Letters to the Editor

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Please include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

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Consider Thin Basement Membrane Nephropathy as a Possible Cause of Asymptomatic Microscopic Hematuria

Original Article: Assessment of Asymptomatic Microscopic Hematuria in Adults

Issue Date: December 1, 2013

See additional reader comments at: http://www.aafp.org/afp/2013/1201/p747.html

TO THE EDITOR: Thanks to the authors for this clear and timely article. I would like to add a few words on benign hereditary nephritis, now known as thin basement membrane nephropathy.[1] In the late 1970s, I followed five generations totaling 207 patients with this condition in Lancaster and Chester Counties, Pa.; Cecil County, Md.; and Ashe County, N.C.[2] These patients had intermittent microscopic hematuria and a high but intermittent incidence of red blood cell casts. No evidence of progression of renal disease was found. Descendants of this group resided in at least 14 states.

For patients with microscopic hematuria who have not received a definitive diagnosis after a thorough workup before kidney biopsy, physicians should evaluate for a family history of recurring intermittent microscopic hematuria with intermittent red blood cell casts. Thin basement membranes are found in 5% to 9% of transplanted kidneys, but thin basement membrane nephropathy is found in less than 1% of the population. Thin basement membrane nephropathy and immunoglobulin A nephropathy are now considered common causes of asymptomatic hematuria after malignancy has been excluded.

ALAN PETERSON, MD
Willow Street, Pa.
E-mail: aspeters@lghealth.org

Author disclosure: No relevant financial affiliations.

REFERENCES

1. Kashtan CE. Thin basement membrane nephropathy (benign familial hematuria). UpToDate. http://www.uptodate.com/contents/thin-basement-membrane-nephropathy-benign-familial-hematuria (subscription required). Accessed June 2, 2014.
2. Peterson AS, Schubert JJ. Benign hereditary nephritis. *J Fam Pract.* 1977;4(3):437-441.

Corrections

Incorrect wording. The article "Update on Latent Tuberculosis Infection" (June 1, 2014, p. 889) contained an error in Table 6 (p. 894) regarding how tuberculin skin testing is performed. In the first row of the column "Tuberculin skin test," the information should have indicated that purified protein derivative be injected intradermally, not subcutaneously. The online version of this article has been corrected.

Missing words for haloperidol dosage. The article "Delirium in Older Persons: Evaluation and Management" (August 1, 2014, p. 150) was missing words in Table 8 (p. 156) regarding the dosage for haloperidol. The first row of the column "Dosage" should have indicated that 0.5 to 1.0 mg of haloperidol be given twice daily orally, with additional doses every four hours as needed, or intramuscularly every 30 to 60 minutes as needed. The online version of this article has been corrected. ■