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HYDERABAD NEPHROLOGY FORUM
KIDNEY DIGEST



An official Newsletter of Hyderabad Nephrology Forum, Telangana, India

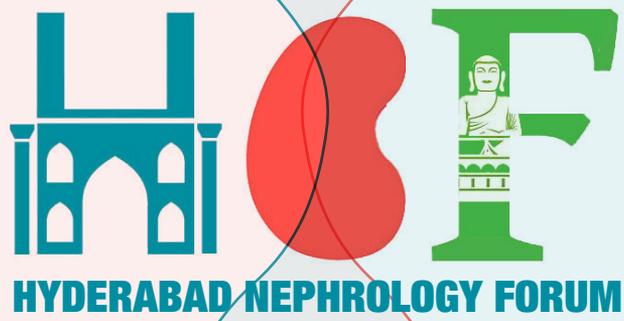


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Editor, Kidney Digest

Dr Praveen Kumar Etta

Senior Consultant
Nephrologist

Virinchi Hospital
Hyderabad

Hyderabad Nephrology Forum (HNF)

Hyderabad Nephrology Forum (HNF) is a Telangana state professional association of Nephrologists which has been active for more than 25 years conducting various academic activities like monthly Nephrology Forum on last Friday of every month, various Guest Lectures by National and international faculty, and conducting annual TSNCON conference (since 2018). Forum is dedicated to advancing Kidney health statewide through Education, Research and Advocacy. We have been conducting regular academic sessions and would continue to do so. With the blessings of doyen Nephrologists from Hyderabad, HNF aspires to disseminate academic updates among the Nephrologists and postgraduate students of Telangana thereby enriching their academic knowledge and clinical practice. Eyeing over the ulterior goal of quality patient care, HNF would ensure to organize monthly academic meetings where all interesting Nephrology cases from both private and public sector hospitals across Telangana are discussed among eminent faculty. The other educational activities carried out by HNF would encompass to encourage and advance the knowledge, study and practice of the specialty of Nephrology; to encourage research, both clinical and experimental in the field of Nephrology; to hold meetings, conferences, exhibitions and study circles for promoting the study and research in the problems relating to Nephrology; to cooperate with other national and international societies; to organize TSNCON annual conference, guest lectures, research-work; provision for an e-library, maintenance of clinical registries and imparting opportunities to improve community outreach.

The main aims of releasing quarterly HNF newsletters is to showcase the work of the young budding Nephrologists, introduce research activities of pioneer nephrologists across the Telangana and a platform to network and learn. It would have various sections such as messages from pioneer Nephrologists, past and upcoming events of HNF, journal scan, what's new in Nephrology, practice changing updates, resident's desk, must-read articles, academic and research activities, achievements, publication corner, patient education activities and public awareness programs.

Finally, I thank the senior faculty & executive board members of HNF for selecting me as one of the executive council member and Editor of Kidney Digest, first of its kind official Newsletter of HNF. I will do my best for the well-being of the forum.





Members of Hyderabad Nephrology Forum

OSMANIA NEPHROLOGY ALUMNI MEET 2018



STANDING FROM LEFT TO RIGHT: 1) Dr. K. Vara Prasad, 2) Dr. A. Santosh Kumar, 3) Dr. M Ravi Kumar, 4) Dr. E. Ravi, 5) Dr. D Vani, 6) A. Ayyappa, 7) C. Hithelshi, 8) Dr. R. Prabhu Charan, 9) Dr. SVL Narayan Rao, 10) Dr. Luvdeep Dogra, 11) Dr. Kiranmal Jemal, 12) Dr. P. Samuel Raju, 13) Dr. Manisha Sahay, 14) Dr. PS Valli, 15) Dr. V Suresh Babu, 16) Dr. B. Srikanth, 17) Dr. A Hima Deepthi, 18) Dr. Anuradha, 19) Dr. P Arun, 20) Dr. K. Kranthi Kumar, 21) Dr. Aswini Dutt, 22) Dr. Karthik.

