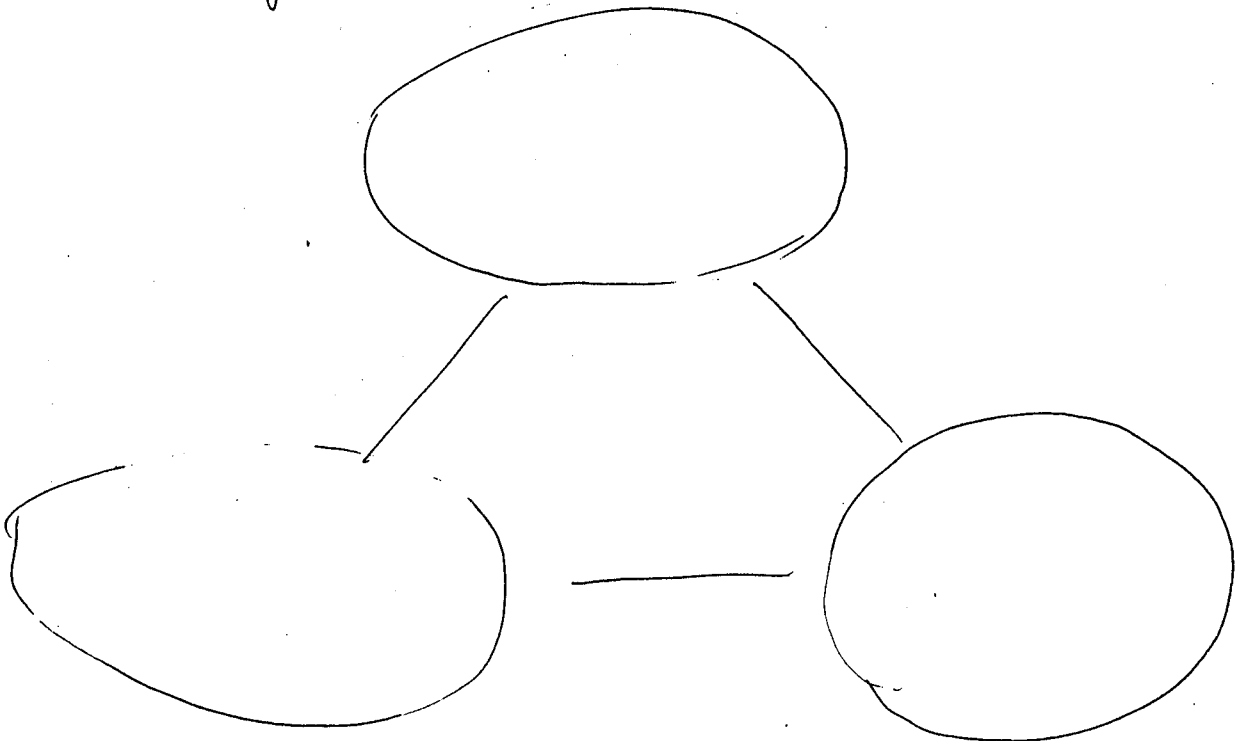


| 系級 | 科目 | 授課教師 | 考試日期 | 學號 | 姓名 |
|----|-----|------|-------------|----|----|
| 五 | 腎臟學 | 王子哲 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

1. 請寫出 Schematic outline of the renin-angiotensin system!

