

HEMATURIA

Urine RBCs >3 / hpf?

PROTEINURIA

It is important not to ignore proteinuria. While it is true that proteinuria may represent a benign finding, it may also indicate the presence of serious underlying

THE HOBART CONTINUING MEDICAL EDUCATION SYMPOSIUM

Saturday 24th October 2009

08:30 – 18:00

Life Sciences Lecture
Theatre 1
Sandy Bay Campus
University of Tasmania

www.medlabstats.com/2009

in the Urine?

Excreted protein comes from plasma and the urinary tract. Plasma proteins include albumin and a globulin fraction. The major constituent of protein protein, which is secreted le and the distal tubule.

CONSTITUENTS OF NORMAL URINE PROTEIN

UMIN 30%

BULINS 30%

TAMM-HORSESHO PROTEIN 10%

Kidneys?

barrier to enter the urine. In 0,000 daltons have considerable walls. The glomerular basement erefore impedes the passage of albumin. Filtered protein may be e absorbed by tubular cells are

With this in mind, proteinuria can be classified as follows.

- Glomerular

Glomerular proteinuria is the most common type of proteinuria, and may vary from several hundred milligrams to >100 grams of protein per day. It occurs as a result of increased glomerular permeability, which may be due to a variety of processes.

- Tubular

Any process that damages the proximal tubular epithelium will allow low molecular weight proteins to be excreted in the urine.

- Overflow

Overflow proteinuria is the result of overproduction of a particular protein. increase in plasma protein concentration, glomerulus. The increased amount over of the proximal tubular epithelium to catabolize filtered protein, resulting in urinary excretion of excess protein. In clinical practice, this occurs in multiple myeloma, where immunoglobulin light chains are excreted, or in myelomonocytic leukemia, where excessive lysozyme is excreted.

*Hematuria that occurs in the patient with an elevated PT / PTT may be the result of anticoagulation therapy or a bleeding disorder. However, an underlying structural etiology cannot be excluded.

†Sickle cell trait/disease may be the sole cause of hematuria of exclusion.

Time	Speaker	Topic
0830-0900	Registration	
0900-0920	Siddharth Trivedi, UTas	Clinical Evaluation of a New Technique to Monitor Skin Temperature at the Return Electrode During Radiofrequency Ablation
0920-0940	David Russell, UTas	Venting Your Spleen
0940-1000	Robert Anderson, UTas	The Effect of Cyanide on Neutrophil Function in Cystic Fibrosis
1000-1020	Michael Thompson, UTas	Lipids and the Kidney
Tea : 30mins		
1050-1120	Jerome Staal, Menzies	Latest Research Findings on Acquired and Non-acquired Brain Injury
1120-1150	Venkat Parameswaran, RHH	Obesity: Is There a Choice?
1150-1220	Udayan Ray, RHH	Aspirin and Insulin: Do They Play Cardinal Roles in ACS?
Lunch : 50 mins		
1310-1340	George Razay, LGH	Update on Normal Pressure Hydrocephalus Associated Dementia
1340-1410	Deborah Speden, RHH	Advances in the Treatment of Inflammatory Arthritis
1410-1450	Glenn McConell, UniMelb	Clinical Implications of Recent Research in Nitric Oxide, Glucose and Muscle Metabolism.
1450-1530	Merlin Thomas, Baker Institute	Advanced Glycation End-products and Their Role in Age Related Tissue and Organ Degeneration
Tea : 30 mins		
1600-1630	Phil Thompson, RHH	A New Approach to ACS
1630-1700	Warwick Bishop, RHH	A Clinicians Observations on Diabetes and Cardiovascular Disease
1700-1730	Richard Yu, RHH	Hypertension: A Historical Perspective
1730-1800	Tom Hartley, RHH	Summing Up with Tips on Collecting and Analyzing Data and Experience from Your Clinical Practice
Nibbles & Mixer until 1900		

When: Saturday 24th October 2009
Where: Life Sciences Lecture Theatre
University of Tasmania, Sandy Bay Campus

Convenors

Dr Udayan Ray and Dr Tom Hartley
 Pathology Services : Royal Hobart Hospital
 62228234 : 62228780

THE HOBART CME SYMPOSIUM 2009

When: **Saturday 24th October 2009**
Where: **Life Sciences Lecture Theatre**
University of Tasmania, Sandy Bay Campus

REGISTRATION FORM

Name: _____
Position: _____
Organisation: _____
Postal Address: _____
Email: _____
Telephone No.: _____

Full Registration **\$30.00**
Full Time Student **\$20.00**

<i>Please tick</i>

Registration includes refreshments and light lunch.

Cheques or Postal Notes should be made payable to:

Pathology Services
Royal Hobart Hospital

Cash should be brought 'in person' to Pathology Services Administration, 1st Floor, RHH.

Mail your Registration Form to:

Dr. Tom Hartley
Pathology Services
Royal Hobart Hospital
PO Box 1061
HOBART TAS 7001

Or FAX to 6222 8996

Closing date for registrations is 19th October 2009.

www.medlabstats.com/2009

Email: tom.hartley@dhhs.tas.gov.au