SITTING FROM LEFT TO RIGHT: 1) Dr. B. Ravishankar, 2) Dr. PN Jikki, 3) Dr. R. Aruna, 4) Dr. R. Aruna, 5) Dr. Girish Narayan, 6) Dr. A Gopal Kishan, 7) Dr. Anuradha Raman, 8) Dr. S. Krihnan, 9) Dr. MV Rao, 10) Dr. Nemani Satyanarayan, 11) Dr. N. Ammanna

Department of Nephrology - Osmania General Hospital

Patrons



Dr JCM Shastry
Emeritus Professor of
Nephrology, CMC Vellore



Dr. Rajmallaiah
Emeritus Professor of
Nephrology, Gandhi
Hospital



Dr. A Gopal Kishan
Emeritus Professor &
Former HOD Nephrology,
Osmania General Hospital



Dr Neela Prasad
Former Professor of
Nephrology, NIMS,
Hyderabad



Dr KV Dakshina Murty
Senior Consultant, Apollo
Hospital, Hyderabad
Former HOD Nephrology, NIMS



Dr KS Nayak
Chief Nephrologist,
Virinchi Hospital,
Hyderabad

Advisory Board



Dr. Anuradha Raman
Senior Consultant and Head,
Department of Nephrology,
Sunshine Hospitals,
Secunderabad



Dr. Girish Narayan
Senior Consultant
Nephrologist, Udai Omni
Hospital, Hyderabad



Dr. Pradeep Deshpande
Senior Consultant
Nephrologist, Kamineni
Hospital, Hyderabad



Dr. S. Krishnan
Senior Consultant
Nephrologist at Apollo
Hospital, Hyderabad.

Executive Board Members of HNF



Dr. Manisha Sahay
President

Professor & Head of the Department,
Osmania General Hospital



Dr. Manjusha Yadla
Vice President

Professor & Head of
Department, Gandhi Hospital



Dr. SwarnaLatha G
General Secretary

Additional Professor of
Nephrology, NIMS, Hyd



Dr. P. S. Vali
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Professor of Nephrology
OGH, Hyd



Dr. Srikanth Gundlapalli

Senior Consultant Nephrologist
AINU, Hyd



Dr. Praveen Kumar Etta

Senior Consultant Nephrologist,
Virinchi Hospital, Hyd



Dr. B.Vikram Kumar

Assistant Professor of
Nephrology, OGH, Hyd

Registration & Membership

The membership of the society shall be of five classes (a) Life members (b) Associate members (C) Students (d) Technicians (e) Transplant coordinators

» **Life Membership for Telangana State (LMTS):** Nephrologists with DM/DMB or equivalent Qualification from abroad practicing in the state of Telangana

» **Life Membership for Non Telangana state (LMNTS):** Nephrologists with DM/DMB or equivalent Qualification practicing in India other than Telangana state

» **Associate Membership (ASM):** Doctors from Broadspecialities and Superspecialities like Radiology, Pathology, Urology, Gen Medicine, Nuclear Medicine, Rheumatology, Pulmonary medicine, Surgical or Medical Gastroenterology, Cardiology, Gyn & Obs etc

» **Allied Membership (ALM):** Includes Nutritionist, paramedical staff involved in management of Kidney patients (dialysis technicians, dialysis nursing staff, transplant coordinators)

» **Overseas members (OSM):** Doctor/ Paramedics practicing in countries other than India.

» **Corporate Members (CM):** Pharmaceutical companies or NGO who would like to be a part of the Forum and support the cause. Corporate membership is done only through payment of registration fees.

» **Student temporary Members (STM):** Students pursuing DM/DNB coursing in Telangana will be given temporary membership for 3 years, after the completion of their course, they would be given option to upgrade to LMTS or LMNTS depending on their place of practice.

