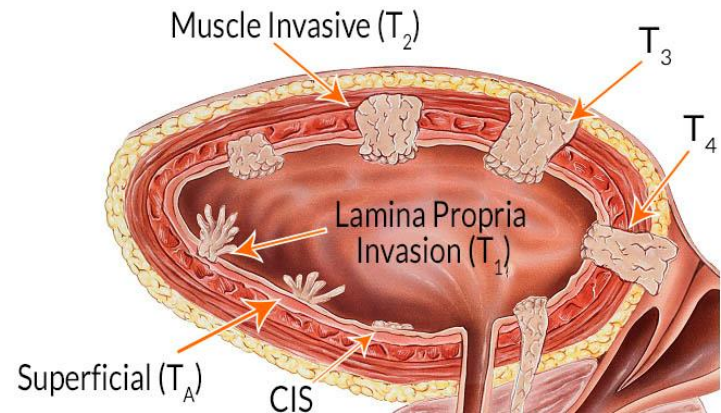
1. Incidentie maligniteit:

- . Microscopische hematurie: 0-8% maligniteit
- . Macroscopische hematurie: 10-24% maligniteit (90% BCa vs 0.1-4% RCC/TCC)

2. Duur hematurie?

3. Ernst hematurie?

4. Rookstatus?



Urologische oorzaken hematurie

3. Trauma

1. Niertrauma

2. Uretertrauma

Vnl. iatrogeen

3. Blaastrauma

- . Bekkenfractuur 80%
- . Stomp trauma
- . Iatrogeen

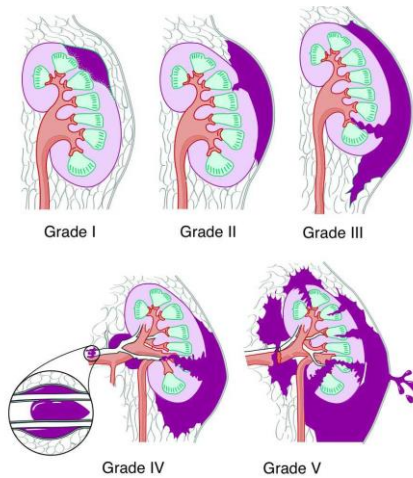
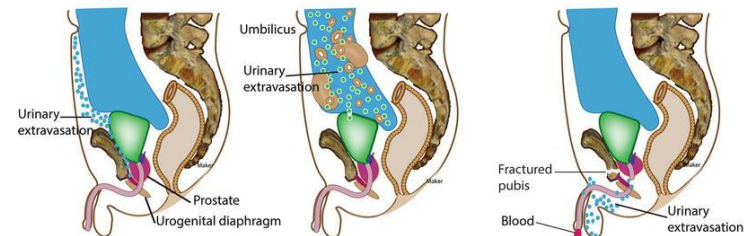


FIGURE 10-2 AAST organ injury scale for the kidney. (From McAninch JW, Santucci RA: Genitourinary trauma. In Walsh PC, et al, editors: *Campbell's urology*, ed 8. St. Louis, 2002, WB Saunders.)

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Rupture of the Bladder and Urethra



Extraperitoneal Rupture

Extraperitoneal rupture of the bladder primarily occupies the space of Retzius.

Intraperitoneal Rupture

Intraperitoneal rupture drains into the general peritoneal cavity.

Urethral Rupture

Urethral rupture is usually secondary to pelvic fracture and involves the posterior urethra. It presents as blood at the meatus, a high riding prostate, extravasation of urine into the perineum, and an inability to void.

Urologische oorzaken hematurie

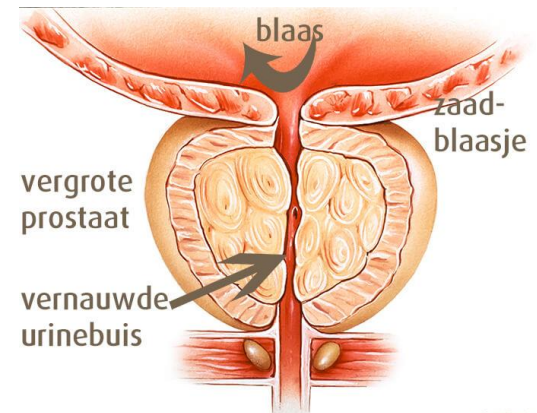
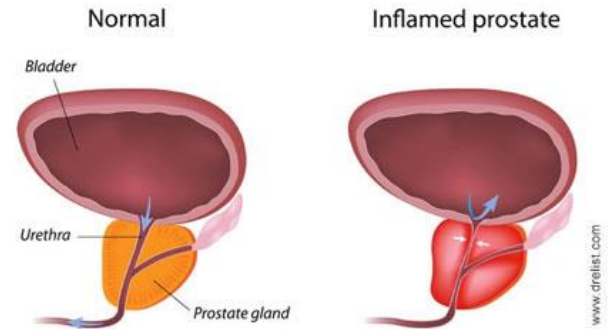
4. Cystitis/Prostatitis/urethritis

