

Table 1**The clinical spectrum of glomerulonephritis presentations**

Asymptomatic results e.g. abnormal dipstick urinalysis (proteinuria ± haematuria) and/or reduced renal function (low eGFR)	Screening programmes, insurance medical exams, blood sampling for unrelated complaints. Positive serological antibody tests with no obvious renal involvement (may be either false positive or very early in disease course)
Hypertension	Especially if new onset or severe and associated with proteinuria ± haematuria
Visible haematuria	Urine may be 'tea' or 'cola' coloured
Post-infectious illness	Haematuria, rash, arthralgia; especially viral or streptococcal sore throats; patient may have recurrent episodes of haematuria following infection
Proteinuria and nephrotic syndrome	Range from incidental dipstick-positive proteinuria to clinically obvious nephrotic syndrome
Acute kidney injury	Suggests a nephritic process (but can also occur in patients with nephrotic syndrome). Immediate telephone discussion with nephrologist advised
Chronic kidney disease	Long-standing or 'burnt-out' glomerulonephritis NB May be impossible to differentiate initially from AKI if no baseline serum creatinine available
Multisystem disorder	Respiratory: flare of asthma (in Churg-Strauss syndrome), dyspnoea, cavitating lesions on chest X-ray, haemoptysis, pleural effusion Eyes, ears, nose and throat: nasal stuffiness, sinusitis, epistaxis, otitis media, rhinitis, episcleritis GIT: nausea, heartburn; abdominal pain and weight loss with polyarteritis nodosa; pain and bloody diarrhoea in Henoch-Schönlein purpura Neurological: headache, peripheral neuropathies, cranial nerve lesions; seizure and mental status changes in SLE Skin: peripheral oedema, purpuric rash, malar rash, peripheral stigmata of bacterial endocarditis Joint: arthralgias General: fever, anorexia, night sweats, lethargy, unexplained anaemia, unexplained chronic CRP elevation