For further details, contact

Email: hyderabadnephrologyforum@gmail.com

Visit: hyderabadnephrologyforum.com/registration.html 

Dr JCM Sastry: A Legend in Nephrology

By **Dr KV Dakshina Murty**

Senior Consultant, Apollo Hospital, Hyderabad
Former HOD Nephrology, NIMS

Prof. Jandhyala Chandramouliswara sastry, famously and fondly known as JCMS, was born on 10th June 1936 in Tenali, Andhra Pradesh, India. His parents were Rao Bahadur Rao Saheb J. S. Swamy Sastry and Lakshmikanthamma. His early education was at Tenali Taluk High school, Hindu College and Andhra Christian College, Guntur. He graduated in M.B.,B.S. from Bangalore Medical College, and M.D. in General Medicine from All India Institute of Medical Sciences, New Delhi. Later, he joined Christian Medical College and Hospital, Vellore in 1970 and served till superannuation in June 1996. He worked initially in the General Medicine department and later in the Nephrology Department from the date of its inception in January 1971. He retired from CMC service as professor and head of department of Nephrology. He was the first DM postgraduate in Nephrology from CMC, Vellore. He, as the professor, trained many nephrologists who have become eminent teachers and consultants of nephrology in their own right. He was a beacon and role model for his students who adore him, feel proud to be his wards and try to emulate him in the profession and life. As a physician, he was empathetic and dedicated to the care of patients under his care for whom he was the God incarnation in human form. As a person he was very humane, humble and a thorough gentleman. He always had a good word for everyone. He published in national and international journals extensively and a very sought after speaker in the national and international conferences of nephrology. He was one of the founder members and subsequently, the president of the Indian Society of Nephrology and President of the Indian Society of Organ Transplantation and the Chairman of the Southern Chapter of Indian Society of Nephrology.

Following his superannuation from CMC hospital, Vellore, he started Department of Nephrology at Kamineni Hospital, L.B. Nagar, Hyderabad in year 1997.

And in his new innings he made several benchmarks in the practice of nephrology, dialysis and renal transplantation. Many young physicians were fortunate to be trained under him in the DNB program and he was of immense support to the nephrology family of the region.

He left his mortal body on 20 April 2005 in Hyderabad. His life partner was srimati Anupama, and they have a daughter Shailaja, a corporate lawyer and a son Srikanth, a fashion designer.

The Indian Society of Nephrology has instituted an Oration on his name. It is awarded each year to a senior Indian nephrologist who has contributed significantly to the practice and/or teaching of Nephrology in India.

Prof. JCM Sastry was one of the pioneers of Nephrology in India, well respected for his knowledge and work. 🇮🇳



Message from Dr Anuradha Raman

It is heartening to know that the Hyderabad Nephrology forum is bringing out its first News letter. With a very humble beginning 1996 with a dozen members, the forum has now grown into a formidable force to reckon with. The forum was formed with the basic idea of not only sharing knowledge, but also to learn & educate ourselves by discussing interesting cases.

Initially, the forum had not only Nephrologists but also Urologists, Transplant surgeons, Radiologists who would meet once in a month in Osmania General Hospital. As more nephrologists & post graduates joined the forum, the venue would rotate around the hospitals like NIMS, Satya kidney centre, Mediciti, and Osmania. The forum would meet in the late afternoons, around 4:00 to 5:30 pm over a cup of Tea and Snacks. The Numbers were few but the camaraderie was great, the discussion were scientific & all of us would go back richer in knowledge. Ever since Prof. Manjusha took up the mantle and shifted the venue from Star hotels to NIMS auditorium, the forum has become very vibrant. I must congratulate the Prof. Manjusha & team for taking the forum to the next level by organizing guest lectures & mock exams for the benefit of the post-graduates.

I would like to congratulate the new executive committee, which took over in March 2022 for the excellent work that is being done and I have no doubt in my mind that the new dynamic & vibrant Secretary, Dr. G. Swarnalata with the able support of the equally dynamic & and vibrant President, Prof. Manisha sahay, the Vice President Prof. Manjusha and the entire executive, the Hyderabad Nephrology forum will become an excellent seat of learning which would help all the young & budding Nephrologists to do their best in treating patients suffering from renal diseases.

I wish the forum all success.

Dr Anuradha M.D., MNAMS

Head. Dept. of Nephrology
Sunshine Hospitals, Secunderabad



Message from Dr Pradeep Deshpande

Nephrology forum was started in early 90's with very few members. Most of them were from the government setup except Dr. Rambhoopal & Dr. JCM Shastry. From the government setup there were Dr. Gopal Kishan, Dr. Anuradha, Dr. Girish Narayan and myself. We used to meet once a month in Osmania General Hospital, and occasionally in Dr. Rambhoopal's Hospital, Satya Kidney center.

Haemodialysis machines were very few in government as well as private setup. Most often patients were subjected to intermittent peritoneal dialysis and option was given for related live donor kidney transplant. There were hardly three machines in Osmania Hospital. We used to do two shifts covering 5 (or) 6 patients per day. As water treatment facility like reverse osmosis was not available leading to frequent dialysis related complications like hypotension, vomiting and fever. 3rd generation cephalosporins were also not available.

