

Red-cell casts despite a negative urine dipstick analysis in a patient with Crohn's disease

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Dear Editor,

A 17-year-old cachectic man with Crohn's disease was admitted to the Department of Ophthalmology in our hospital with panuveitis. Laboratory screening revealed a high serum creatinine of 90 $\mu\text{mol/l}$ (normal range 18 to 62 $\mu\text{mol/l}$). Urine dipstick analysis was repeatedly negative for erythrocytes, leukocytes and protein. Although a negative dipstick is known to reliably exclude haematuria we also examined the urinary sediment for dysmorphic erythrocytes, assuming a renal disease as part of the systemic inflammatory disease comprising the panuveitis and Crohn's disease. Microscopic examination of the urine showed no dysmorphic erythrocytes. However, red-cell casts indicative of glomerular disease were seen (*figure 1*). The panuveitis, the glomerulonephritis, and the creatinine level improved after treatment with prednisone. The red-cell casts had disappeared.

This case shows that even with a repeatedly negative urine dipstick analysis, glomerular disease can be missed if microscopic examination of the urine is not performed.

Figure 1. Blood cell cast in urine of the patient

