



AMRITA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

AIMS Ponekkara P.O. Kochi-41

## DEPARTMENT OF NEPHROLOGY

### PG TEACHING SCHEDULE FOR THE MONTH OF NOVEMBER 2023

#### THEORY (TIME: 8.30 AM – 09.00 AM)

DATE	TOPIC	FACULTY
06.11.2023	Acid Base Disorders	Dr. George Kurian
07.11.2023	Urinary Tract Obstruction	Dr. Anil Mathew
13.11.2023	Nutritional Therapy in Renal Diseases	Dr. George Kurian
14.11.2023	Micro vascular Diseases of the Kidney	Dr. Rajesh R Nair
20.11.2023	Disorders of Water balance	Dr. Zachariah Paul
21.11.2023	Biology of renal cells in culture	Dr. Anil Mathew
27.11.2023	Cell biology of vasopressin Action	Dr. Zachariah Paul
28.11.2023	Pathophysiology of Water Metabolism	Dr. Rajesh R Nair

#### SEMINAR (TIME : 8.30 AM – 09.00 AM)

(ATTENDEES: ALL FACULTIES & PGs)

DATE	TOPIC	PRESENTER	FACULTY
10.11.2023	ADPKD	Dr.Vivek	Dr. Zachariah Paul
17.11.2023	Estimation of GFR	Dr.Atharva	Dr. Rajesh R Nair
24.11.2023	Transplantation in to the abnormal urinary tract	Dr.Owais Patel	Dr. Rajesh R Nair

#### GROUP DISCUSSION (TIME : 3.00 PM TO 03.45 PM)

(ATTENDEES: ALL PGs)

DATE	TOPIC	PRESENTER	FACULTY
02.11.2023	Acid handling by distal tubule	Dr.Atharva	Dr.Anil Mathew
09.11.2023	Approach to Metabolic acidosis	Dr.Gokul	Dr.Zachariah Paul
16.11.2023	Diabetes insipidus	Dr.Sabari	Dr.Rajesh R Nair
23.11.2023	Approach to Hypernatremia	Dr.Nidhin	Dr.Anil Mathew
30.11.2023	Approach to Hyponatremia	Dr. Atharva	Dr.Rajesh R Nair

**NEPHRO CLINICO PATHOLOGY MEETING(TIME: 4.00 PM – 5.00 PM)**

DATE	TOPIC	FACULTY
01.11.2023	<p>1.Acute T cell mediated rejection</p> <p>2.Near normal glomeruli with negative immunofluorescence, unremarkable tubulointerstitium and hypertensive vascular changes- suggestive of Minimal change disease.</p> <p>3.Near normal glomeruli with negative immunofluorescence, unremarkable tubulointerstitium and vessels.</p> <p>4.Membranoproliferativeglomerulo nephritis, immune complex mediated in a background of glomerulocyst, tubulocyst, marked global glomerulosclerosis, segmental sclerosis and hypertensive vascular changes</p>	All Nephrologists + Pathologists +PG Doctors
15.11.2023	<p>1.IgA nephropathy with mesangial hypercellularity, segmental sclerosis, crescents, marked global glomerulosclerosis, marked chronic tubulo interstitial nephritis and hypertensive vascular changes.</p> <p>2.Acute tubular injury in a background of near normal glomeruli with negative immunofluorescence, interstitial fibrosis/tubular atrophy Grade I and hypertensive vascular changes.</p>	All Nephrologists + Pathologists +PG Doctors
22.11.2023	<p>1.IgA nephropathy with moderate global glomerulo sclerosis, segmental sclerosis, mild to moderate chronic tubulointerstitial nephritis and hypertensive vascular changes.</p> <p>2.Near normal glomeruli with granular capillary wall IgG, suggestive of early membranous glomerulo nephritis with mild chronic tubulointerstitial nephritis and unremarkable vessels.</p> <p>3.IgA nephropathy with mesangial hypercellularity, mild global glomerulo sclerosis, segmental endo capillary proliferation, unremarkable tubulo interstitium and hypertensive vascular changes.</p> <p>4.Focal proliferative and membranous Lupus nephritis Class IIIA+V with unremarkable tubulo interstitium and vessels.</p> <p>5.Amyloidosis kidney with marked glomerulosclerosis, segmental sclerosis, marked chronic tubulo interstitial nephritis and vascular changes</p>	All Nephrologists + Pathologists +PG Doctors
29.11.2023	<p>1.Sub optimal biopsy with mild interstitial fibrosis /tubular atrophy and hyaline arteriolosclerosis</p> <p>2.IgA nephropathy with mesangial hypercellularity, segmental sclerosis, moderate chronic tubulo interstitial nephritis and hypertensive vascular changes</p> <p>3.IgA nephropathy with mesangial hyper cellularity, unremarkable tubulo interstitium and vessels.</p> <p>4.Focal segmental glomerulosclerosis with mild global glomerulosclerosis, negative immunofluorescence, moderate chronic tubulointerstitial nephritis and hypertensive vascular changes.</p> <p>5.Focal segmental glomerulosclerosis in a background of near normal glomeruli with negative immuno fluorescence, mild chronic tubulo interstitial nephritis and hypertensive vascular changes.</p>	All Nephrologists + Pathologists +PG Doctors

