

**Harvard Medical School Department of
Continuing Education and the Renal Division
of Brigham and Women's Hospital**



Nephrology Rounds
June/July 2006

Renal Complications of Hematopoietic Stem Cell Transplantation

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Objectives

This issue of *Nephrology Rounds* will help readers to review:

- the incidence of acute renal failure (ARF) after hematopoietic stem cell transplantation (HSCT) according to the type of HSCT.
- the types of ARF commonly encountered after HSCT.
- the causes and management of chronic kidney disease (CKD) after HSCT.

Questions:

1. The primary mechanism of disease eradication in non-myeloablative HSCT is the graft *versus* tumor effect.

True False

2. The mortality of ARF requiring dialysis after HSCT is >70% regardless of the type of HSCT performed.

True False

3. Non-myeloablative HSCT recipients have a higher incidence of ARF than recipients of myeloablative HSCT.

True False

4. Marrow infusion toxicity has been eliminated with improved marrow storage and infusion techniques.

True False

5. The most common cause of ARF during the first 30 days post-HSCT is calcineurin inhibitor toxicity.

True False

6. Defibrotide is a promising agent for the treatment of hepatic veno-occlusive disease.

True False

7. The most common cause of nephrotic syndrome after HSCT is membranous nephropathy.
True False
8. Post-HSCT renal thrombotic microangiopathy (TMA) syndromes are characterized by rising creatinine, bland sediment, normotension, and normal haptoglobin.
True False
9. Post-HSCT TMA syndromes should be treated with angiotensin-converting enzyme or receptor blockade.
True False
10. HSCT recipients with end-stage renal disease (ESRD) have a mortality equal to ESRD patients with diabetes.
True False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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Please keep a copy of your test before submission. A certificate will be sent upon successful completion of the test along with the answer key after the deadline date indicated.

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