

 **ECNG** EXTRACORPOREAL NEPHROLOGY  
GROUP MEETING (ECNG)  
QUIZ 13.04.2026



**EXPERT OPINION AND QUIZ MASTER**

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**GOVT.STANLEY MEDICAL COLLEGE,CHENNAI**



**QUIZ ANCHOR**

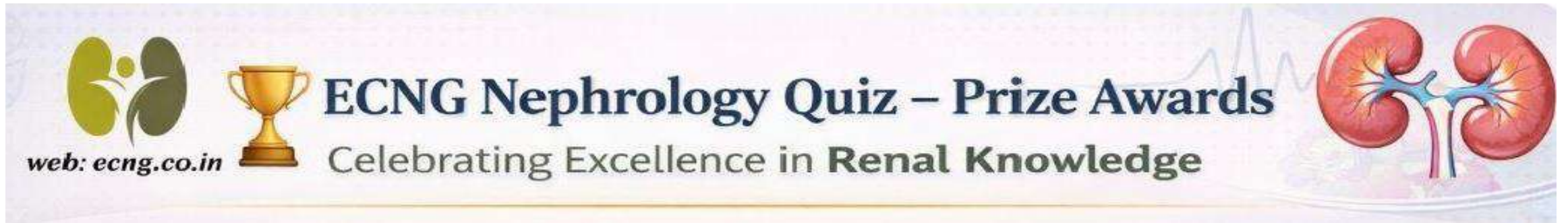
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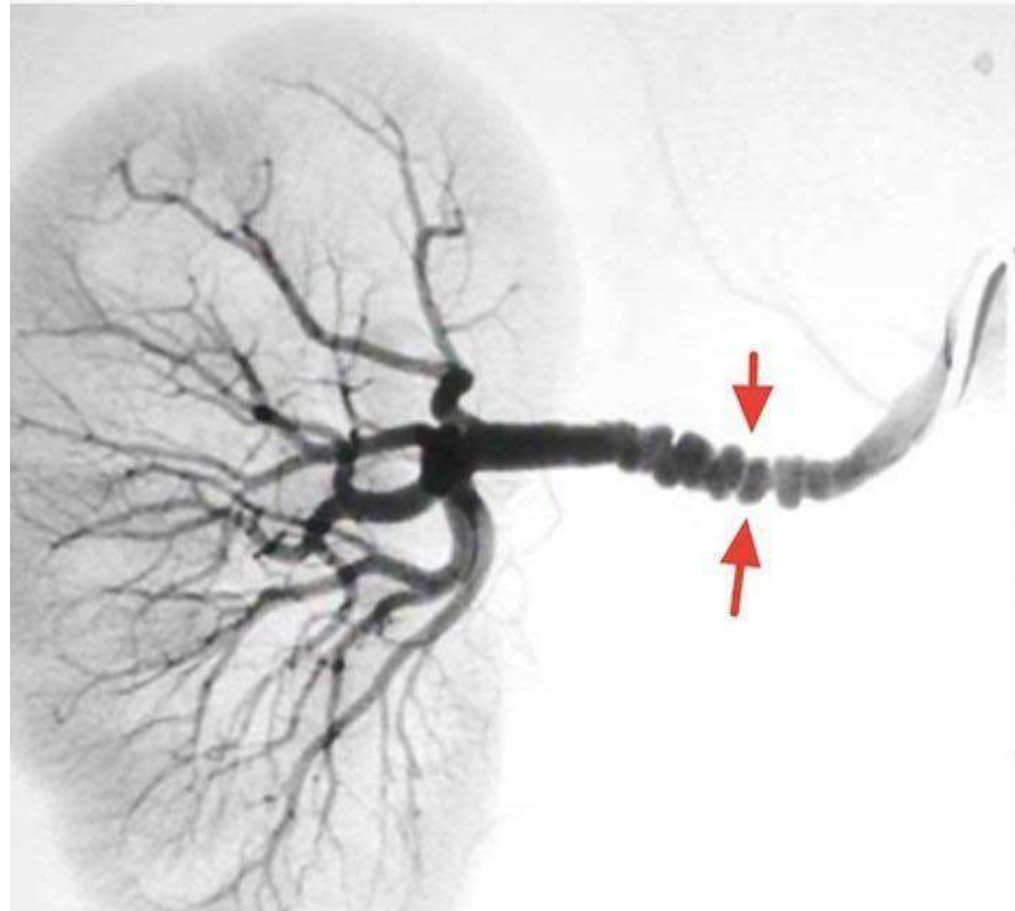
**3 prizes are waiting for you every 2<sup>nd</sup> Monday**  
**One Prize for each quiz**



The banner features a light blue background with a faint grid pattern. On the left, there is a logo consisting of two stylized kidneys in shades of green and yellow, with the text "web: [ecng.co.in](http://ecng.co.in)" below it. To the right of the logo is a golden trophy. The main text "ECNG Nephrology Quiz – Prize Awards" is written in a bold, dark blue font. Below this, the text "Celebrating Excellence in Renal Knowledge" is written in a smaller, grey font. On the far right, there is a detailed anatomical illustration of two human kidneys in red, connected by blue and pink vessels. A faint ECG line is visible in the background behind the kidneys.

**ECNG Nephrology Quiz – Prize Awards**  
Celebrating Excellence in **Renal Knowledge**

# 1. Renal radiology



## Question 1

Which of the following statements is **FALSE** regarding this finding in Polyarteritis Nodosa?

- a) It is also referred to as rosary sign
- b) It is caused by alternating microaneurysms and stenotic segments
- c) It results from segmental transmural necrotizing inflammation of medium sized arteries
- d) The beading pattern is typically regular and symmetric

## Answer - Option D

- Polyarteritis nodosa typically causes **irregular asymmetric** beading due to patchy transmural necrotizing vasculitis
- Microaneurysms and stenosis causes classic string of beads appearance or Rosary sign
- Regular symmetric beading is more typical of **fibromuscular dysplasia**, not PAN

## Question 2

Which clinical manifestation is a classic 'negative' diagnostic marker for Polyarteritis Nodosa, according to the Chapel Hill Consensus Conference definition?

- A. Glomerulonephritis
- B. Mononeuritis multiplex
- C. Renovascular hypertension
- D. Livedo reticularis

## **Answer- option A**

Explanation -The presence of glomerulonephritis or vasculitis in arterioles, capillaries, or venules usually suggests a diagnosis of Microscopic Polyangiitis (MPA) rather than PAN.

### Question 3

Regarding maintenance therapy, what is the conditionally recommended duration for non-glucocorticoid immunosuppressive agents in patients with PAN in remission?

- A. Discontinuation after 6 months
- B. Discontinuation after 18 months
- C. Lifetime (indefinite) treatment
- D. Discontinuation immediately after achieving remission

## **Answer- Option B**

Explanation - Guidelines suggest discontinuing non-GC therapy after 18 months of sustained remission rather than indefinite treatment.

# ECNG QUIZ WINNERS

## *FIRST QUESTION*

**DR. SHUBHAM MAJUMDAR**  
**SENIOR RESIDENT NEPHROLOGY**  
**2ND YEAR, AIIMS RAIPUR**



## *SECOND QUESTION*

**DR. SUNIL KUMAR BEHERA**  
**2ND YEAR DM NEPHROLOGY**  
**RESIDENT, AIIMS RAIPUR**



## *THIRD QUESTION*

**DR. URVASHI KHAN**  
**ASSOCIATE CONSULTANT**  
**MAX NOIDA, SECTOR 128, U.P**

