

**NEPHROLOGY**  
**PAPER-II**

NEPH/D/19/20/II

Time: 3 hours  
Max. Marks: 100

**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:**

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

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