2. 請寫出 Metabolic-endocrinologic, Cardiovascular and renal damage in obesity-hypertension.



| 系級 | 科目 | 授課教師 | 考試日期 | 學號 | 姓名 |
|----|-----|------|-------------|----|----|
| 醫五 | 腎臟學 | 王子哲 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

3. 試寫出 6 種抗高血壓藥物之學名、商品名、機轉。

| | | |
|----|-----|----|
| 學名 | 商品名 | 機轉 |
|----|-----|----|

4. 試寫出 5 種 recommended lifestyle modifications for hypertension prevention and management

| 系 級 | 科 目 | 授 課 教 師 | 考 試 日 期 | 學 號 | 姓 名 |
|-----|-----|---------|-------------|-----|-----|
| 醫五 | 腎臟學 | 許輝吉 | 90年6月20日第 節 | | |

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醫五腎臟學 (共 12 分)

Choose the most or more appropriate answer(s):

- () 1. A young man had multiple pustules with erythematous change over both legs for 10 days. He also developed lower leg edema, progressive abdominal distension, and progressive decrement of urine output. The BUN was 228 mg/dL and Cr 6.3 mg/dL. Six months ago, physical examination showed that his renal function tests were within normal limits. The ANA and antineutrophil cytoplasmic antibody tests were negative, but anti-HCV was positive. Urinalysis revealed numerous red cells/HPF, WBC 5/HPF, urine protein >300 mg/dL. Serum complement and immunoglobulin levels were within normal limits, but IgA was slightly elevated. The anti-streptolysin O titer was 333 TU/ml. Renal biopsy revealed hypercellular glomeruli with scattered subepithelial deposits of IgG and C3 along the glomerular capillary wall. Renal function returns to normal in three months. How many features are true for this patient? (3%)
- A. acute nephritic syndrome;
 - B. acute renal failure;
 - C. poststreptococcal GN;
 - D. HCV-induced membranoproliferative GN;
 - E. Henoch-Schonlein purpura with rapidly progressive GN
 - F. Drug-induced acute tubulointerstitial nephritis
- () 2. An old man suffered from fever, chills and low back pain for 4 days, general weakness and poor appetite for 10 days. He had no hypertension, DM, leg edema or skin rash. The BUN was 46 mg/dl, Cr 5.5 mg/dl, serum albumin 2.5 g/dl. The Hb was 10.5 g/dl. Urinalysis revealed RBC numerous/ HPF, WBC 5-7/HPF. Daily urine protein loss was 2.68 g. Sonogram showed normal renal size of both kidneys. ANA was negative. ASLO was <80. Hemodialysis was started, but the serum Cr increased to 9.0 mg/dl. The immunofluorescence of renal biopsy was negative. How many features are present in this patient? (3%)
- A. rapidly progressive renal failure
 - B. non-streptococcal AGN
 - C. acute GN with transient renal failure
 - D. acute pyelonephritis
 - E. high risk to progress into chronic renal failure
 - F. type II rapidly progressive GN
- () 3. The features helpful for the differentiation between class II and III rapidly progressive GN are: (2%)
- A. presence or absence of immunoreactants in the glomeruli
 - B. destruction of glomerular tufts
 - C. presence or absence of ANCA in sera
 - D. glomerular fibrin thrombi
- () 4. Which one is not true for hemolytic-uremic syndrome: (1%)
- A. endothelial cell injury with fibrin thrombi
 - B. rapidly progressive GN with burr red cells in blood
 - C. acute renal failure with malignancy hypertension
 - D. streptococcal pyogenic exotoxin B-induced glomerular endothelial injury with fibrin thrombi

私立臺北醫學院八十九學年度第二學期~~期中~~末考試(命題)紙

| 系級 | 科目 | 授課教師 | 考試日期 | 學號 | 姓名 |
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| 醫五 | 腎臟學 | 許輝吉 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

- () 5. Which statement is NOT true for focal segmental sclerosis: (1%)
- A. The major lesion is podocyte detachment.
 - B. There is focal segmental collapse of glomerular tuft.
 - C. The segmental glomerulosclerosis eventually progresses to global sclerosis.
 - D. The detached podocyte can regenerate and leads to focal crescent.
- () 6. Which statement is NOT true: (1%)
- A. Electron microscopic examination is essential for the diagnosis of type II membranoproliferative GN.
 - B. Immunofluorescence microscopic examination is essential for the diagnosis of IgA nephropathy.
 - C. The renal disease causing rapidly development renal failure related to Chinese herb drugs, particularly for slimming purpose, is a peculiar type of chronic (fibrosing) interstitial nephritis.
 - D. ANCA test is essential for diagnosis of type III RPGN.
- () 7. Subepithelial glomerular deposition is NOT a feature of: (1%)
- A. Poststreptococcal GN.
 - B. Membranous glomerulonephritis.
 - C. Class V lupus nephritis.
 - D. Malignant variant of focal segmental glomerulosclerosis.

