Disease Outlines:

A series of clinicopathologic entities are given below, which should be outlined in a manner analogous to what was done for rheumatic disease and vasculitis. For these diseases, I suggest starting with the discussion in *Robbins* and filling in from other sources (especially *Harrison's*) as necessary.

Post-streptococcal glomerulonephritis
Membranous nephropathy
IgA nephropathy
Diabetic nephrology
Acute tubular necrosis
Allergic interstitial nephritis
Pyelonephritis
Epidemic hemolytic uremic syndrome (D+ shiga toxin-induced HUS)
Minimal change disease
Idiopathic (primary) focal and segmental glomerulosclerosis
Alport's disease
Adult polycystic kidney disease

It is recommended that for the diseases of interest you investigate the:

- Clinical presentation
  - Who gets the disease (Age[a], sex[b], predisposing conditions, exposures, risk factors)?
  - What is the common clinical presentation/syndrome? [c]
- Diagnostic features or classification criteria
  - What are the defining features or criteria for diagnosis?
  - What testing is needed to establish the diagnosis? [d]
- Mechanism
  - What is the mechanism causing the disease? (keeping in mind that it may be unknown or speculative)
  - What is the etiology?
  - How does injury occur (pathogenesis)?
  - What are the cellular / tissue targets of injury and histopathology? [e]
  - What are the pathophysiologic effects of the tissue/cellular injury (specific organ system dysfunction)?
- Significance of disease for the patient
  - What is the natural history of the untreated disease?
  - What are the important complications or sequelae that should be anticipated and prevented if possible?
  - What are the prognostic indicators?
  - What are the available therapies and effects of treatment on outcome?

Remember, not all of the questions can be answered easily or definitively. A rule of thumb is that if the information is not available in *Robbins'* or *Harrison's* texts it has probably has not been adequately resolved or is not crucial.

I have provided a blank worksheet that you could Xerox and use for each disease; this attempt to define the space for note-taking is to encourage brevity and focus. However, you will be allowed as usual to use personally handwritten notes any way you make them for quizzes.

[a] *it is useful to break down the typical age of the patient with a given disease as follows:*
"child" = most patients less than 12-16 *"young adult" = most patients teenager to 40 years*
"middle age adult" = most patients 30 to 55 *"older adult" = most patients more than 50*

[b] *Noting a sex predilection is not useful unless the ratio is at least 2 or 3 : 1.*

[c] *The common clinical presentations of renal disease are given in the handout of the same name*

[d] *Renal biopsy is frequently required to establish a morphological diagnosis. In addition to this, additional testing (especially serology) is often required to assess for secondary causes for a given morphologic pattern.*

[e] *It is traditional and useful to classify renal diseases as primarily glomerular, tubulointerstitial or vascular*

.

Disease:

Usual clinical presentation:

Diagnostic features or classification criteria:

Mechanism:

Significance of disease for the patient: