

# Differentials of abnormal urine color: a review

Akhilesh Kumar Singh, Prabhat Agrawal, Amit Kumar Singh, Omkar Singh\*

Department of Medicine, S N Medical College, Agra, UP, India

**Keywords:** Urine, Discoloration of urine, Urinalysis

# **Abstract**

Change in the color of urine may be distressing to the patients, their family members and physicians as well. Many of the causes of abnormal discoloration of urine are benign; however, changes in the color of urine can be a sign of an underlying serious illness. In many cases the diagnosis may be made with thorough history and urine analysis. In this article we are listing the potential causes of urine discoloration which help physicians to form treatment plan.

#### \*Corresponding author:

Dr. Omkar Singh, 424 Saptrishi Apartments Sector 16 B Awas Vikas Colony Agra, UP, India Email: dr.omkar.singh@gmail.com, Phone: +91-9917853822

Date of Submission: Oct 3, 2014 Date of Acceptance: Oct 20, 2014 Date of Publishing: Oct 21, 2014

How to cite this paper:

Singh AK, Agrawal P, Singh AK, Singh O. Differentials of abnormal urine color: a review. Annals of Applied Bio-sciences. 2014;1:R21-25

Singh et al R-22

#### Introduction

Any deviation in normal urine color may be distressing to patient as well as clinician. Patient expects an explanation for change in the color of their urine. Much of the information of discoloration of urine comes from case reports as there is little original research regarding urine discoloration. Moreover there is no standardized way to describe urine color. For example a clinician can use the term dark to muddy brown, orange or even crimson red. This review attempts to help physicians to form a narrow differential diagnosis and treatment plan. Following discussion enumerates major causes of different urine color which are described in detail in the review.

#### Discussion

# Differential diagnosis of abnormal urine color:

# Red urine

- <u>Medications</u>: Rifampicin, Warfarin, Phenazopyridine, Ibuprofen, Deferoxamine, Hydroxocobalamine.
- <u>Foods:</u> beets, carrots, blackberries.
- <u>Intravascular hemolysis</u>: G6PD deficiency, Sickle cell anaemia, Thalassemia, Transfusion reaction.
- Other medical conditions: Porphyria, Nut cracker syndrome, Nephrolithiasis, BPH, Urinary bladder malignancy, Prostrate malignancy.
- Other conditions: contamination (menstruation), factitious disorder.

## Orange urine

 Medications (in addition to causes of red urine): Isoniazid, Riboflavin.

#### Brown urine

Acetaminophen overdose, Metastatic melanoma.

#### Black urine

 Medications: Metronidazole, Nitrofurantoin, Sorbitol, Cresol, Intramuscular iron. <u>Medical conditions</u>: Alkaptonuria, Metastatic melanoma.

#### White urine:

- Mineral sediments: hyperoxaluria, hypercalciuria, phosphaturia.
- <u>Medical conditions</u>: Chyluria (filariasis, lymphatic fistula), Pyuria, Urinary tuberculosis, Proteinuria.

# Blue and green urine:

- Medications: Methylene blue, Promethazine, Cimetidine, Propofol, Metoclopramide, Amitryptyline, Indomethacin, Tetrahydronapthalene.
- Other conditions: Herbicide ingestion, pseudomonas UTI, bile pigments in urine, Hartnup disease, Blue diaper syndrome.

## **RED URINE**

The term red includes the colors like pink; shades of red, brown orange or even black depending upon who views the sample.<sup>[1]</sup> In these cases, the physician must advise a urine dipstick and urine analysis to see presence of hemoglobin or red blood cells. If blood is really present then differential includes disorders of renal collecting systems<sup>[2]</sup>, hematological systems<sup>[3,4]</sup> and contamination from menstrual blood. Further work up will be guided by clinical profile of the patients.

Glucose-6-phosphate dehydrogenase deficiency, Sickle cell anemia, Thalassemia and Transfusion reaction can lead to hemolysis and deep reddish urine<sup>[5,6]</sup>. Nutcracker syndrome (entrapment of the left renal vein between the superior mesenteric artery and aorta) an anatomical condition may be elucidated by CT scan is an uncommon disease.

Porphyria can lead to dark red urine due to presence of porphyrin in the urine even without the presence of blood in urine.<sup>[7]</sup>

Medications leading to red urine include Rifampicin<sup>[8]</sup>, Warfarin<sup>[9]</sup>, Phenazopyridine<sup>[10]</sup>, Ibuprofen and Deferoxamine<sup>[11]</sup>. Hydroxocobalamine used in the treatment of cyanide poisoning produces the red discoloration of urine as well as skin<sup>[12]</sup>.

Some food like carrots (carotene)<sup>[13]</sup>, blackberries and beets can produce red urine occasionally.

Last but not the least, in some factitious disorders, a patient may present with red color urine by adding blood or some other red-colored material into urine sample.<sup>[14,15,16]</sup>

#### **ORANGE URINE**

Orange discoloration of urine may be caused by any of the above mentioned conditions. Ingestion of substances such as Riboflavin<sup>[17]</sup> and Isonia-zid<sup>[18]</sup> may also result in orange urine.