私立臺北醫學院 八十九 學年度第 二 學期 ~~期中~~ 考試 (試) 命題紙

| 系級 | 科目 | 授課教師 | 考試日期 | 學號 | 姓名 |
|----|-----|------|-------------|----|----|
| 五 | 腎臟學 | 陳培源 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

Multiple Choices (6%) 有複選

- () 1. Which of the following is the most common microorganism in peritonitis of CAPD patients?
 (A) Streptococcus (B) Staphylococcus (C) E. Coli
 (D) Candida
- () 2. Which of the following substance can pass through hemodialyzer membrane during hemodialysis?
 (A) endotoxin (B) albumin (C) virus (D) amino acid
- () 3. Which of the following water contaminants can not be removed by reverse osmosis?
 (A) aluminum (B) chloramine (C) copper (D) sulfate
- () 4. Which of the following statements is incorrect about type A first-use reaction?
 (A) usually occurs one hour after hemodialysis
 (B) related to the use of ethylene oxide as disinfectant
 (C) more common when using synthetic membrane
 (D) proper rinsing of dialyzer may reduce incidence
- () 5. Which of the following is the most common complication in CAPD patients?
 (A) peritonitis (B) ultrafiltration failure (C) tunnel infection
 (B) ventral hernia
- () 6. Which of the following type of transport character in peritoneum equilibration test (PET) has the poorest long term prognosis?
 (A) low (B) low average (C) high (D) high average

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| 醫五 | 腎臟學 | 林清淵 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

醫五腎臟學

選擇題 (每題 2 分) :

- () 何者是主要決定 NH_4^+ 之形成多寡者? (A) proximal convoluted tubule 經由 $\text{Na}^+\text{-H}^+$ ATPase 打出之 H^+ 之量 (B) medullary convoluted tubules 排出 H^+ 之量 (C) cortical convoluted tubules 排出之 K^+, H^+ 之量 (D) collecting tubules 排出 H^+ 之量
- () 一位 10 歲男孩，體重 17 公斤 (<3 percentile)，身高 110 公分 (< 3 percentile)，B.P.: 102/68 mmHg，arterial blood gas analysis: pH 7.515， PO_2 : 98 mmHg， pCO_2 : 33.9 mmHg， HCO_3^- : 26.8 mEq/L，BE: 5.6 mEq/L，anion gap: 7.4 mEq/L，serum Na^+ : 135 mEq/L， K^+ : 1.8 mEq/L， Cl^- : 87 mEq/L，下列何者為最可能之 impression: (A) 嚴重高燒 (B) Urea cycle defect 之先天性代謝異常症 (C) Acute enterocolitis (D) Bartter's syndrome
- () 一位 7 歲男孩，體重 18.5 公斤 (15 percentile)，身高 110 公分 (3 percentile)，arterial blood gas: pH 7.36， PO_2 : 99 mmHg， pCO_2 : 38.3 mmHg， HCO_3^- : 18.5 mEq/L，BE: -6.4 mEq/L，anion gap: 17.3 mEq/L，serum Na^+ : 137.4 mEq/L， K^+ : 3.0 mEq/L， Cl^- : 120 mEq/L，腎臟超音波檢查看到許多鈣化在腎內，下列何者為最可能之 impression: (A) Bartter's syndrome (B) Renal tubular acidosis, distal type (C) Chronic diarrhea (D) 控制不良的幼年型糖尿病
- () 當見到一位尿常規檢查有血尿的病人，下列何者非進行到末期腎病之危險因子? (A) 運動後尿常規中的紅血數目增加 (B) 家族中有人洗腎 (C) 持續血清補體低值 (D) 高血壓
- () 下列那種方法可以知道尿中的尿蛋白是源自腎絲球? (A) 將尿去加熱 (heat method) (B) sulfosalicylic acid method (C) 將尿濃縮跑一個電泳看分子量 (D) 加鹼 (NaOH)
- () 下列之因素何者與血尿之形成關係最小? (A) high-pressure blood flow (B) 泌尿道感染 (C) 腎靜脈壓力增加 (D) 腎基底膜之負電荷被中和，使篩孔變大，紅血球漏出

