

Table 2**Management of polycystic kidney disease**

Category	Problem	Management	Comments
Symptomatic relief	Cyst haemorrhage	Bed rest Analgesia	Visible haematuria can appear very dramatic but hospitalisation is very rarely required
	Cyst infection	Antibiotic	Treat with agents with good cyst penetrance e.g. ciprofloxacin for 14 days
	Renal/ureteric calculi	Bed rest Analgesia	Encourage fluid intake of ≥ 3 litres daily
Progressive chronic kidney disease	Hypertension	ACE inhibitor Other agents	Hypertension almost always predates a rise in creatinine, often by years
	Cyst expansion	Tolvaptan	Not yet licensed for this indication, currently in phase III trials