## **BROWN URINE**

Acetaminophen overdose can lead to brown urine due to accumulation of P-aminophenol metabolite.<sup>[19]</sup> Metastatic melanoma can cause dark skin and brown or black urine.<sup>[20]</sup>

#### **BLACK URINE**

Medications leading to black urine include Metronidazole<sup>[21]</sup>, Nitrofurantoin, Sorbitol and Phenol derivative Cresol.<sup>[22]</sup> Intramuscular injection of iron is also associated with black color urine.

A rare genetic disorder Alkaptonuria can lead to black urine due to accumulation of Homogenetesic acid in the body.

# WHITE URINE (ALBINURIA)

It has wide range of differentials and requires thorough work up beyond a simple urinanalysis. Mineral sediments in urine like hypercalciuria, hyperoxaluria and phosphaturia, can be found out after centrifugation and analysis<sup>[23]</sup>. Severe urinary tract infection may cause white urine (pyuria)<sup>[24]</sup>. Caseous material from urinary tract tuberculosis should also be kept in mind.

Chyluria is another differential of albinuria. It occurs when there is abnormal communication between urinary tract and lymphatics. Most commonly it occurs due to filariasis<sup>24</sup> but can also be the result of lymphatic fistula.<sup>[25]</sup>

# **BLUE AND GREEN URINE**

Blue urine is typically caused by Methylene blue ingestion<sup>[26,27]</sup>. This is used to treat Methemoglobinemia<sup>[28,29]</sup>. True blue colored urine is quite rare because blue pigment combine with urochrome to produce a green color before elimination of urine.

This is the reason for several case reports in which methylene blue turns urine green<sup>[30,31,32]</sup>.

Other medications which may cause green urine include Promethazine<sup>[32]</sup>, Cimetidine<sup>[33]</sup>, Propofol <sup>[34-37]</sup>, Metaclopramide<sup>[38]</sup>, Amitriptyline<sup>[39]</sup> and Indomethacin. One interested thing is that Propofol is also associated with pink<sup>[40]</sup> and white urine<sup>[41]</sup>.

In Literature, there are the case reports of a pesticide Tetrahydronaphthalene<sup>[42]</sup> (which was used in 1980s as an over the counter treatment of lice) and ingestion of the herbicides Mefenaceta and Imazosulfuro<sup>[43]</sup> producing green colored urine.

Pseudomonas bacterium causing UTI can present with green urine<sup>[39,44]</sup>. Rarely bile pigments in the urine may cause green colored urine. A case has been reported on enterovesical fistula as a complication of pelvic radiation therapy may produce green urine.<sup>[45]</sup>

An autosomal recessive disorder, 'Hartnup disease', [41] may cause blue colored urine. Blue diaper syndrome [46], a familial condition is characterized by hypercalcemia, nephrocalcinosis and indicanuria (blue urine). [46]

#### Conclusion

Keeping all the conditions in mind is difficult, however having a list of different urine color on the clinician's desk will be of help and can prove to be a great resource and help him to narrow the differential diagnosis. It will also help to decide for, which test is to be ordered and to ask the related history of drug or respective food intake or any other condition suggesting the urine color.

# Acknowledgements

None.

# **Funding**

None.

# **Competing Interests**

None declared.

#### References

1. Berman LB. When the urine is red. JAMA 1977;237 :2753-4

ISSN: 2349-6991

Annals of Applied Bio-Sciences, Vol. 1; 2014

Singh et al R-24

- Manthley DE, Nicks BA. Urologic stone disease, in Tintinalli JE, Stapczynski JS, Ma OJ, et al (eds). Tintinalli emergency Medicine: A Comprehensive Study Guide, ED 7. Newyork: McGrawhill, 2011.
- 3. Sey MS, Manlucu, Meyers KA. Intravascular hemolysis secondary to aortoenteric fistula presenting as red urine. Gen Intern Med 2010;25;1370-4
- 4. Kamitani T, Sakai T. Reaction to blood transfusion recognized by sudden onset of red urine during operation Masui 2007;56;847-9.
- Basu D, PAinuly N, Sahoo M. Allergic to all medicine and red colored urine. Indian J Dermatol Venereol Leprol 2008;74;550
- Edwards CQ. Anemia and the liver. Hepatobiliary manifestation of anemia. Clin Liver Dis 2002;6:891-907
- 7. Ghosh SK, Bandyopadhyay D, Haldar S. Red urine and photosensitive skin rash. J Fam Pract 2009;58;200-2
- 8. Snider DE Jr, Farer LS. Rifampin and red urine. JAMA 1977;238:1628
- 9. Gulseth M. Patient education needs, in Gulseth M (ed). Managing Anticoagulation Patients in the Hospital: The Inpatient Anticoagulation Service, Bethesda, MD, ASHP, 2007:101–22.
- Chan SY, Evans D. Red urine in a returning traveller. Int J STD AIDS 2005;16:770–1
- 11. Bryant JS, Gausche-Hill M, When is red urine not hematuria?: A case report. Jemerg Med 2007:32:55-7.
- 12. Hon KL, Cheung KL. Pink toes and red urine: what is this poison? Hong Kong Med J 2010; 16:411-2.
- 13. Koff SA. A practical approach to hematuria in children. Am Fam Physician 1981:23:159-64
- 14. Fleisher DS. Urine of abnormal color. pediatrics 1968;42;545-6
- 15. Boelaert JR, Delanghe JR, SchurgersML, et al. Red urine due to factitious myoglobinuria. Nephron 1984;38:67-8
- 16. Boutwell JH. More cause of red urine. JAMA 1977;238;1501.

