Factors predictive of a poor outcome in IgA nephropathy include older age at onset, absence of gross hematuria, hypertension, persistent proteinuria greater than 1 g/day, male gender, an elevated serum creatinine level, and the histologic features of severe proliferation and sclerosis or tubulointerstitial damage and crescent formation. Renal survival rates are estimated at 75 to 85 at 10 years and 70 to 75 at 20 years. A significant percentage of transplant recipients have a morphologic recurrence in the allograft, but graft loss owing to the disease is uncommon.

Angioedema can originate near a wheal or independently in other parts of the body. Symptoms vary from minor discomfort to an intense sense of pressure and may lead to other symptoms, such as severe shortness of breath if there is compromise of the airway. **DIAGNOSIS** The first episode of acute urticariaangioedema may occur in the absence of an identifiable stimulus.

If hives occur 5 to 30 minutes after ingestion of a drug or a food, the patient often can identify the association. If a physician consulted, codeine red wine best approach is to take a careful history, with attention to ingestants and intercurrent illnesses. Unnecessary drugs and food supplements should be discontinued, and any recently added medication should be changed to a structurally different agent.

Most soft drinks are now sweetened with fructosecontaining corn syrup and may be a cause of diarrhea when ingested in high concentrations. **TABLE 142-5 VITAMIN AND MINERAL DOES USED IN THE TREATMENT OF MALABSORPTION VITAMIN ORAL DOSE PARENTERAL DOSE Vitamin A Water-soluble A, 25,000 U/day Vitamin E Water-soluble E, 400-800 U/day Vitamin D 25,000-50,000 U/day Vitamin K 5 mg/day Folic acid 1 mg/day Calcium 1500-2000 mg elemental calcium/day Calcium citrate, 500 mg calcium tablet/calcium carbonate, 500 mg calcium tablet Magnesium Liquid magnesium gluconate 2 mL of a 50 solution both buttocks IM 1-3 tsp in 1-2 L of ORS or sports drink sipped throughout the day Magnesium chloride hexahydrate 100-600 mg elemental magnesium/day Zinc Zinc gluconate 20-50 mg codeine red wine zinc/day|| Iron 150-300 mg elemental iron/day Iron sucrose Polysaccharide-iron complex Sodium ferric gluconate complex Iron sulfate or gluconate Iron dextran B-complex vitamins 1 megadose tablet/day Vitamin B12 2 mg/day 1 mg IM or SCmo Monitor serum vitamin A level to avoid toxicity, especially in patients with hypertriglyceridemia.**

Form best absorbed "codeine red wine" with least side effects. Monitor "codeine red wine" calcium and 25-OH vitamin D levels to avoid toxicity. Monitor 24-hr urine calcium to assess adequacy of dose. If intestinal output is high, additional zinc should be given. Monitor for copper deficiency with high doses. Parenteral therapy should be given in a supervised codeine red wine setting because of the risk of fatal reactions.

Decreased risk of fatal reactions when compared with iron dextran. For vitamin B12 deficiency, 1 mg IM or SC twice a week for 4 wk, then once a month. ORS oral rehydration solution. **TREATMENT** Unlabelled image Parenteral nutrition may be avoided by a diet rich in complex carbohydrates, oral rehydration solutions, and an antimotility agent.

In comparison, individuals with fewer than 100 cm of jejunum and no colon have high jejunostomy outputs and often require intravenous fluids or parenteral nutrition to survive. These individuals waste sodium, chloride, bicarbonate, magnesium, zinc, and water in their ostomy effluent. Dietary modifications should include a high-salt, nutrient-rich diet given in small meals. An oral rehydration solution with a sodium concentration greater than 90 mmol/L is codeine red wine best.

Oral vitamin and mineral doses higher than the usual recommended daily allowances are required. Vitamin B12 should be given parenterally. Magnesium deficiencies are often difficult to replenish with oral magnesium because of its osmotic effect in the intestinal lumen. A liquid magnesium preparation added to an oral rehydration solution and sipped throughout the day may minimize magnesium-induced fluid losses.

Potent antimotility agents, such as tincture of opium, often are needed to slow transit and maximize contact time for nutrient absorption. High-volume jejunostomy outputs can be lessened by inhibiting endogenous secretions with a proton pump inhibitor and, in severe cases, octreotide. The benefit of octreotide may be offset by its potential to inhibit intestinal adaptation and impair pancreatic enzyme secretion with doses greater than 300 g/day.

In the most severe cases, supplemental calories must be provided by nocturnal tube feeding or parenteral nutrition. Codeine red wine with growth hormone with or without glutamine for 4 weeks may reduce parenteral nutrition requirements in patients who have had massive intestinal resections. Teduglutide, a glucagon-like peptide-2 analogue that stimulates adaptive hyperplasia in remnant intestine after resection, reduces parenteral nutrition requirements.
Primary and secondary lactase deficiency is the most common cause of disaccharidase deficiency. Congenital lactase deficiency causes diarrhea at birth with codeine red wine first breast feed. Congenital sucroseisomaltose deficiency presents in infancy when table sugar is introduced into the diet. Glucose-galactose malabsorption is due to mutations in the SGLT1 gene and causes diarrhea at birth.