**JOURNAL CLUB (TIME:9.00 AM – 9.30 AM)**  
**(ATTENDEES: ALL FACULTIES & PGs)**

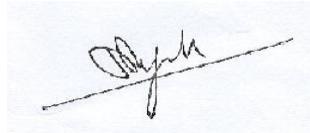
DATE	TOPIC	PRESENTER	FACULTY
04.11.2023	Cooper CJ, Murphy TP, Cutlip DE, Jamerson K, Henrich W, Reid DM, Cohen DJ, Matsumoto AH, Steffes M, Jaff MR, Prince MR, Lewis EF, Tuttle KR, Shapiro JI, Rundback JH, Massaro JM, D'Agostino RB Sr, Dworkin LD; CORAL Investigators. Stenting and medical therapy for atherosclerotic renal-artery stenosis. N Engl J Med. 2014 Jan 2;370(1):13-22.	Dr.Sabari	Dr. Paul Joy
11.11.2023	George L. Bakris, M.D., Rajiv Agarwal, M.D., Stefan D. Anker, M.D., Ph.D., Effect of Finerenone on Chronic Kidney Disease Outcomes in Type 2 Diabetes, N Engl J Med 2020; 383:2219-2229	Dr.Atharva	Dr. Paul Joy
18.11.2023	Yang SF, Su YC, Lim CC, Huang JY, Hsu SM, Wu LW, Chang YS, Hung JH. Risk of dialysis in patients receiving intravitreal anti-vascular endothelial growth factor treatment: a population-based cohort study. Aging (Albany NY). 2022 Jun 20;14(12):5116-5130.	Dr.Nidhin	Dr.Rajesh Nair
25.11.2023	Lewis EJ, Hunsicker LG, Lan SP, Rohde RD, Lachin JM. A controlled trial of plasmapheresis therapy in severe lupus nephritis. The Lupus Nephritis Collaborative Study Group. N Engl J Med. 1992 May 21;326(21):1373-9.	Dr. Atharva	Dr. Rajesh Nair

**MORTALITY MEETING (TIME: 3.00PM – 4.00 PM)**

DATE	TOPIC	FACULTY
25.11.2023	K N P Pillai # 732177 Cause of death : Sepsis with septic shock, right lower limb cellulitis with osteomyelitis,CKD stage 5,Peripheral artery disease, Type 2 DM and sysyemic hypertension	All Faculties & PGs

**PROCEDURES**

KIDNEY TRANSPLANT	02
DIALYSIS (IP + OP)	1582
OTHER PROCEDURES	206



**DR. RAJESH. R. NAIR**  
**PROFESSOR & HEAD**  
**DEPARTMENT OF NEPHROLOGY & RENAL TRANSPLANTATION**  
**AIMS, KOCHI**