I N T R O D U C T I O N

INTRODUCTION

Proteinuria has been thought of as the first sign of serious renal disease. However, in some patients proteinuria may last for years without other evidence of kidney damage, and in other patients it may only be an insignificant and transient laboratory finding. The nature and severity of renal involvement in a particular patient are often suggested by the clinical picture, and the pattern and amount of proteinuria **(Abuelo, 1983).**

Proteinuria may be found during the evaluation of a patient with a nonrenal illness. Also it may be found in an apparently healthy person during a routine examination. Proteinuria occasionally signals the presence of a covert kidney disease with a potential for pregression to end-stage uraemia. Proteinuria, regardless of the cause, may also have other serious implilations for the patient **(Abuelo, 1983).**

A proteinuria is present if the protein lost in the urine exceeds more than 3 g/m^2 of the body surface area per day, or more than 0.1 g/kg per day. A diagnostic work up is mandatory in such a situation. Qualitative analysis of the urinary proteins is of no diagnostic value, since monoclonal gammopathies (plasmocytomas, Waldenstrom's macroglobulinemia, etc.) do not occur in

children, and since a distinction between the nephrotic syndrome and an exudative proliferative glomerulonephritis is impossible on the basis of the various protein fractions. A quantitative (semiquantitative) determination of the lost protein is required with every moderately positive qualitative protein test in the urine **(Jerry, 1982).**

In renal disease or in other disease affecting renal function, increased excretion of proteins normally present in urine may occur either as a result of changes in the glomeruli allowing increased passage of proteins, glomerular proteinuria, or of impaired reabsorption of protein in the tubules, tubular proteinuria.

Furthermore, when the kidneys are normal increased concentration of a protein normally present in plasma may result in increased excretion of this in urine **(Hardwick, 1984).**

In this work a trial will be made to find a correlation between protein/creatinine ratio in random urine sample to proteinuria in some renal diseases presenting with proteinuria e.g. nephrotic syndrome and acute glomerulonephritis.