- 17. Navarra T. Encyclopedia of vitamins, Minerals and Suppliments. 2nd ed . New York. Facts on File; 2004.
- 18. Cope GF, Whitfield R. Urine color testing and isoniazid monitoring. Chest 2003;124;2405; author reply 2405.
- Clark PM Clark JD, Wheatly T. urine discoloration after acetaminophen overdose. Clinchem 1986;32;1777-8
- Hallermann C, Schulze HJ. Diffuse brown discoloration of skin, mucosa and urine. Hautarzt 2011;62:51-3
- 21. Slawsonm. Thirty three drugs that discolor urine and/or stools. RN 1980;43:40-41
- 22. Seak CK, Lin CC, Seak CJ et al. A case of black urine and dark skin-cresol poisoning. ClinToxicol (Phila) 2011;48:959-60.
- 23. Horner KB, Sas DJ. White urine in asymptomatic child. J Pediatr 2011;159:351.
- 24. Vera M, Molano A, Rodriguez P. Turbid white urine. NDT Plus 2010;2:580-3.
- 25. Eisner BH, Tanrikut C, Dahl DM. Chyluria secondary to lymphorenalfistula. KidneyInt 2009;76;126.
- 26. Prischl FC, Hofinger I, Kramar R. Fever, shivering and glue urine. Nephrol Dial Transplant 1999;14:2245-6.
- Levy Y, Rimbrot S, Raz R. Myalgia, fever, abnormal muscle enzymes and blue urine in a farmworker from Thailand. Isr Med Assoc J 2001;3:704
- 28. Wendel WB. The control of methemoglobinimia with 45,methylene blue .J Clin Invest 1939,18:179-85
- 29. Bolgiano Eb, Barish RA. Use of new and established antidotes. Emerg Med Clin North Am 1994,12:317-334.
- Golla FL, Rolleston HD. Green urine due to a proprietary pill.Br Med J 1912;1:1064-5.
- 31. Stratta P, Barbe MC. Images in clinical medicine. Green urine. N Engl J Med 13 2008;358:e12.
- 32. Lam CW, Wong SY. A case of green urine due to a traditional Chinese medicine containing methylene blue. N Z Med J 2010,123:71-6.

- 33. Bowling P, Belliveau RR, Butler TJ. Intravenous medications and green urine. JAMA 1981,41:39-41
- 34. Bodenham A, Culank LS, Park GR. Propofol infusion and green urine. Lancet 1987;2:740.
- 35. Tonseth KA, Tindholdt TT, Hokland BM, et al. Green urine after surgical treatment of pressure ulcer. Scand J Plast Reconstr Surg Hand Surg 2007; 41:39-41.
- 36. Tan CK, Lai CC, Cheng KC. Propofol: related green urine. Kidney Int 2008;74:978.
- 37. Bodenham A, Culank LS, Park GR. Propofol infusion and green urine. Lancet 1987;2:740.
- 38. Pak F. Green urine: an association with metoclopramide. Nephrol Dial Transplant 2004:19:2677
- 39. Norfleet RG. Green urine JAMA 1982:247:29
- 40. Masuda A, Hirota K, Satone T et al. Pink urine during propofol anaesthesia. Anesth Analg 1996;83:666-7

- 41. Nates J, Avidan A, Gozal Y, et al. Appearance of white urine during propofolanaesthesia. Anesth Analg 1995, 81:210.
- 42. Grant KD, Zonozi MS, Davoudian S. Emerald-green urine associated with Cuprex therapy. South Med J1985;78:365–6.
- 43. Shim YS, Gil HW, Yang JO et al. A case of green urine after ingestion of herbicide. Korean J Intern Med 2008:23:42-4
- 44. Leclercq, Loly C, Delanaye P et al. Green urine. Lancet 2009:373:1462
- 45. Bolmers MD, Linthorst GE, Soeters MR, et al. Green urine but no infection. Lancet 2009:374:1566.
- 46. Drummond KN, Michael AF, Ulstrom RA, et al. The blue diaper syndrome: familial hypercalcemia with nephrocalcinosis and indicanuria; a new familial disease, with definition of the metabolic abnormality. Am J Med 1964;37:928–48.

ISSN: 2349-6991



This work is licensed under the Creative Commons Attribution International License (CC BY).