

FINAL EXAM
DECEMBER 2019

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NEPHROLOGY PAPER-II

Time: 3 hours Max. Marks:100 NEPH/D/19/20/II

Important Instructions:

- · Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- · Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- · Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

*****	Short notes on.	
1.	a) Remote organ effects in acute kidney injury (AKI).b) Contrast–associated AKI: does it exist and what we tell patients.	5+5
2.	a) An approach to a patient with cystic kidney diseases.b) Discuss briefly the management of autosomal dominant polycystic kidney disease (ADPKD).	5+5
3.	a) How to approach a pregnant lady with acute kidney injury?b) Describe briefly about immunosuppression and outcomes of pregnancy in a renal allograft recipient.	3+(3+4)
4.	a) Prevalence, screening and diagnosis of cognitive dysfunction in ESRD patients.b) Describe possible mitigators and treatment for cognitive decline amongst patients on dialysis.	5+5
5.	a) Haemodialysis associated infectionsb) How can we prevent and treat?	5+5
6.	a) What is ultrafiltration failure (UFF) in peritoneal dialysis?b) What are the different methods of peritoneal equilibration test (PET)?c) How will you approach a patient with UFF?	3+3+4
7.	Oral direct anti-viral therapy for hepatitis C virus (HCV) treatment before and after kidney transplant.	5+5
8.	a) How will you approach and treat steroid resistant nephrotic syndrome?b) Write a short note on relevance of genetic testing for steroid resistant nephrotic syndrome.	5+5
9.	a) Perioperative immunization for organ transplant recipient.b) Prophylaxis protocol for post-transplant opportunistic infection.	5+5
10.	a) Clinical relevance of Non-HLA antibodies.b) Clinical relevance of donor specific cell free DNA in kidney transplant rejection.	5+5

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