

EXTRA CORPOREAL NEPHROLOGY GROUP MEETING
QUIZ - 08th June 2026



SPEAKER & QUIZ HOST

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EXPERT OPINION & QUIZ HOST

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Choose the INCORRECT statement

- A) Clinical consequences of 'Sarcopenic obesity' are worse than those for either 'sarcopenia' or 'obesity'
- B) Hyperfiltration in obesity is primarily mediated by enhanced tubular sodium reabsorption leading to reduced macula densa sodium delivery
- C) Obesity-related glomerulopathy (ORG) typically presents with gross nephrotic syndrome
- D) Obese persons are at enhanced risk for nephrolithiasis, predominantly uric acid stones
- E) Obesity increases the risk of renal cell carcinoma by inducing chronic inflammation and insulin resistance

Answer

- *Obesity-related glomerulopathy* (ORG) typically presents with gross nephrotic syndrome

Identify the INCORRECT statement

- A) Obesity confers additional risk for acute rejection following kidney transplantation
 - B) Adiponectin contributes for glomerulosclerosis by enhancing production of TGF beta
 - C) Sleeve gastrectomy is the preferred MBS (metabolic and bariatric surgery) than gastric bypass in view of higher risk of kidney stones and oxalate nephropathy with the latter
 - D) Weight loss induced by GLP 1RA is predominantly by appetite suppression and enhanced satiety
 - E) Obesity is associated with increased aldosterone levels
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Answer

- Adiponectin contributes for glomerulosclerosis by enhancing production of TGF beta

- A 42-year-old man with a height of 165 cm, weight of 70 kg (BMI 25.7 kg/m²), serum creatinine of 0.7 mg/dL, and urine albumin-creatinine ratio of 780 mg/g. Renal biopsy shows features suggestive of Obesity-Related Glomerulopathy (ORG).

Which of the following investigations would provide the strongest additional evidence supporting ORG despite the patient's only mildly elevated BMI?

- A. Bioimpedance-based body composition analysis
 - B. Waist-to-hip ratio
 - C. Leptin–adiponectin index
 - D. Subcutaneous fat thickness measurement
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- Answer - Leptin–adiponectin index

- Although this patient has only a mildly elevated BMI (25.7 kg/m²), the renal biopsy is suggestive of ORG.
- The key issue is that BMI does not always accurately reflect the metabolically harmful adiposity that drives ORG.

Why the leptin–adiponectin index is the strongest evidence

The leptin–adiponectin index (LAI) combines:

Leptin (typically elevated in obesity and adipose tissue dysfunction)

Adiponectin (typically reduced in obesity and protective against renal injury)

A high LAI reflects metabolically active visceral adiposity and adipose tissue dysfunction, which are directly linked to the pathogenesis of ORG.

• Why the other options are less convincing?

A. Bioimpedance-based body composition analysis

Estimates total body fat and lean mass.

However, it does not directly assess the adipokine abnormalities implicated in ORG.

B. Waist-to-hip ratio

Better than BMI for identifying cardiometabolic risk.

Supports the presence of visceral adiposity but is still an indirect anthropometric measure.

D. Subcutaneous fat thickness measurement

Assesses peripheral or subcutaneous fat stores.

Provides the weakest mechanistic support.

- **A high leptin–adiponectin index reflects the pathogenic adipokine imbalance (↑ leptin, ↓ adiponectin) that contributes to glomerular hyperfiltration and podocyte injury, making it the strongest additional evidence for ORG.**