| 系 級 | 科 目 | 授 課 教 師 | 考 試 日 期 | 學 號 | 姓 名 |
|-----|-----|---------|-------------|-----|-----|
| 醫五 | 腎臟學 | 李素慧 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

年醫六 腎臟學考題 <出題老師-李素慧>

- 1)泌尿道結石，結石成分最多的是下列何種？
 a)calcium oxalate b)calcium phosphate
 c)Uric acid d)Amonium magnesium phosphate

- 2)造成泌尿道鈣結石最多的原因是下列何種？
 a)Hyperparathyroidism
 b)malabsorption syndrome
 c)Triamterene or sulfonamides drugs
 d)idiopathic

- 3)飲食在泌尿道結石所扮演的角色，那種飲食最易好發結石？
 a)高鈣飲食 b)高鹽、高蛋白、高脂肪飲食
 c)高纖飲食 d)高草酸鈣飲食

- 4)下列何種是Calcium phosphate stones 的 crystal inhibitors
 a)citrate b)Nephrocalcin
 c)Vitamine B6 d)Vitamine C

- 5)診斷泌尿道結石，下列何種方法最敏感且最方便？
 a)KUB b)IVU
 c)CT Scan d)Ultrasonography

- 6)最常見的遺傳性腎病為下列何者？
 a)ADPKD
 b)Alport's Syndrome
 c)Thin basement membrane disease
 d)Sponge kidney

- 7)Alport's syndrome 的描述何者是錯的
 a)男性比女性豫後差
 b)主要為X-linked trait 遺傳異常
 c)其腎絲球基底膜 (GBM)的異常是 α -5 chain of type III Collagen
 d)此病的Collagen disorder 也會影響Skin, eye 及lung

- 8)Thin basement membrane disease的特徵是下列何者？
 a) 以 asymptomatic microscopic hematuria 及 mild to moderate proteinuria 來表現
 b) 常出現Nephrotic syndrome 的臨床症狀
 c) 極易快速惡化成腎衰竭
 d) 是 autosomal recessive inheritance

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|-----|-------|---------|-------------------------|-----|-----|
| 醫 五 | 腎 臟 學 | 李 素 慧 | 90 年 6 月 20 日 第 _____ 節 | | |

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9) Poor prognosis of ADPKD 下列何者是錯誤的？

- a) ADPKD I gene
- b) ADPKD II gene
- c) Male sex
- d) Hypertension

10) Cystinosis 病狀的描述，何者是對的？

- a) 均會發生 Cystine stone
- b) Cystine 會積聚在體內所有的器官及組織內，而造成臨床症狀如肝脾腫大、糖尿病、腎衰竭.....等
- c) 所有的病人均死於20歲前
- d) 可用 citrate 治療 cystine stone

