

ECNG Quiz

10/8/26

Quiz 1

When is a repeat renal biopsy indicated in a patient with suspected lupus nephritis (LN) flare, as emphasised by KDIGO 2024?

- A. When proteinuria exceeds 3 g/day, regardless of renal function
- B. When there is diagnostic uncertainty regarding active disease versus chronic damage with unexplained worsening of renal function
- C. Whenever the patient has a sudden increase in anti-dsDNA antibody level or sudden low complement levels
- D. When there is failure of two consecutive courses of immunosuppressive therapy

- Answer B
- Over to Dr Edwin sir

Quiz 2

A 28-year-old woman with biopsy-proven class IV lupus nephritis on mycophenolate mofetil and low-dose prednisolone presents with 7 days of fever and non-productive cough, followed by 2 days of progressive dyspnea.

On examination, she is tachypneic with bilateral basal crackles. Chest radiograph shows bilateral diffuse alveolar infiltrates.

Laboratory investigations reveal: ESR 82 mm/hr, CRP 2 mg/L (normal), complement C3 and C4 low, and anti-dsDNA titers markedly elevated.

Which of the following best explains the discordance between the markedly elevated ESR and normal CRP, and thereby supports the most likely diagnosis?

- A. IL-6–mediated hepatic CRP synthesis is suppressed during lupus flares.
- B. Type I interferon–mediated suppression of hepatocyte CRP synthesis despite active systemic inflammation.
- C. ESR is a more specific marker of bacterial infection than CRP.
- D. CRP is rapidly consumed at inflamed pulmonary tissue, resulting in low serum concentrations.

- **Type I interferon–mediated suppression of hepatocyte CRP synthesis despite active systemic inflammation.**
- This is a classic **ESR–CRP discordance seen in active SLE**, particularly during lupus flares.
- In active SLE, particularly lupus pneumonitis, ESR is often elevated while CRP remains normal or only mildly elevated.
- This is because type I interferons (especially interferon- α), which are highly expressed in SLE, suppress CRP synthesis by hepatocytes in the liver, blunting the CRP response despite active inflammation.
- Therefore, CRP may remain surprisingly low.

So, the pattern:

Very high ESR + normal/low CRP + low C3/C4 + markedly elevated anti-dsDNA strongly supports lupus flare

Why the other options are incorrect

- **A. IL-6–mediated hepatic CRP synthesis is suppressed**
IL-6 actually stimulates hepatic CRP production. The paradoxical suppression in SLE is related to type I interferons, particularly IFN- α . Although inflammatory cytokines such as IL-6 are elevated, IFN- α can inhibit IL-6/IL-1 β –induced CRP gene transcription and CRP secretion by hepatocytes.
- **C. ESR is more specific for bacterial infection than CRP**
Neither ESR nor CRP is specific for bacterial infection. In fact, a **markedly elevated CRP** is often more suggestive of significant bacterial infection than an isolated high ESR.
- **D. CRP is rapidly consumed at inflamed pulmonary tissue**
CRP is not significantly lowered through “consumption” in the lungs. Its low level in SLE is primarily related to **altered hepatic production**.