Histidinaemia is an autosomal recessive condition in which there is a deficiency of histidase and persistently raised blood levels of histidine. Family studies show a wide variation in the clinical picture from complete normality to severe retardation. The association between the biochemical condition and any neurological abnormality could be coincidental. In the present study, infants with raised histidine levels by Guthrie technique were followed without dietary treatment. In the first year 110,000 infants were screened and 10 had persistently raised histidine levels (i.e. incidence 1 in 11,000). The oldest is now 15 months and is within the normal range in all development.


Vassalli and McCluskey (1971) reviewed the current status of coagulation processes and fibrin deposition in the pathogenesis of renal disease. We have examined a series of 96 patients, one-third of whom were children with a wide spectrum of renal disease, comparing the demonstration of fibrin in renal biopsy specimens using 3 techniques—standard histology, electron microscopy, and immunofluorescence. A good correlation existed between the most reliable of these methods (immunofluorescence) and the estimation of the maximum amount of fibrin/fibrinogen degradation products (FDP) in the urine (Clarkson et al., 1971) before biopsy.

In children, normal values of UFDP have been obtained (0-0-5 μg/ml). Results obtained are in the Table.

Significant amounts of UFDP were also found in patients with urinary tract infection and the haemolytic uraemic syndrome. Illustrative cases were discussed. It was concluded that the urinary excretion of FDP does not support the hypothesis of significant fibrin deposition in nephrosis (Duffy et al., 1970), but reflects periods of episodic coagulation in glomeruli in proliferative nephropathy.

References


TABLE

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of patients</th>
<th>No. of specimens</th>
<th>UFDP (μg/ml)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>0-0-5</td>
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<tr>
<td>Nephrosis</td>
<td>14</td>
<td>143</td>
<td>123</td>
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<tr>
<td>Henoch-Schönlein purpura</td>
<td>16</td>
<td>77</td>
<td>70</td>
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<tr>
<td>Other forms of proliferative glomerulonephritis</td>
<td>19</td>
<td>129</td>
<td>83</td>
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</table>
Urinary FDP in children with renal disease.

W Uttley

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