11) Cystine stone 不可用下列何種藥物治療？

- a) Penicillamine
- b) Captopril
- c) Tiopronin
- d) Renitec

12) 只要是 Renal Stone 均可用下列何種療法？

- a) 2cm 左右大小結石可用 ESWL 治療
- b) 超過 3cm 以上的 staghorn stone 最好輔以 percutaneous nephro lithotripsy 治療
- c) 0.5cm 以下的結石，若無泌尿道堵塞，9成以上可順利自動排出
- d) 以上皆對

| 系 級 | 科 目 | 授 課 教 師 | 考 試 日 期 | 學 號 | 姓 名 |
|-----|-------|---------|-------------------------|-----|-----|
| 醫 士 | 腎 臟 學 | 蔡 啟 仁 | 90 年 7 月 20 日 第 _____ 節 | | |

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北醫醫五腎臟學試題

基隆長庚醫院 蔡啟仁醫師

1. () The following statements about the cyclosporine in the treatment of idiopathic nephrotic syndrome are correct, except:
 - A) Dose: 5 mg/kg/day with low dose, alternate-day prednisolone
 - B) Response usually noted within the first 4 months of therapy
 - C) Dose should not exceed 5.5 mg/kg/day
 - D) The rate of relapse within 6 months of stopping the drug is very low

2. () The lesion that involves only part of the glomerular tuft is
 - A) Focal
 - B) Diffuse
 - C) Segmental
 - D) Global

3. () Which of the following statements about PSGN is wrong?
 - A) ASLO titer > 200 units within 3-5 weeks following infection, then declining to normal in several months
 - B) Reduced C3 early in the course of the disease and returning to normal in < 8 weeks
 - C) Most of the pediatric cases will progress to chronic glomerulonephritis and end stage renal disease
 - D) Latent period: averaging about 10 days

4. () All of the following GN may show the double-contour lesion on light microscopy except
 - A) Diffuse proliferative lupus nephritis
 - B) IgA nephropathy
 - C) Membranous nephropathy
 - D) Membranoproliferative glomerulonephritis

私立臺北醫學院八十九學年度第二學期期中考試(命題)紙

| 系級 | 科目 | 授課教師 | 考試日期 | 學號 | 姓名 |
|----|-----|------|-------------|----|----|
| 醫五 | 腎臟學 | 陳振文 | 90年6月20日第 節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

1. () Which of the following does not belong to tubulointerstitial nephritis
 1. Analgesic nephropathy
 2. Myeloma kidney
 3. Anti-GBM nephropathy
 4. Lead nephritis
2. () Which of the following medicine is the major cause of analgesic nephropathy
 1. Phenacetin
 2. Aspirin
 3. Acetaminophen
 4. Indomethacin
3. () Which of the following is not the symptom of lead nephropathy
 1. Hyperuricemia
 2. Abdominal colic
 3. Acute gouty arthritis
 4. Hypertension
4. () Which of the following TIN usually has normal renal function
 1. Acute uric acid nephropathy
 2. Gouty nephropathy
 3. Hypokalemic nephropathy
 4. Hypercalcemic nephropathy
5. () Which of the following is not the etiology of hypercalcemic nephropathy
 1. 11^0 hyperparathyroidism
 2. 1^0 hyperparathyroidism
 3. Multiple myeloma
 4. Metastatic bone disease
6. () Which of the following is not the symptom of hypersensitivity nephropathy
 1. History of using penicillin
 2. Glomeruli appears normal under light microscopic exam
 3. Eosinophilia was found in urine
 4. Good response to steroid due to hypersensitivity

私立臺北醫學院八十九學年度第二學期~~期中~~考(試)題紙

| 系 級 | 科 目 | 授 課 教 師 | 考 試 日 期 | 學 號 | 姓 名 |
|-----|-----|---------|----------------|-----|-----|
| 醫五 | 腎臟學 | 楊垂勳 | 90年 6月 20日 第 節 | | |

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醫五腎臟學

楊垂勳老師

Matching of the following data:

