

# MANAGEMENT OF PATIENTS WITH MAIN SYMPTOMS AND SYNDROMES IN NEPHROLOGY

Two weeks after a case of tonsillitis, a 29-year-old patient noticed facial edema, weakness, and decreased work capacity. Gradually, he developed shortness of breath, leg edema, and lumbar edema. Objectively, his skin is pale, his heart sounds are weakened, he has hydrothorax, anasarca, and blood pressure of 150/100 mm Hg. Clinical urinalysis shows the following: specific gravity — 1021, protein — 9 g/L, erythrocytes 40-50 in the vision field, hyaline casts — 4-6 in the vision field. **What is the provisional diagnosis in this case?**

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A Myxedema

B Exacerbation of chronic glomerulonephritis

C Acute pyelonephritis

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E Heart failure

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- B. Nephrolithiasis
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- D. Acute glomerulonephritis
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A 42-year-old woman has been hospitalized with complaints of dull, aching pain in her lower back, more on the right side, and her body temperature sometimes increasing to subfebrile levels. The patient's medical history states that 10 years ago during pregnancy she had a pain attack in her lumbar region on the right and a fever of 39°C. She underwent treatment with antibiotics. In recent years, she was feeling satisfactory. An increase in blood pressure has been observed for the past 5 years. Urinalysis revealed the following: protein — 0.66 g/L, leukocytes — 10–15 in sight, erythrocytes — 2–3 in sight. **What is the most likely diagnosis in this case?**

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On the second day after overexposure to cold, a 19-year-old patient developed pain in the area of the kidneys, turbid urine, and a fever of 38.4°C. Complete blood count: leukocytes —  $9.8 \cdot 10^9/L$ . Urinalysis: protein — traces, erythrocytes — 2–3 in sight, leukocytes — all over the entire vision field. **What is the most likely diagnosis in this case?**

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A 64-year-old patient came to a doctor with complaints of edemas of the legs, lumbar region, and anterior abdominal wall. The patient has a history of chronic bronchitis with bronchiectasis. Objectively, the following is observed: body temperature — 37.2°C, blood pressure — 110/75 mm Hg, pulse — 82/min., respiratory rate — 19/min. General urinalysis: specific gravity — 1.025, protein — 9.9 g/L, leukocytes — 2–3 in sight, erythrocytes — 1–2 in sight, no casts. Daily proteinuria is 11.4 g per 24 hours. Blood biochemistry test: total protein — 52 g/L, albumins — 30 g/L, cholesterol — 9.6 mmol/L.

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- A. Glomerulonephritis, nephritic syndrome
- B. Amyloidosis, nephrotic syndrome
- C. Pyelonephritis, urinary syndrome
- D. Tubulointerstitial nephritis, nephrotic syndrome
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After eating mushrooms, a 30-years old person developed nausea, vomiting, and absence of urination. On the third day after the onset of the symptoms, this person sought medical aid. Laboratory tests show elevated creatinine levels of 700  $\mu\text{mol/L}$  and urea levels of 32  $\text{mmol/L}$ . What treatment tactics should be chosen in this case?

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- A. Erythrocyturia and uricosuria
- B. Increased specific gravity, hematuria, bacteriuria
- C. Decreased specific gravity, proteinuria, a small amount of urine sediment
- D. Proteinuria, hematuria, cylindruria
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A 54-year-old woman has been suffering from femoral osteomyelitis for over 20 years. In the last month she developed gradually progressing leg edema. In the urine: proteinuria – 6.6 g/L. In the blood: dysproteinemia in the form of hypoalbuminemia, increased  $\alpha_2$ - and  $\gamma$ -globulin levels, ESR – 50 mm/hour. **Make the diagnosis:**

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- B. Secondary renal amyloidosis
- C. Multiple myeloma
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A 55-year-old man complains of general weakness, decreased fluid excretion, and an aching pain in his heart. For the last 15 years he has been suffering from chronic pyelonephritis and undergoing an inpatient treatment. Objectively, his skin is dry and has a yellowish tinge. His pulse is 80/min., rhythmic, blood pressure – 100/70 mm Hg. Cardiac auscultation detects muffled heart sounds and a friction rub in the pericardium. Laboratory tests: creatinine – 1.1 mmol/L, glomerular filtration – 5 mL/min. **What treatment is indicated for this patient?**

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- B. Acute renal failure
- C. Renal tuberculosis
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A 45-year-old man has been suffering from ankylosing spondylitis for 15 years. For the last 3 years he has been noticing facial swelling and edemas of the limbs. Objectively, he assumes a "beggar's" position. X-ray shows "bamboo spine" changes in the thoracic and lumbar segments. Heart ultrasound shows aortic regurgitation. Complete blood count: Hb- 106 g/L; leukocytes -  $8.9 \cdot 10^9/L$ ; ESR- 40 mm/hour. Daily proteinuria - 9.6 grams per 24 hours. Blood creatinine - 230  $\mu\text{mol/L}$ . **What is the cause of kidney failure in this case?**

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After overexposure to cold a 45- year-old woman developed acute pain in her suprapubic and lumbar areas during urination, sharp pains at the end of urination, false urges to urinate. Urine is turbid with blood streaks. The doctor suspects urinary tract infection. **What results of laboratory analysis would be the most indicative of such infection?**

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A 24 y.o. patient complains of nausea, vomiting, headache, shortness of breath. He had an acute nephritis being 10 y.o. Proteinuria was found out in urine. Objectively: a skin is greypale, the edema is not present. Accent of II tone above aorta. BP 140/100-180/100 mm Hg. Blood level of residual N2- 6,6 mmol/L, creatinine- 406 mmol/L. Daily diuresis-2300 ml, nicturia. Specific density of urine is 1009, albumin- 0,9 g/L, WBC- 0-2 in f/vis. RBC.- single in f/vis., hyaline casts single in specimen. **Your diagnosis?**

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Objectively: body temperature is 37, 5°C, AP- 100/80 mm Hg. Urinalysis results: RBC- up to 100 fresh cells in per HPF, protein - 2,2 g/l, hyaline cylinders - up to 10 per HPF, relative density -1002. **What is the most likely diagnosis?**

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