Diagnosis, Evaluation and Follow-up of AMH

+AMH
(≥ 3 RBC per HPF on UA with microscopy)

History & Physical Assess for other potential AMH causes
(e.g., infection, menstruation, recent urologic procedures)

Repeat UA after treatment of other cause(s)

Release from care

Repeat UA after treatment of other cause(s)

Concurrent nephrologic work up if proteinuria, red cell morphology or other signs indicate nephrologic causes.

Renal Function Testing
Cystoscopy
Imaging (CTU)

If unable to undergo CTU, less optimal imaging options include:
- MR Urogram
- Retrograde pyelograms in combination with non-contrast CT, MRI, or US

Concurrent nephrologic work up if proteinuria, red cell morphology or other signs indicate nephrologic causes.

Renal Function Testing
Cystoscopy
Imaging (CTU)

Follow up with at least one UA/micro yearly for at least two years

Follow persistent MH with annual UA. Consider nephrologic evaluation. Repeat anatomic evaluation within three to five years* or sooner, if clinically indicated.

Release from care

Follow up as indicated by diagnosis. Re-evaluate for MH after resolution of identified condition.

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*The threshold for re-evaluation should take into account patient risk factors for urological pathological conditions such as malignancy.