1st Kidney transplant in a government setup was performed on May 1982. Earlier there was one transplant done in a private sector in Institute of Genetics. I remember to have done haemodialysis for patients during Hindu-Muslim riots 1983 during the time of curfew. I used to pick up technicians and nurses in my own car and supervise dialysis for 2-3 patients per day in Osmania hospital.

1st DM seat was allotted to Osmania General Hospital in 1989. Subsequently Nephrology forum activities picked up. There used to be discussions with an ultimate comment by Prof. JCM Shastry. Myself and 3-4 of my colleagues were sent on deputation to CMC Vellore or PGI Chandigarh as DM course was not available in erstwhile Andhra Pradesh.

Under the aegis of forum we used to conduct CME's, mini conferences and workshops on transplantation.

Forum strength has now increased considerably due to increase in DM and DNB seats. Presently the forum activities are being done virtually also. I should mention the contribution of Prof. Gopal Kishan and Prof. JCM Shastry in the initial stages to promote and encourage

academic activities. Few international professors who have contributed to nephrology also visited our centres to mention a few - Prof. Ponticelli, Dr. Uldall, Dr. Mallick, Dr. Freidman, Dr. Prasad Rao etc. Actually, Dr. Ponticelli spent a week in Hyderabad. We had shown him a case of leprosy with renal involvement. He said he had no knowledge of such subject.

I wish the forum all the best.

Dr. Pradeep Deshpande

MD, D.N.B Nephrology

Prof & HOD, Kamineni Institute of Medical Sciences

Sr. Consultant Nephrology, Global Hospitals

Formerly, Principal of Gandhi Medical College, Hyderabad

President of Indian Society of Nephrology

Senate Member Dr. NTR Health University

Governing Council Member of Indian Society of Organ Transplant

Additional Director of Medical Education

Member of International Society of Nephrology

Member of Southeast Asia Regional Board Int. Society of Nephrology

Alumni of CMC Vellore (1983 -1985)



Message from Dr S Krishnan

Mann ki baath

It gives me immense pleasure to write a few words about the Hyderabad Nephrology forum, It was the encouragement and the confidence bestowed on me by my gurus – Anuradha madam, Girish ji and AGK Sir that I took up this challenge. The support I had from all my colleagues was immense, which helped in the steady improvement in all aspects of our forum activity.

A word of thanks to my all – weather rescuer , Dr Ratan Jha, who was a pillar of strength in all these 25 years. And since the last eight years Dr Manjusha who has put in yeoman efforts to carry the forum to greater heights, added several new features and activities. Truly commendable.

Down the journey I learnt quite a few lessons (apart from Nephrology) that sharing knowledge/experience is very gratifying. All members should contribute their bit to the fraternity – in any form, It could be even silent participation. That itself would encourage others to do more. There is always scope for improvement and learning in life.

With the present army of bright youngsters in the forum management, I am sure we can carry the academic legacy forward for the benefit of all.

One area where we need to progress is improving our database/registry. Paper work has never been our forte, but work has been so. With computers/laptop/word processors and a little effort – it should be possible to document our work. This would enable publications. Let's work on this.

Best wishes once again.

Dr S Krishnan

Apollo Hospital, Secunderabad



Message from Dr Urmila Anandh

Nephrology in Hyderabad: A short but extremely exhilarating journey

As you all read this short write-up, I will be winding up in Hyderabad and will be relocating 1500 kilometres up North. Memories of eight years in this city come back and often overwhelm me. The decision to leave Mumbai and an excellent clinical practice was a personal decision. Was very apprehensive to make Hyderabad my home as I had no family and friends here.

I however, was quite sure that the nephrology practice in this city of pearls was going to be as challenging if not more than what was in Mumbai. I was also confident of the excellent academic milieu of Hyderabad nephrology practice as I knew and interacted with Profs Pradeep Deshpande and KV Dakshinamurthy in the past during the Indian Society of Nephrology Hyderabad conference. I also was privileged to interact with Prof Gopalkishen and Girish Narayen during my stint as secretary of Indian Society of Nephrology (Southern Chapter). I have also intermittently interacted with Dr Swarnalata Guditi for the NIMS DM question paper bank. Not to mention my visit to NIMS to observe Prof Gangadhar Taduri inserting a CAPD catheter way back in 2002. So, with all these friends and acquaintances, I embarked on a journey as a consultant nephrologist in a corporate hospital in 2014.

