

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



Nephrology Rounds
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Late Allograft Dysfunction: An Ongoing Problem in Kidney Transplantation

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Objectives

- To review the major risk factors and mechanisms responsible for late renal allograft loss/dysfunction.
- To review the current histopathological grading schema for chronic allograft nephropathy.

Questions:

1. The predominant causes of late renal allograft loss/dysfunction are death with a functioning graft, chronic allograft nephropathy, and recurrent disease.
True False
2. Recent improvements in short-term renal allograft survival have translated into significant improvements in long-term graft survival.
True False
3. Chronic/sclerosing changes can develop in renal allografts subjected to ischemia, hypertension, drug toxicity, infection, increased ureteral pressure, de novo or recurrent glomerular disease, non-immune inflammation, and chronic or recurring alloimmune responses.
True False
4. Grading of chronic glomerular changes serves as the basis for the severity of chronic allograft nephropathy in the Banff schema.
True False
5. Both alloantigen-dependent and alloantigen-independent factors contribute to the pathophysiology of chronic allograft nephropathy.
True False
6. Acute rejection and donor age are two of the strongest risk factors for ultimate long-term graft loss.
True False

7. Protocol renal allograft biopsies suggest acute tubular necrosis is associated with an increased prevalence of chronic allograft nephropathy.
True False
8. Advanced recipient age is associated with reduced renal allograft survival.
True False
9. Inadequate immunosuppression is associated with reduced long-term renal allograft survival.
True False
10. Definitive trials exist to demonstrate that strict control of blood pressure and aggressive treatment of hyperlipidemia improve long-term renal allograft survival.
True False

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

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