12 KIDNEY IN SYSTEMIC DISEASES

أسئلة أخرى

1. Which demographic is predominantly affected by Systemic Lupus Erythematosus (SLE)? A. Elderly males B. Young women C. Adolescent boys D. Postmenopausal women E. Neonates	**B**
2. What is the most common site of renal affection in patients with Systemic Lupus Erythematosus? A. Renal pelvis B. Major calyces C. Glomeruli D. Ureters E. Perirenal fat	**C**
3. Which autoantibody is positive in the vast majority of SLE patients, typically with a titre >1:160? A. Anti-centromere antibody B. Anti-nuclear antibody (ANA) C. Anti-mitochondrial antibody D. Anti-smooth muscle antibody E. Anti-Jo-1 antibody	**B**
4. The presence of a high titre of which specific antibody increases the likelihood of lupus nephritis? A. Anti-Ro B. Anti-La C. Anti-dsDNA D. Anti-Smith E. Anti-RNP	**C**
5. According to the WHO classification of lupus nephritis, which class is defined as "Minimal mesangial lupus nephritis"? A. Class I B. Class II C. Class III D. Class IV E. Class V	**A**
6. Which class of lupus nephritis is characterized by "Diffuse segmental or global nephritis" involving ≥50% of glomeruli? A. Class II B. Class III C. Class IV D. Class V E. Class VI	**C**
7. What is the histological definition of Class VI lupus nephritis? A. Focal lupus nephritis B. Membranous lupus nephritis C. Advanced sclerosing lupus nephritis D. Mesangial proliferative nephritis E. Normal glomeruli	**C**

8. Which clinical presentation is characteristic of Class V (Membranous) lupus nephritis? A. Isolated microscopic hematuria B. Nephrotic syndrome C. Acute renal failure with anuria D. Rapidly progressive glomerulonephritis E. Asymptomatic pyuria	**B**
9. What is the first-line treatment for Class I and II lupus nephritis with minimal clinical renal disease? A. High-dose Cyclophosphamide B. Mycophenolate mofetil C. Hydroxychloroquine D. Plasma exchange E. Rituximab	**C**
10. Which medication is part of the standard induction therapy for proliferative lupus nephritis (Class III and IV)? A. Low-dose aspirin B. Mycophenolate mofetil (MMF) C. Intravenous Vitamin D D. Oral Penicillin E. Allopurinol	**B**
11. What is the primary clinical manifestation of Scleroderma Renal Crisis (SRC)? A. Hypotension and polyuria B. Abrupt onset of severe hypertension and AKI C. Gross hematuria and renal stones D. Chronic pyelonephritis E. Nephrolithiasis	**B**

12. Which drug class is considered the "Life-saving" treatment for Scleroderma Renal Crisis? A. Beta-blockers B. Loop diuretics C. ACE inhibitors D. Calcium channel blockers E. Corticosteroids	**C**
13. In Scleroderma Renal Crisis, why should high-dose corticosteroids (>15mg/day) be used with extreme caution? A. They cause liver failure B. They may precipitate or worsen renal crisis C. They lead to severe hypoglycemia D. They increase the risk of pulmonary embolism E. They cause immediate deafness	**B**
14. What is the most common renal manifestation in patients with Rheumatoid Arthritis? A. Renal cell carcinoma B. AA Amyloidosis C. Polycystic kidney disease D. Acute tubular necrosis E. Medullary sponge kidney	**B**
15. Which drug used to treat Rheumatoid Arthritis is most associated with the development of Membranous Nephropathy? A. Methotrexate B. Penicillamine C. Prednisolone D. Sulfasalazine E. Hydroxychloroquine	**B**

16. What is the characteristic finding on light microscopy in a patient with Multiple Myeloma and Myeloma Kidney? A. Glomerular crescents B. Eosinophilic "hard" fractured intratubular casts C. Foot process effacement D. Diffuse mesangial proliferation E. Wire-loop lesions	**B**
17. Which laboratory test is used to detect monoclonal light chains (Bence-Jones protein) in the urine of Myeloma patients? A. Standard urine dipstick B. Urine protein electrophoresis (UPEP) C. Gram stain D. Urine culture and sensitivity E. Nitrate test	**B**
18. What is the most common cause of death in patients with Multiple Myeloma? A. Renal failure B. Pathological fractures C. Infection D. Anemia E. Hypercalcemia	**C**
19. Amyloidosis is characterized by the extracellular deposition of what type of material? A. Glycogen B. Fibrillar proteins in cross-beta-pleated sheets C. Calcium phosphate D. Triglycerides E. Uric acid crystals	**B**
20. Which stain is used to identify amyloid deposits, appearing as "apple-green birefringence" under polarized light? A. H&E stain B. Periodic Acid-Schiff (PAS) C. Congo red stain D. Silver stain E. Gram stain	**C**
21. What is the most common clinical presentation of renal amyloidosis? A. Isolated hematuria B. Nephrotic syndrome C. Acute pyelonephritis D. Renal artery stenosis E. Renovascular hypertension	**B**
22. Which virus is strongly associated with "Cryoglobulinemic Vasculitis" and membranoproliferative GN? A. Hepatitis A virus B. Hepatitis C virus (HCV) C. Cytomegalovirus (CMV) D. Epstein-Barr virus (EBV) E. Herpes Simplex virus	**B**
23. Diabetic Nephropathy is characterized by which specific histological finding on renal biopsy? A. Crescentic GN B. Kimmelstiel-Wilson (KW) nodules C. Subepithelial humps D. Minimal change disease E. IgA deposits in the mesangium	**B**

24. What is the first clinical sign of diabetic nephropathy that should be screened for annually? A. Gross hematuria B. Microalbuminuria C. Elevated serum creatinine D. Glucosuria E. Pyuria	**B**
25. Which of the following is a component of the pulmonary-renal syndrome? A. Diffuse alveolar hemorrhage and glomerulonephritis B. Asthma and renal stones C. Pleural effusion and cystitis D. Pneumonia and pyelonephritis E. Pulmonary embolism and renal vein thrombosis	**A**
26. Which autoimmune cause of pulmonary-renal syndrome is associated with Anti-GBM disease? A. Wegener's granulomatosis B. Goodpasture syndrome C. Systemic sclerosis D. Rheumatoid arthritis E. Churg-Strauss syndrome	**B**
27. What is the primary mechanism of Hepatorenal Syndrome (HRS)? A. Direct toxic effect of bilirubin on tubules B. Intense renal vasoconstriction due to splanchnic vasodilation C. Ascites compressing the renal arteries D. Viral infection of the kidney E. Autoimmune destruction of the nephrons	**B**
28. Which of the following is a non-autoimmune cause of pulmonary-renal syndrome (PRS)? A. ANCA-associated vasculitis B. Leptospirosis C. Anti-GBM disease D. Lupus vasculitis E. IgA vasculitis	**B**
29. What is the standard treatment for the renal complications of Multiple Myeloma to prevent further cast formation? A. Fluid restriction B. Aggressive hydration and treatment of hypercalcemia C. High protein diet D. Potassium supplementation E. Vitamin C therapy	**B**
30. In the context of Diabetic Nephropathy, what is the recommended target blood pressure to slow progression? A. <150/90 mmHg B. <140/90 mmHg C. <130/80 mmHg D. <110/70 mmHg E. <100/60 mmHg	**C**