And what a journey it was. Not only I was privileged to develop a clinical practice despite multiple constraints, I could also interact positively academically with the younger nephrologists in the city. We could, with the help of my students present interesting cases in the monthly Nephrology forum regularly. I could work with Prof Deshpande, Dr Sridhar and others and organise a national hemodialysis conference. During this meeting I could perceive the abilities and capabilities of my colleagues. Most of all I realised if you need to get anything published, get Dr Swarnalata Guditi!

Similarly, Hyderabad Nephrology Forum introduced me to two energetic ladies Profs Manisha and Manjusha. I was amazed by Manjusha's efficiency and sincerity. Manisha, I had met before in many meetings and was again impressed by her scientific acumen and knowledge.

These three ladies i.e., Manisha, Manjusha and Swarnalata were my support when we decided to take the plunge and start our Women in Nephrology-India initiative. And this baby of ours, born in Hyderabad is going to be one year old this August. And this is another roller-coaster journey I am privileged to be part of during my stay in this lovely city.

No message of mine will be complete without mentioning Prof A Gopalkishen. I have known him for more than twenty years and was always affected by his commitment and sincerity of purpose. Being a nephrologist from Hyderabad, it was my privilege to see him get the "Lifetime Achievement Award" from the Indian Society of Nephrology.

As I move out of the city, the Nephrology forum is also changing its guard, reminding all of us that "Only thing constant in life is change".

I wish the forum and its office bearers all the best.



Dr Urmila Anandh

Senior Consultant & HOD, Nephrology, Yashoda Hospital, Secunderabad.

Message from Dr Manisha Sahay

At the outset I would like to thank the entire team of Hyderabad Nephrology forum for reposing faith in me and electing me as the President of this prestigious body. HNF is a very vibrant, dynamic and active academic forum and has been in existence since many years. Initially it was conducted in Medicity hospital, subsequently the venue was shifted to API building at Abids and now it is held on the last Friday of every month at NIMS auditorium. It is a registered body as per the rules. The many activities organized by the HNF include monthly meetings where exciting cases are discussed by the post graduate students and the faculty which provide a great learning opportunity. In addition, guest lectures by international as well as national and local faculty are organized regularly. Hands on workshops are another important feature. The forum conducts mock exams every year for the exam-going post graduates to hone them in the art of examination and are immensely popular and well attended. Here all aspects of practical exams are covered including the long case, short case, viva, Imaging and histopathology sessions. The Telangana state annual conference is another feather in cap for the forum. This is done in the month of January every year and provides a unique opportunity for the post-graduates to showcase their research, present on podium and interact with the learned faculty.

Despite the pandemic the forum activities went on virtually and were hugely successful.

The forum has an active website with all information accessible at the click of a button.

I will try to put in my best efforts to take the forum to greater heights along with the newly elected dynamic young executive body.

“As a great person once said “For me, becoming isn’t about arriving somewhere or achieving a certain aim. I see it instead as forward motion, a means of evolving, a way to reach continuously toward a better self. The journey doesn’t end.”

Dr.Manisha Sahay, President HNF

Professor and Head of the Department
Osmania General Hospital.



Message from Dr Swarnalatha Guditi

I was introduced to the Hyderabad Nephrology Forum (HNF) in 2004, when I joined DM Nephrology at NIMS under the guidance of Dr Dakshinamurthy and Dr Neela Prasad. It has been a wonderful and dynamic academic platform for the Nephrologists in Hyderabad. Dr Gopal Kishen, Dr Anuradha, Dr Geerish Narayan and Dr Krishnan had been the pillars of the HNF. As I grew up along with the forum from a resident to a faculty at NIMS and now as the Secretary to HNF, I could see the vast expansion of the forum. HNF has provided a wonderful feast of academic activities ranging from monthly case discussions to annual state conferences with international speakers.

In today's era with plentiful virtual activities after COVID, people not only from Hyderabad but from across India and abroad eagerly keep looking forward to the HNF activities. The NEET also has got the DM students from across the country to NIMS, OGH, Gandhi Hospital and DNB Courses in various Hospitals in Hyderabad. It's very heartening to see these students continue the journey of learning process and continue to remain connected to us through forum activities even after completion of their courses.

