U2 Nephrology

U3 Tubulo-interstitial nephritis

**#Tubulo-interstitial nephritis is**

infectious diffuse injury of the interstitium and tubules of kidney

non-infectious diffuse injury of the interstitium and tubules of kidney

+infectious and non-infectious diffuse injury of the interstitium and tubules of kidney

**#Which statement is correct?**

80% of patients with acute tubulointerstitial nephritis need special treatment

+80% of patients with acute tubulointerstitial nephritis do not need any special treatment

**#Symptoms are low specific for acute interstitial nephritis:**

leukocyturia

+proteinuria

+hematuria

+bacteriuria

**#Renal complications of gout in addition to interstitial nephritis is**

Fanconi syndrome

Amyloidosis

+Urolithiasis

All answers are correct

**#A 16-year-old boy presents with a low-grade fever which started 1 week ago. The patient also reports feeling fatigued and indicates pain in his joints. His parentsmention that he has been visiting the toilet more often than usual. A urine dipstick shows trace proteins, while a blood test shows raised eosinophils. The most likely diagnosis is:**

+Acute tubulointerstitial nephritis

Renal failure

Diabetes mellitus

Reactive arthritis

**#Can acute tubulointerstitial nephritis transfer to chronic tubulointerstitial nephritis?**

yes

+no

**#The most common causes of acute tubulointerstitial nephritis?**

+antibiotics

antihypertensives

diuretics

cardiac glycosides

Ganglionic

**#Isosthenuria is a condition in which**

+the density of the urine is equal to plasma density

the density of the urine is below 1018

the density of urine is below 1015

**#Analgesic nephropathy is most often caused by long reception:**

antihypertensives

+analgesics

enzyme preparations

sedatives

diuretics

**#The most common cause of chronic tubulointerstitial nephritis**

infection

deposition of immune complexes

+violation of renal perfusion

obesity

glomerulonephritis

**#The most common symptom of interstitial nephritis is**

proteinuria

+leukocyturia

hematuria

bacteriuria

all these symptoms

**#Cylinders are formed in …?**

+tubules;

the glomeruli;

loop of Henle;

the ureters.

**#Leukocyturia – presence of lukocytes in urine in a number more than**

+10 in a field, or 4000 in 1 ml;

3-4 in a field, or 2000 in 1 ml;

* 1. n a field, or 6000 in 1 ml.

**#The main clinical signs of tubules damage are the following, except:**

acidosis;

glucosuria;

Hypo-and isosthenuria;

+hypertension;

cylindruria.

**#In what diseases nephrotic syndrome is absent?**

Diabetic glomerulosclerosis

Renal amyloidosis

Acute glomerulonephritis

+Tubulointerstitial nephritis

Chronic glomerulonephritis

**#What symptom is characterized for tubulointerstitial nephritis?**

Bacteriuria

+Hipoizostenuriya

Hypertension

Dysuria

Nocturia

**#Patients who have suffered acute tubulointerstitial nephritis should be under supervision of a nephrologist for:**

1 year

2 years old

+3 years old

1. years old

**#The frequency of tubulo-interstitial nephritis is:**

+0.7 per 100,000 population

1.4 per 100,000 population

2.8 per 100,000 population

5.6 per 100,000 population

* 1. per 100,000 population

**#Morphological changes in amyloidosis of the kidneys include:**

Mesangial proliferation

Cortical necrosis

Tubulo-interstitial changes

+Amyloid deposits in the glomeruli , near the basal tubule membranes, and in blood vessels

**#What are violation of kidney function can be detected by the Zimnitsky test?**

secretion of hematopoietic cells;

secretion of aldosterone;

regulation of acid-base balance;

+concentration function of the kidneys.

**#In healthy people the protein content in the daily urine is not higher:**

10 mg;

30 mg;

50 mg;

+100 mg;

1. g.

**#What fluctuations of relative density of urine is characteristic for isosthenuria?**

1005 - 1015;

1010 - 1020;

+1010 - 1012;

1010 - 1022;

1. - 1025.

**#Тhe cause of acute interstitial nephritis is not**

medicines

infections

immune states

+burdened heredity

idiopathic variant

**#Acute uric acid nephropathy may develop in:**

the decay of tumors;

the treatment of tumors with cytostatic drugs;

radiation therapy;

+for all the listed conditions

**#What statements about paraneoplastic nephropathy are true?**

\*the morphological basis is most often amyloidosis or membranous glomerulonephritis.

\*most patients have asymptomatic proteinuria.

\*manifests itself as a nephrotic syndrome, refractory to therapy.

\*remission is possible with successful treatment of the tumor.

occurs when recurrent gross hematuria.

**#What rheumatic diseases are most often complicated by amyloidosis?**

systemic lupus erythematosus.

