



TNU QUIZ

▪ Name:	▪ Affiliation:
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Print, Answer and Deliver it to the registration desk on **Thursday 8th November 2018 before 11 am**

1. Presence of the following may indicate non-diabetic kidney disease in a patient with type 2 diabetes mellitus:

- A. Proteinuria
- B. Microscopic hematuria
- C. Normal renal size
- D. Retinopathy

2. Compared to ACE inhibitors:

- A. ARBs are associated with more angioedema
- B. ARBS are associated with clearly inferior renal outcomes in diabetics
- C. Direct renin inhibitors work more proximally in the RAS pathway
- D. Calcium channel blockers are associated with less proteinuria

3. Which of the following is an indication for intervention in renal artery stenosis?

- A. Flash pulmonary edema
- B. Renal size < 8 cm
- C. Resistive index > 0.8
- D. Serum creatinine > 4 mg/dl

4. Which of the following is associated with Wegener's granulomatosis?

- A. Anti-MPO ANCA
- B. Anti-PR3 ANCA
- C. ANA
- D. Anti-DS DNA

5. The following drugs have been found to be useful in induction treatment of Class IV lupus nephritis, except:

- A. Cyclophosphamide
- B. Azathioprine
- C. Mycophenolate mofetil
- D. Tacrolimus

6. Which of the following is not a cause of membranous nephropathy?

- A. Alport's syndrome
- B. Lymphoma
- C. Diabetes Mellitus
- D. Gold therapy

7. Which of the following is true about ANCA associated vasculitis?

- A. Usually common in young adults
- B. Rituximab is an effective drug
- C. Once serum creatinine is more than 5.5 mg/dl, treatment is not effective
- D. Has high recurrence after renal transplantation

8. The following protein is not a part of glomerular filtration barrier:

- A. Podocin
- B. Nephrin
- C. NEPH 1
- D. Polycystin

9. Which of the following is not true regarding dense deposit disease?

- A. Presence of circulating autoantibodies to C3 convertase
- B. Nephrotic syndrome is the commonest presentation
- C. Associated with partial lipodystrophy
- D. Disease usually does not recur after transplant

10. Which one of the following diseases has the least risk of recurrence after renal transplantation?

- A. Dense deposit disease
- B. Atypical HUS
- C. Focal segmental glomerulosclerosis
- D. ANCA associated vasculitis

11. A 30-year-old woman with diabetic nephropathy received a cadaveric renal allograft. On the third postoperative day her serum creatinine concentration was 1.8 mg/dL. She is being treated with cyclosporine and prednisone. On the sixth postoperative day she experienced a decrease in urine output from 1500 mL/d to 1000 mL/d; the serum creatinine concentration increased to 2.2 mg/dL. Her blood pressure remained stable at 170/90 mmHg, and her temperature was 37.2°C. The best initial step in management would be to:

- A. Decrease the dose of cyclosporine

- B. Obtain ultrasonography of the renal allograft
- C. Obtain a biopsy of the renal allograft
- D. Administer pulse steroid therapy

12. Plasma exchange is beneficial in all of the following, except:

- A. Cast nephropathy
- B. ANCA associated vasculitis
- C. Severe acute cellular rejection
- D. Cryoglobulinemia

13. All of the following agents interfere with the tubular secretion of creatinine, except:

- A. Trimethoprim
- B. Cimetidine
- C. Telmisartan
- D. Fibrates

14. All of the following drugs have been found to be effective against BK virus nephropathy, except:

- A. Efavirenz
- B. Cidofovir
- C. Leflunomide
- D. Amantadine

15. A 7 year old girl is suffering from extreme thirst and increased urination. She appears to be dehydrated and has short stature. She is found to have a hypokalaemic, hypochloraemic alkalosis. A 24 hour urine collection reveals hypercalciuria. What is the most likely diagnosis?

- A. Bartters syndrome

- B. Type 1 renal tubular acidosis
- C. Type 4 renal tubular acidosis
- D. Gitelmans syndrome

16. Which one of the following conditions is not associated with hyponatremia?

- A. Tolvaptan therapy
- B. Hypothyroidism
- C. Congestive heart failure
- D. Alcohol intake

17. Which one of the following is NOT an extra-renal manifestation of polycystic kidney disease?

- A. hepatic cysts
- B. hepatic fibrosis
- C. mitral valve prolapse
- D. Aortic stenosis

18. Renal biopsy in a case of lupus nephritis can show all of the following, except:

- A. Hyaline thrombi
- B. Fibrous crescents
- C. Capsular drop
- D. Karyorrhexis

19. Immediately after acute ureteric obstruction all the following hemodynamic changes occur in that kidney, except:

- A. Decrease in GFR
- B. Decrease in renal blood flow

- C. Decrease in medullary blood flow
- D. Increase in intra-tubular pressure

20. Glomerular pathology which is most commonly seen in sickle cell nephropathy:

- A. Focal segmental glomerulosclerosis
- B. Membranoproliferative GN
- C. Membranous GN
- D. Collapse of glomerular tuft