1. Pijn?
2. Mictieklachten?
3. Acute onset?

5. Prostaathypertrofie

1. LUTS
2. Bloedklonters?
3. Antico?

ACUTE BACTERIAL PROSTATITIS



Urologische oorzaken hematurie

6. Parasitaire ziekte

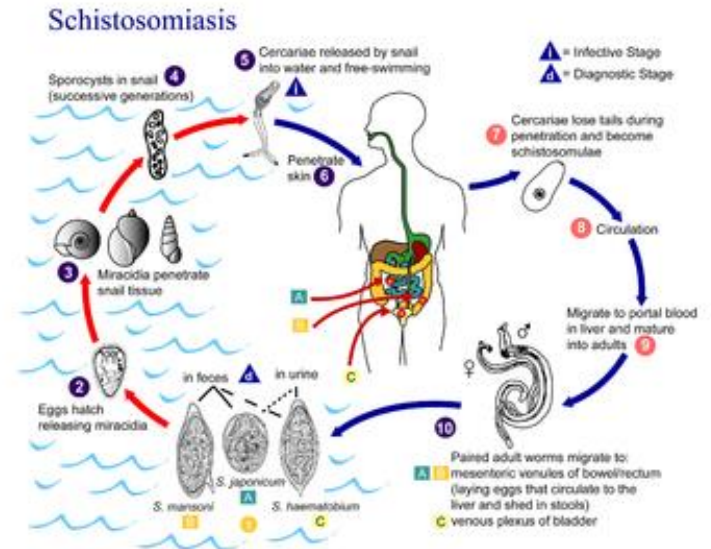
- . Recente verre reis
- . Allochtonen
- . Intermittente klachten
- . Cave: BlaasCa

7. Radiocystitis

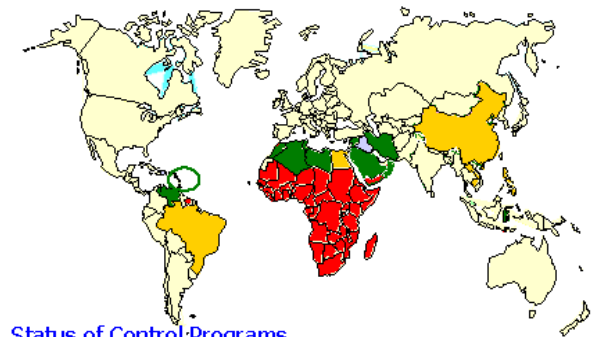
Post-radiotherapie thv het kleine bekken

8. Zware lichamelijke inspanning

→ Uitsluitingsdiagnose



Global Distribution of Schistosomiasis



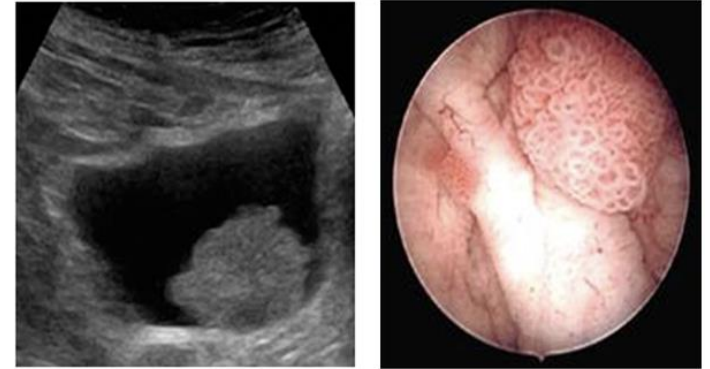
Status of Control Programs

- almost eradicated
- ongoing large-scale control programmes
- limited or no control