\*rheumatoid arthritis.

\*Bekhterev's disease.

psoriatic arthritis.

nodular periarteritis.

**#Bens- Jones proteinuria is characteristic of:**

chronic nephritis;

chronic pyelonephritis;

+multiple myeloma;

polycystic kidney disease;

cancer of the renal parenchyma

**#Reabsorption of the filtered protein is carried out mainly in:**

+proximal tubule;

the loop of Henle;

the distal tubule;

collecting tube.

**#What variants of kidney damage can be a manifestation of paraneoplastic nephropathy?**

\*amyloidosis.

\*membranous nephropathy.

nephroangiosclerosis.

acute urogenital block of the kidneys.

hydronephrosis

**#What are malignant tumors more often complicated by amyloidosis?**

stomach cancer

\*Hodgkin's disease

lung cancer

\*kidney cancer

non-Hodgkin's lymphomas

**#List the manifestations characterizing the preclinical stage of diabetic nephropathy**

nephrotic syndrome

\*microalbuminuria

hematuria

\*glomerular hyperfiltration

\*increased renal blood flow

**#What are the correct statements for diabetic nephropathy?**

develops only in patients with type I diabetes

\*develops in type I and type II diabetes

characterized by episodes of gross hematuria

\*occurs with arterial hypertension

\*characterized by proteinuria and nephrotic syndrome

**#What medications are used to treat diabetic nephropathy?**

glucocorticosteroids

\*angiotensin converting enzyme inhibitors

\*cytostatics

high- protein diet

low- protein diet

**#What are characteristic clinical manifestations for acute interstitial nephritis?**

\*symptoms of a common allergic reaction to medications (fever, skin

rashes.)

hematuria

massive leukocyturia

\*acute renal failure

proteinuria more than 15 g/l

**#What are the prognostically unfavorable factors for acute interstitial nephritis?**

the presence of extrarenal manifestations of allergy

general mononuclear infiltrates in the interstitial kidney

+the duration of acute renal failure is more than 3-4 weeks

blood creatinine 1,4-2,0 mg%

hematuria

**#Measures which you can use to treat acute interstitial nephritis**

cancellation of the drug that caused the disease

prescribing non-steroidal anti-inflammatory drugs

\*oral administration of glucocorticoids

appointment of cytostatics

\*hemodialysis

**#What are the rare ethnological factors of acute interstitial nephritis?**

medicines

viral

\*parasitic

\*traumatic

immunity

**#Give the definition of oliguria**

+a condition in which urine output is less than 400 ml per day

a condition in which urine output is less than 200 ml per day

a condition in which urine output is less than 1000 ml per day

**#Please mark common complication of acute renal failure:**

Аrterial hypertension

Hypokalemia

+Acute Bacterial Infection

Congestive heart failure

Secondary hyperparathyroidism

**#Acute renal failure may be distinguished from chronic renal failure by which of the following?**

an increased urinary Na excretion

left ventricular hypertrophy on the ECG

hypophosphataemia

+renal size on ultrasound scan

hyperkalaemia

**#What symptom is not typical for acute renal failure:**

Acute onset

Oliguria

+The reduced size of the kidneys

hyperkalemia

Collapse

**#Morphological substrate of renal ARF often is:**

cortical necrosis

+acute tubular necrosis

**#GFR: 68 ml/min/1.73m2 . What CKD stage is it?**

stage 1

+stage 2

stage 3

stage 4

stage 5

**#The renal protective effect have**

+ACE inhibitors

β-blockers

calcium channel blockers (CCB)

diuretics

**#In asymptomatic chronic renal failure:**

there is increase in tubular excretion of urate

+serum ionised [calcium] is normal

serum [phosphate] characteristically increased before GFR falls to 30ml/min

decrease in blood pressure accompanied by increase in extracellular fluid

**#Factors contributing to the Progression of CKD:**

Degree of hypertension

Severity of proteinuria

Hyperlipidemia

Drugs (NSAID)

High protein diet

+All answers are correct

**#Insulin is used in CKD to:**

manage hypokalemia

manage hypophosphatemia

manage hyperphosphatemia

+manage hyperkalemia

**#A patient with stage 4 chronic kidney disease asks what type of diet they should follow. You explain the patient should follow a:**

low protein, low sodium, low potassium, low phosphate diet

+high protein, low sodium, low potassium, high phosphate diet

low protein, high sodium, high potassium, high phosphate diet

low protein, low sodium, low potassium, high phosphate diet

**#Fluctuation of relative urine density 1010-1012 in the Zimnitsky test is**

+hypoisosthenuria

nicturia

polyuria

proteinuria

**#The blood test shows in case of chronic renal failure**

increased protein

+increased creatinine

decreased creatinine

cholesterol reduction