I am very excited to be a part of the executive team of HNF, which is constituted by a spectrum from young and dynamic to experienced seniors. As I write my note for the 1st ever issue of HNF Newsletter, I feel elated to have a team to toil towards the shared responsibilities of the forum activities in a pursuit to take it to the next level; HNF Newsletter by Dr Praveen Kumar Etta, Social media by Dr Vali, Scientific committee by Dr Manisha Sahay and Dr Srikanth, Mock Examination By Dr Manjusha and Dr Kiranmai, HNF Website by Dr Vikram Kumar and treasurer Dr Raja Karthik.

We are also happy to have participation of the Nephrologists from various parts of Telangana and reaching out to the districts. We have also planned various workshops, research grants, international expert talks, disease registries and interdepartmental activities like renal pathology, radiology, urology etc in coming months and make HNF much more dynamic and resourceful platform.

I am sure, with the present executive team, we shall keep up the spirit of HNF and continue to avail the academic bonanza as always.

Dr Swarnalatha Guditi

Additional Prof & Unit Head, Nephrology, NIMS
Secretary HNF



Social Media in Nephrology - How I adopted it reluctantly?

Dr PS Vali

Consultant Nephrologist, AINU, Dilsukhnagar; Joint Secretary, HNF

Every decade is shaped by a new element and the one which shaped the last decade was the the Social Media. Social media did not spare any field and Medicine was no exception. But the impact, Social media exerted in Medicine is far beyond the imagination.

Social Media has proved to be capable of providing a flexible platform for medical education without any geographical barriers, without any discrimination and hierarchy. It has eased the ways to share Medical Knowledge and replaced the lecture halls with chat rooms. It provided a flexible and yet a lucid platform for those who want to teach and learn and more importantly uplifted the concept of mutual learning. It was successful in elevating the academic networking to a next level.

For me social media came as a right platform to continue my passion of teaching when I decided to switch to private sector from an academically cushioned teaching hospital. It was not easy to accept the fact that I have wilfully chosen to move out of an institute where in I was flanked with pioneering teachers and energetic Nephrology residents for more than a decade. In the meantime, lock downs due to Covid pandemic overwhelmed us and also made us to have an introspection of ourselves. One such introspections of mine navigated me to adopt Social media as a way of continuing the passion of teaching.

Getting into NSMC (Nephrology Social Media Collective) internship 2022 along with Dr Srikanth and Dr Priya John is a major leap for me to harness the

tricks of the trade of social media and to mould it as a structured skill set. The various rotations of this NSMC will provide hands on experience of communicating science in a visually appealing format but without losing the essence of the subject.

The social media tool which assumed the pole position with regard to medical education is the Twitter which has scaled to the heights of getting labelled as New World's virtual Mega university. There are notable teachers in twitter such as EdgarV. Lerma who redefined the meaning of digital education. International Society of Nephrology is also at its forefront to push social media as a facet of spreading awareness about its activities and has a dedicated squad of Social Media members. Tweetorials have become the new mantra of summarizing concepts in a lucid and an easily consumable format. There are hundreds of Tweetorials spanning across a wide array of topics in Nephrology. The hashtags revolution served as magical catalysts to compile the related information in a single place. For instance, try searching for the hash tag #Nephpearls in Twitter search bar and I bet that you will be delighted to get flooded with good load of easy to grasp Nephrology academic content. If you are struggling to connect the dots about a complex clinical case, just tweet it by incorporating the hashtag #askrenal and in no time the help arrives. Visual Abstracts is the new academic cherry of the millennials. It depicts the core summary of the article in a visual format. The bimonthly Neph JC chat is the iconic virtual journal club of the Nephrology community while ECNeph facilitates systematic case

discussions once in a month. It is a proud moment for all of us to note that Prof Dr Manjusha is leading ECNeph Twitter Programme under the aegis of ISN Education.

Live tweeting of the conferences has levelled up the buzz of conferences. Such live tweeting often galvanizes the popularity of a conference and the associated academic discussions. This makes even the passive participants get engaged academically. Hyderabad Nephrology Forum's twitter page has generated great momentum during the recently conducted TSNCON 2022. The first of its kind, live tweetorial of the Lecture, which encompassed the essential contents of the lecture by EdgarV. Lerma was well received and appreciated.

Ultimately the evolution of a person depends on the way he or she learns, delearns and relearns. Social media plays an undeniable adjuvant role in this cyclical process of learning, delearning and relearning. Social media is not a replacement for the conventional ways

of learnings but for sure, it is a dependable add on tool to facilitate bite sized knowledge.

