INTRODUCTION

Microalbuminuria has been defined as increased excretion of albumin above the reference range for healthy subjects, which is undetectable by dipstick testing *(Viberti and Wiseman, 1986)*.

It is associated with generalized vascular damage in patients with diabetes mellitus and is a predictor of diabetic nephropathy *(Deckert et al., 1989)*.

In patients with Rheumatoid Arthritis (RA) there is a high prevalence of renal impairment with evidence of reduced glomerular filtration and tubular function *(Horder et al., 1991)*.

In RA glomerular proteinuria has been considered as a complication of advanced disease caused by direct effects of the disease on the kidney or the reaction of nephrotoxic drugs or both, however, subclinical renal dysfunction is not uncommon in RA, and many of these patients with incipient nephropathy are not detected by routine laboratory tests such as assays for urine total protein or Albustix *(Boers et al., 1990)*.

Patients at risk of developing renal dysfunction might be detected earlier by the appearance of microalbuminuria. Furthermore, increased urinary excretion of albumin may reflect not only glomerular disease but also the inflammatory state and disease activity *(Lars et al., 1995)*.