# **National Board of Examinations**

| Question Paper Name : | DrNB Nephrology Paper |
|-----------------------|-----------------------|
|-----------------------|-----------------------|

**Is this Group for Examiner? :** No

#### **Enable Mark as Answered Mark for Review and**

**Clear Response:** 

Yes

### **Question Number: 1 Question Type: SUBJECTIVE**

Arterio-venous fistula failure:

- a) Diagnostic approach. [5]
- b) Management of central venous occlusion. [5]

## **Question Number : 2 Question Type : SUBJECTIVE**

Clinical studies:

- a) Compare case control study and cohort study. [5]
- b) Per-protocol analysis and Intention to treat analysis. [5]

## **Question Number: 3 Question Type: SUBJECTIVE**

- a) Role of kidney in bicarbonate Homeostasis. [4]
- b) Diagnostic approach to type II renal tubular acidosis. [3]
- c) Management of type II renal tubular acidosis. [3]

## **Question Number : 4 Question Type : SUBJECTIVE**

- a) Describe the methods for estimating renal function. [5]
- b) Clinical applications of estimated Glomerular filteration rate. [5]

#### **Question Number: 5 Question Type: SUBJECTIVE**

Congenital abnormalities of kidney and urinary tract (CAKUT):

- a) Describe kidney development (nephrogenesis). [5]
- b) Describe the spectrum of developmental defects in kidney and the outflow tract. [5]

#### **Question Number: 6 Question Type: SUBJECTIVE**

- a) Describe gut microbiome. [5]
- b) Role of gut microbiome in prevention of chronic kidney disease. [5]

#### **Question Number: 7 Question Type: SUBJECTIVE**

Describe the following, in relation to calcineurin inhibitors:

- a) Area under curve. [3]
- b) Pharmacodynamics. [3]
- c) Pharmacokinetics. [4]

## **Question Number: 8 Question Type: SUBJECTIVE**

Discuss regimens in management of focal /diffuse(classIII/IV) lupus nephritis. [10]

## **Question Number: 9 Question Type: SUBJECTIVE**

Cardiorenal Syndrome:

- a) Pathogenesis. [5]
- b) Clinical approach. [5]

## **Question Number: 10 Question Type: SUBJECTIVE**

- a) Transforming Growth factor (TGF-b). [3]
- b) Neprilysin Inhibitors. [3]
- c) Micro RNA. [4]