- () 1. pH: 7.23
 HCO₃⁻: 9
 PCO₂: 22
- () 2. pH: 7.51
 HCO₃⁻: 32
 PCO₂: 46
- () 3. pH: 7.6
 HCO₃⁻: 30
 PCO₂: 28
- () 4. Central pontine myelinolysis will occurred in
- () 5. Which of the following statement about type 1 renal tubular acidosis is not correct
- () 6. If urine K⁺ is 30 meq/L, osmolality: 420 osm/L, serum K⁺: 5 meq/L, osmolality: 280 osm/L, The TTKG (transtubular potassium gradient) will be
- () 7. Which of the following is not the symptoms of hypokalemia:
- a) vomiting
 - b) COPD
 - c) diarrhea
 - d) posthypercapnia
 - a) rapid correction of hyponatremia
 - b) prolong hypernatremia
 - c) prolong hyponatremia
 - d) prolong hyperkalemia
 - a) normal anion gap metabolic acidosis
 - b) decrease net H⁺ secretion in proximal tubule
 - c) nephrolithiasis
 - d) usually hypokalemic
 - a) 4
 - b) 6
 - c) 8
 - d) 10
 - a) increased ammoniogenesis
 - b) metabolic acidosis
 - c) rhabdomyolysis
 - d) paralytic ileus

私立臺北醫學院八十九學年度第二學期~~期中~~末考試(命試)題紙

| 系級 | 科目 | 授課教師 | 考試日期 | 學號 | 姓名 |
|----|-----|------|-------------|----|----|
| 醫五 | 腎臟學 | 楊垂勳 | 90年6月20日第 節 | | |

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- ()8. Talking about SIADH, which of the following statement is not true:
- absence of hypovolemia
 - absence of edema
 - inappropriately elevated U_{osm} relative to P_{osm}
 - corrected by salt supplement
- ()9. Which of the following diuretic is the most common cause of hyponatremia:
- lasix
 - fuitran
 - aldactone
 - diamox
- ()10. 35 years old man with history of hypertension, BP 210/110, PH 7.48, Na^+ 145meq/L, K^+ 2.5meq/L, Cl^- 106 meq/L, your diagnosis is
- Bartter s syndrome
 - Adrenal adenoma
 - Diuretic effect
 - High salt intake
- ()11. A woman with advanced cervical cancer and bilateral hydronephrosis, at ER: PH 7.1, BUN 57 mg/dl, creatinine 7.3mg/dl, K^+ 7.6 meq/L, EKG showed bradycardia and widen QRS, Chest X-ray showed pulmonary congestion. Which sequence of treatment is correct
- Sodium bicarbonate, Kayexalate, Calcium gluconate
 - Kayexalate, Calcium gluconate, hemodialysis
 - Calcium gluconate, hemodialysis, kayexalate
 - Calcium gluconate, sodium bicarbonate and then kayexalate
- ()12. The major physiologic regulator of K^+ secretion is:
- plasma K^+ concentration
 - tubular distal flow rate
 - tubular sodium reabsorption
 - tubular lumen negative charge

| 系級 | 科 | 目 | 授課教師 | 考試日期 | 學號 | 姓名 |
|----|-----|---|------|---------------|----|----|
| 醫五 | 腎臟學 | | 葉瑞所 | 90年七月20日第...節 | | |

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 ②每張試題卷務必填寫(學號)、(姓名)。

1. What are reversible factors of chronic renal failure? (8%)

2. Which of the following mechanism is the pathogenesis of acute renal failure:

(A) Ischemia (B) Nephrotoxin (C) Both (D) Neither

3. Which of the following complications are life-threatening conditions of acute renal failure

(A) Hyperkalemia (B) Acute pulmonary edema (C) Metabolic acidosis
 (D) All of the above

4. Which of the following procedures are treatment of uremic patient.

(A) Hemodialysis (B) CAPD (C) Kidney transplantation
 (D) All of the above

5. Which of the following disease is the most common etiology of uremia in U.S.A.

(A) Nephrotoxin (B) Hypertension (C) C.G.N (D) D.M.