

## “ESSENTIAL HEMATURIA”—AN OBSOLETE TERM

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THE term “essential hematuria” was coined to denote a condition in which the etiologic factor eludes detection. The definition of essential hematuria as cited in *Dorland's Illustrated Medical Dictionary*<sup>1</sup> conveys the impression of a clinical entity, for it states: “essential hematuria, hematuria for which a cause cannot be determined.” To imply to our medical colleagues the existence of such an entity is fraught with danger, when incontrovertible proof of such a disease remains a nebulous uncertainty.

As years have elapsed since the introduction of the expression in urologic nomenclature, it has been employed to describe the condition of patients with hematuria of undetermined origin, although case reports themselves may reveal lack of a complete, comprehensive, general diagnostic survey. An accurate appraisal of this so-called entity in more recent years permits seasoned conclusions to be quoted without the fear of one's being designated a disputative philosopher.

Progress in clinical medicine and research, enhanced by the ever-restless inquisitiveness of the investigator and by curiosity concerning the sciences, has gradually and subtly been rewarded by clarification of the etiologic factors responsible for hematuria. Yes, the term “essential hematuria” is sinking into the opalescent sea of the unknown.

The diagnostician's inability to ascertain the contributing factor or factors responsible for the production of renal bleeding is, unfortunately, oftentimes due to sins of omission. Even as our medical colleagues, all too frequently, fail to evidence the fervid enthusiasm of urologists for complete urologic survey (preferably at the time that the patient observes blood in the urine), similarly, we urologists in many instances inadequately appreciate the labyrinthian courses of general medical diagnostic procedures necessary to establish an accurate diagnosis. Whereas in our urologic armamentarium the diagnostic procedures utilizing cystoscopy, retrograde pyelography, aortography, air insufflation, cineradiography, pneumostratigraphy, and needle biopsy usually permit visualization or detection of the organic lesions associated with hematuria, if they be present, at times because of the minute size of the lesions, detection by any means is rendered difficult, indeed impossible.

We all have been rewarded by the unalloyed satisfaction in certain instances in which, after a period of time has elapsed, re-examination of the patient disclosed the responsible organic lesion. As implied previously, so-called “essential hematuria” is not an autonomous disease, but frequently a symptom or manifestation of general disease.

De Assis<sup>2</sup> has admirably covered the origin of the term “essential hematuria.” He has stressed that inflammatory disease of the kidney, acute and chronic intoxications, vascular disease, deficiency disease, and blood dyscrasias may play

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important roles in producing blood in the urine. In my experience, the presence of blood dyscrasias is frequently overlooked. The role of blood diseases such as leukemia, hemorrhagic purpura, and hypoprothrombinuria is well recognized and is widely accepted. Unquestionably, additional blood dyscrasias will be added to the list, for, as recently as 1948, Abel and Brown<sup>3</sup> were the first to report on the incidence of gross hematuria occurring in a patient with sickle cell disease.

Numerous reports in the literature cite lesions of the blood vessels as a cause of gross hematuria.

The histologic examination of the renal tissue should not be a cursory study limited to a few sections. Only a meticulous, painstaking search will, at times, reveal the lesion, and thereby prevent subsequent criticism from being leveled at the urologic surgeon because he has removed a normal kidney.

At this International Congress of Urology, it is time to pause, to reflect, and to decide whether or not a so-called "entity" rests on unshakable foundations or should be relegated to oblivion. One recently published medical dictionary<sup>4</sup> does not list it. Certainly, useless phraseology should be discarded by urologists. I thoroughly concur with De Assis<sup>2</sup> in the statement: "Essential hematuria is obsolete terminology and should be entirely abandoned." This is the *dextro tempore*.

#### References

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3. Abel, M. S., and Brown, C. R.: Sickle cell disease with severe hematuria simulating renal neoplasm. *J.A.M.A.* **136**: 624-625, 1948.
4. Blakiston's New Gould Medical Dictionary. Edited by Hoerr, N. L., and Osol, A. 2d ed. New York: McGraw-Hill Book Co., Inc., 1956, 1463 pp.