January 14th Objectives

9:40 - 11:10 – Glomerulonephritis 1 & 2, Dr. Barney

1. Define nephrotic syndrome and nephritic syndrome. Describe clinical, laboratory, and urine findings that would suggest each.
2. Describe the clinical presentation of rapidly progressive glomerulonephritis (RPGN). Give a differential diagnosis of the more common causes of RPGN and the biopsy/pathology findings seen.
3. Describe the classic clinical presentations, laboratory findings, and associated systemic diseases (if any) of the following syndromes:
   1. Focal Segmental Glomerulosclerosis
   2. Membranous Glomerulonephropathy
   3. Minimal Change Glomerulonephropathy
   4. Diabetic nephropathy
   5. Anti-Glomerular Basement Membrane (GBM) Disease
   6. Pauci-Immune Glomulonephritis (ANCA positive)
   7. Immune-Complex GN (Give several diagnoses in the differential of Immune-complex GN)
4. Which of the above diseases present with low complement levels, and which specific complement is low in those?

11:30 – 12:15 – Proteinuria, Dr. Barney

1. Know how much proteinuria and albuminuria is considered within normal limits in a 24-hour urine collection (or on spot testing).
2. Know the three mechanisms of excessive protein excretion in the urine.
3. Know the approach to the patient with a positive dipstick test for proteinuria and its limitations to detecting proteinuria compared to other quantification techniques.
4. Understand the indications for 24-hour urine protein quantification, spot urine sampling for protein/creatinine ratio and albumin/creatinine ratio, and urine protein electrophoresis.
5. Describe the appropriate work up to evaluate a patient with proteinuria.