January 12, 2021 Objectives

Proteinuria, Dr. Barney

1. Know how much proteinuria and albuminuria is considered within normal limits in a 24-hour urine collection (or on spot testing).
2. Know the three mechanisms of excessive protein excretion in the urine.
3. Know the approach to the patient with a positive dipstick test for proteinuria and its limitations to detecting proteinuria compared to other quantification techniques.
4. Understand the indications for 24-hour urine protein quantification, spot urine sampling for protein/creatinine ratio and albumin/creatinine ratio, and urine protein electrophoresis.
5. Describe the appropriate work up to evaluate a patient with proteinuria.

Glomerular disease, part 1, Dr. Barney

1. Distinguish nephrotic syndrome from nephritic syndrome.
2. Subcategorize which GNs present with hypocomplementemia and distinguish which complement (C3 versus C4) is low in each.
3. Describe the clinical presentation of rapidly progressive glomerulonephritis (RPGN) and formulate a probable diagnosis based on the clinical and pathology findings seen
4. Choose first line treatments for reduction of proteinuria, including those based on specific pathologies.

Renal Transplant, Dr. Khurana

1. What are the 1-year patient and graft survival probabilities for cadaveric and living donor kidney transplants?
2. Name the common immunosuppressive agents used in kidney transplant. What are the targets of these medications? What are some common adverse effects of the medications?
3. Name the principal causes of renal allograft loss beyond the first post transplantation year. What is the leading cause of death?
4. Name some treatments for acute humoral and cellular transplant rejection. List the Banff grading system and findings for each grade.
5. When does CMV disease usually manifest? What are the clinical and laboratory findings associated with it? What is the treatment?