21. On electron microscopic examination of the kidney biopsy , "Myeloid bodies" are seen in:

- A. Alport's syndrome
- B. Nail patella syndrome
- C. Fabry's disease
- D. Familial Lecithin cholesterol acyltransferase (LACT) deficiency

22. Which of the following is protein bound uremic toxin:

- A. Adrenomedullin
- B. Homocysteine
- C. Neuropeptide Y
- D. ADMA

23. Which of the following statements is true for chronic kidney disease-metabolic bone disease?

- A. Is more common in peritoneal dialysis patients as compared to hemodialysis
- B. Usually starts late in the course of kidney disease

- C. Causes EPO-resistant anemia
- D. More common in males than females

24. All of the following drugs have been found beneficial in decreasing proteinuria in diabetic kidney disease, except:

- A. Sitagliptin
- B. Aliskiren
- C. Cilnidipine
- D. ACE inhibitors

25. Combination of cortical and medullary nephrocalcinosis is characteristic of:

- A. Medullary sponge kidney
- B. Hypercalciuria
- C. Primary hyperoxaluria
- D. Cystinuria

26. Diagnosis of acute uric acid nephropathy is best established by:

- A. Serum urate > 20mg/dl
- B. Urinary urate > 800 mg/dl
- C. Urinary urate / creatinine ratio > 1
- D. Urate crystals in urine

27. Linear deposition on immunofluorescence in renal biopsy is seen in:

- A. Wegener's granulomatosis
- B. Light chain deposition disease
- C. Systemic lupus erythematosus

D. Membranoproliferative glomerulonephritis

28. The most common causative organism for PD peritonitis is:

A. S. aureus.

B. S. epidermidis.

C. E. coli

D. P. aeruginosa.

29. The use of vancomycin in PD peritonitis:

A. is endorsed for routine empirical use.

B. produces adequate serum concentrations when administered intraperitoneally.

C. does not increase the risk of vancomycin-resistant enterococci.

D. (A) and (C)

30. Which one of the following findings indicates that a fluid bolus should be given in a critically ill, newly oliguric patient?

A. Fractional excretion of sodium < 1 percent

B. BUN/serum creatinine ratio = 10

C. Many casts in the urine sample

D. Serum sodium > 150 meq/L

31. Which one of the following is true regarding dopamine use in patients with established intrinsic acute kidney injury?

A. Dose of more than 5 µg/kg per minute is associated with increased urine output.

B. Low-dose dopamine is associated with faster recovery of renal function.

C. Low-dose dopamine is associated with increased creatinine clearance.

D. Dopamine use has not been shown to improve mortality rates in this population.

32. An acute renal failure patient receiving continuous hemofiltration and citrate anticoagulation develops a cardiac arrhythmia. What is the likely cause?

- A. Inadequate anticoagulation
- B. Inappropriate free serum calcium concentration
- C. Excessive ultrafiltrate production
- D. Acute reaction to the hemofilter membrane

33. Which one of the following may invalidate the calculation of the fractional excretion of sodium in a patient with acute kidney injury?

- A. Concurrent gentamicin therapy
- B. Ingestion of a 6-g sodium diet
- C. Concurrent torsemide therapy
- D. Oliguria

34. A 60-year-old man presents to the emergency room with a 2-week history of nausea and vomiting. On physical examination, the patient's weight is 70 kg, skin turgor is decreased, and there is postural hypotension. Laboratory studies show serum sodium, 126 meq/L; serum creatinine, 1.8 mg/dL; urine osmolality, 1000 mOsmol/kg; and urine sodium concentration, 4 meq/L. Which of the following interventions is most appropriate in the emergency room?

- A. 1000-1200 mL daily water restriction
- B. Bolus infusion of 0.9% saline until the postural hypotension resolves
- C. Infusion of 0.45% saline at 100 mL/h
- D. Infusion of 3% saline at 55 mL/h

35. Which of the following substances cause an intracellular movement of potassium?

- A. Epinephrine

- B. Bicarbonate
- C. Digoxin
- D. (A) and (B)

36. Which drug does not cause a transcellular movement of potassium?

- A. Furosemide
- B. Insulin
- C. Sodium bicarbonate
- D. Salbutamol

37. The DOPPS study (Dialysis Outcomes and Practice Patterns Study) observed a 45% higher risk of death in patients with pre-dialysis sodium levels less than:

- A. 140 mEq/dL
- B. 137 mEq/dL
- C. 130 mEq/dL
- D. 125 mEq/dL

38. What is the most prevalent renal lesion in systemic lymphomas?

- A. Minimal Change Disease
- B. Lymphomatous Infiltration
- C. Immunotactoid GN
- D. Membranous GN

39. The plasma potassium concentration can be most dramatically reduced with which of the following dialysate bicarbonate concentrations?

- A. 23 mmol/L
- B. 27 mmol/L
- C. 35 mmol/L
- D. 39 mmol/L

40. Etiology of anemia resistant to ESAs therapy in CKD includes all the following, except:

- A. Inadequate dialysis
- B. Hyperparathyroidism
- C. Genetic polymorphism
- D. NSAIDs intake



**In addition to the
quiz award,
the winner
will be granted
a registration and
accommodation in
the next year's
conference**