Source: WHO

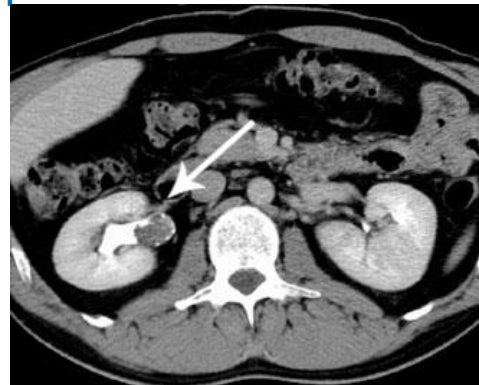
Oppuntstelling

1. MUO



2. Beeldvorming

- Trauma: CT + contrast (cystografie)
- < 50 jaar: echo blaas/nieren
- < 50 jaar + neg. echo: CT blanco
- > 50 jaar + microscopische hematurie: CT blanco
- > 50 jaar + macroscopische hematurie: 3-fasen CT

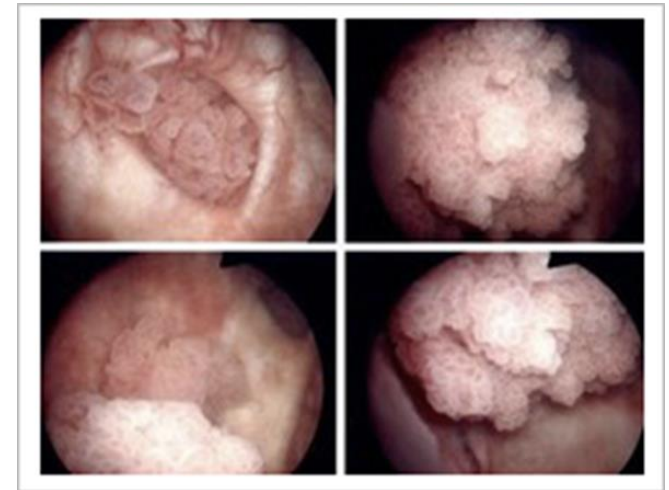
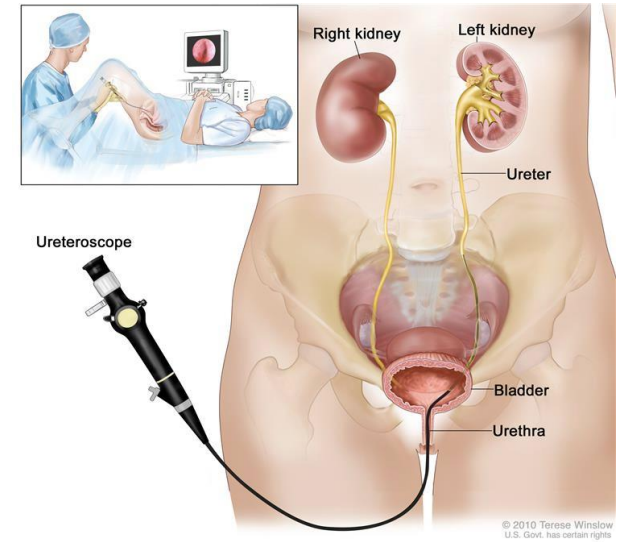
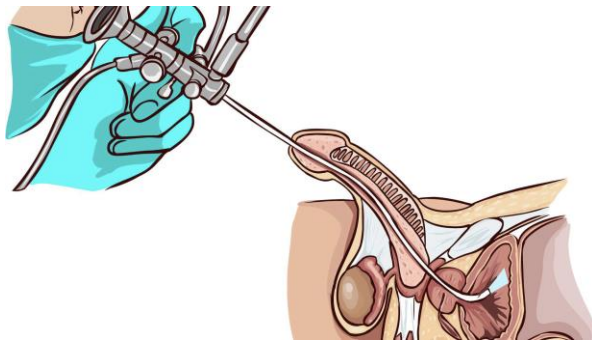


Oppuntstelling

3. Cystoscopie

4. Diagnostische URS

5. Urinaire cytologie



Indicatie voor doorverwijzing Nefrologie

1. Negatieve Urologische oppuntstelling bij persisterende hematurie
2. Proteïnurie
3. Hypertensie
4. Nierinsufficiëntie
5. Dysmorfe erythrocyten urinair

Behandeling microscopische hematurie

Oorzaak behandelen!

Behandeling macroscopische hematurie

1. Behandeling van de oorzaak
2. Indien acute klachten zoals klonters of anemie:
 1. Exacyl peroraal (3A/d) of intravesicaal
 2. Stop antico
 3. Plaatsing spoelsonde met continue spoeling
 4. Indien BPH/PCa/BCa: coagulatie peroperatief



az**West**

Zorg op mensenmaat

Dank u voor uw aandacht

Hanne Deriemaeker • hanne.derimaeker@azwest.be