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1. 55 yo male with 5 year history of uncontrolled diabetes now with proteinuria. What is the next best step? renal biopsy *or* RAS blockade?

2. Conservative therapy for most glomerular disease includes RAS blockade, sodium restriction, lipid lowering medication if necessary, and…?

3. At time of diagnosis of membranous nephropathy a patient has negative age and sex appropriate cancer screening. What other screening must occur?

4. Most common cause of membranoproliferative GN?

5. 20 yo male returns to you in clinic 4 weeks after diagnosis of minimal change disease and beginning steroids. His repeat 24 hr urine still shows 3.5g/day of protein. Nothing or Rituxan?

6.What is the diagnosis if mesangial expansion, GMB thickening, eosinophilic nodular glomerulosclerosis is found on kidney biopsy?

7.40 yo woman presents with malaise, arthralgias, a reticular rash, tea-colored urine, hematuria for 7 days. She has a kidney biopsy that does not stain positive for complement or immunoglobulin. She has a positive Anti-PR3. What is the most likely diagnosis?

8. 40 yo Caucasian female with nephrotic syndrome has a positive anti-PLA2R on kidney biopsy and serum testing. What is the most likely diagnosis?

9.The induction treatment for lupus nephritis type III-V consists of steroids with \_\_\_\_\_\_ for 6 months?

10. 29 yo female with joint pain, leukopenia, oral ulcers, and nephrotic range proteinuria has a kidney biopsy with subepithelial immune deposits “spike and dome.” The initial treatment is conservative management for at least how many months minimum?

11. 30 yo African American male with lymphadenopathy and thrush with 4 g/day of proteinuria. Kidney biopsy with effacement of podocytes on electron microscopy. What is the most likely kidney disease?

12. A 25 yo woman with SLE presents initially with RBC casts, 2 g/day proteinuria. Within 2 weeks her creatinine has increased from 0.8 to 5.0. What are likely to be found on her biopsy?

1. How many weeks of steroids must a newly diagnosed minimal change disease patient be treated with before determined to be steroid resistant?

14. What is the leading cause of CKD and ESRD worldwide?

15. What is the most common cause of rapid progressive glomerulonephritis?

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| **Immune complex** | **Pauci-Immune** | **Glomerular basement membrane** | **Monoclonal immunoglobulin** | **Complement mediated** |
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