

QUIZ

12/01/2026

"Questions are keys; quizzes help you open doors previously unseen"

Question No 1

- A rare cause of familial hematuria with a complement twist

All are true about CFHR5 Nephropathy except

- A. Synpharyngitic hematuria is the commonest presentation
- B. Serum C3 levels are low
- C. Males are at a higher risk of progression to ESRD
- D. Recurs in transplanted kidney
- E. Autosomal Dominant inheritance

Answer : B Serum C3 levels are low

- Is a familial form of C3 glomerulopathy
- Due to a mutation in the gene for complement factor H-related protein 5 (*CFHR5*)
- Autosomal dominant
- Episodes of macroscopic (gross) hematuria can occur within one to two days of a URI ; microscopic hematuria/ proteinuria also seen
- men are much more likely than women to develop chronic kidney disease (80 versus 21 percent) and ESKD (78 versus 4 percent)
- A hallmark of CFHR5 nephropathy is that serum C3 levels often remain normal
- Recurrent nephropathy can occur in transplanted kidneys

Winner Q no: 1

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Question No 2

- Severe Loin pain, hematuria and normal imaging...

The false statement about Loin Pain Hematuria syndrome is

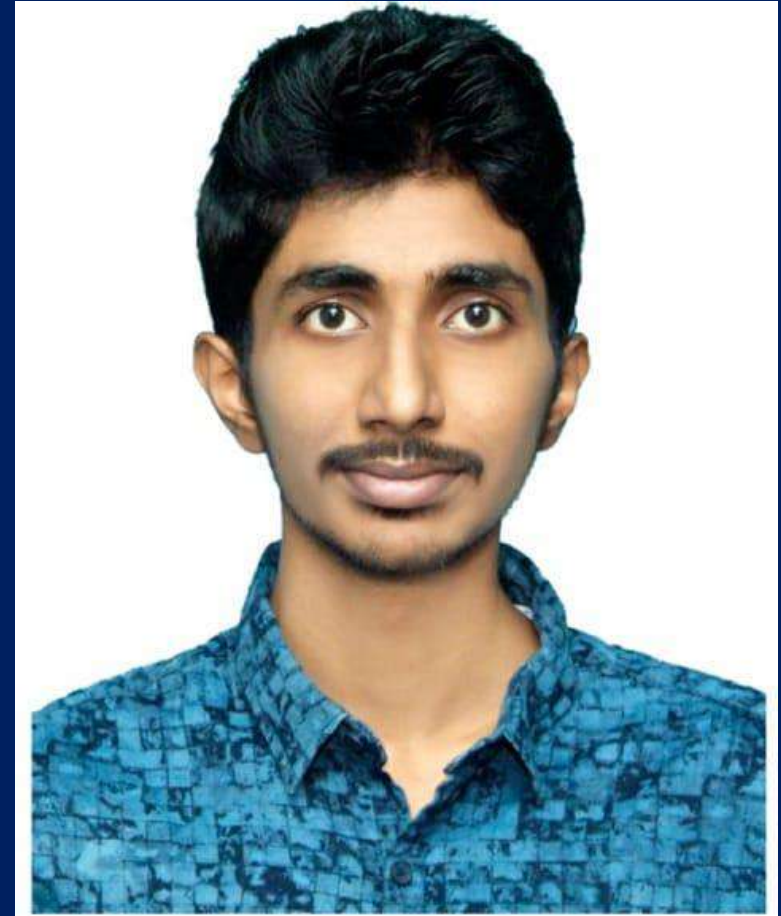
- A. Hematuria is mostly glomerular
- B. Associated with Nephrolithiasis
- C. Positional pain and hematuria are common symptoms
- D. Exercise exacerbates pain
- E. Mostly a disease of young females

Ans: C. Positional pain and hematuria are common symptoms

- Hematuria in primary LPHS may be due to functionally abnormal glomerular basement membrane
- 70% of patients are young females
- Recurrent or persistent loin pain
- Not positional – Positional pain more seen in Nutcracker syndrome
- Hematuria – usually microscopic ; dysmorphic red cells indicating a glomerular origin
- As many as one-half of patients with LPHS have h/o nephrolithiasis

Winner Q no: 2

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Thank You