Not everything is rosy in life and the same principle applies to Social Media. The two major limitations of social media are the lack of authenticity and the very tendency to loose focus in the whirlpool of feed scrolls. I am yet to overcome these limitations inherent to social media and I admit that it is not easy for an ordinary person like me ..!



Past Events

Last Friday of every month, we are conducting Forum meets and we have discussed many interesting cases and their diagnoses and management. We have invited few of the eminent National and International faculty to give guest lectures in Forum meets. Postgraduate students got the extensive benefit by these meets by knowledge sharing and applying it in clinical practice. We have also conducted a mock practical exam for the benefit of final year DM and DNB students.

WEBCAST

HYDERABAD NEPHROLOGY FORUM

Date - 25th March, 2022, Friday | Time- 7 pm onwards

Master of Ceremonies

Dr. Praveen Kumar Etta
Consultant Nephrologist,
Virinchi Hospitals,
Hyderabad

Welcome

Dr. Swarnalatha
Additional Professor,
Dept of Nephrology,
NIMS Hospital, Hyderabad

Moderators

Dr. P S Vali
Senior Consultant
Nephrologist,
AINU Hospitals, Dilukhnagar

Dr. Srikanth
Senior Consultant
Nephrologist,
AINU Hospitals, Erramanzil

Case 1 : Interesting Case Series of Post Transplant Lymphoproliferative Disorders

Presenter

Dr. Tanvi
Team of Nephrology, KIMS Hospital, Secunderabad

Chairperson :

Dr. Ratan Jha
Senior Consultant Nephrologist,
Virinchi Hospitals, Hyderabad

Chairperson :

Dr. Sanjay Maitra
Senior Consultant Nephrologist,
Apollo Hospitals, JubileeHills

Case 2 : Nephrotic Syndrome in Pregnancy

Presenter

Dr. Rana Fatima
Consultant Nephrologist, Karimnagar

Chairperson :

Dr. Manisha Sahay
Prof & HoD, Dept of Nephrology,
Osmania Hospital, Hyderabad

Chairperson :

Dr. Urmila Anandh
Senior Consultant Nephrologist,
Yashoda Hospitals, Secunderabad

Case 3 : Unmasking the Thickened Membrane in diabetes

Presenter

Dr. Mukesh
Team of Nephrology, NIMS Hospital, Hyderabad

Chairperson :

Dr. Sreebushan Raju
Prof & Head of Unit, Dept of Nephrology,
NIMS Hospital, Hyderabad

Chairperson :

Dr. Manjusha
Prof & HoD, Dept of Nephrology,
Gandhi Hospital, Hyderabad

Conclusion Remarks

Dr. Anuradha Raman
Senior Consultant Nephrologist,
Sunshine Hospitals, Secunderabad

Dr. Girish Narayan
Senior Consultant Nephrologist,
Uday Omni Hospitals, Hyderabad

Vote of Thanks

Dr. Vikram Kumar
Asst. Prof, Dept of Nephrology, Osmania Hospital, Hyderabad

WEBCAST

HYDERABAD NEPHROLOGY FORUM

Date - 29th April, 2022, Friday | Time- 7 pm Onwards

Master of Ceremonies

Dr. Srikanth
Sr. Consultant Nephrologist,
AINU Hospitals,
Erramanzil

Welcome

Dr. Swarnalatha
Additional Professor,
Dept. of Nephrology,
NIMS Hospital, Hyderabad

Moderators

Dr. Kiranmai Ismal
Professor, Dept. of Nephrology,
Osmania Hospital,
Hyderabad

Dr. Praveen Kumar Etta
Consultant Nephrologist,
Virinchi Hospitals,
Hyderabad

Case 1 : Non-HLA Antibodies: Negligence Not Always a Bliss

Presenter

Dr. Dhananjaya
Consultant Nephrologist, Continental Hospital, Hyderabad

Chairperson :

Dr. Anuradha Raman
Senior Consultant Nephrologist,
Sunshine Hospitals, Secunderabad

Chairperson :

Dr. Vikranth Reddy
Senior Consultant Nephrologist,
Care Hospitals, Banjara Hills

Case 2 : Expanded Dengue Syndrome for Nephrologists

Presenter

Dr. Sravan Kumar Jogu
Consultant Nephrologist, Sunrise Super Speciality Hospital, Nizamabad

Chairperson :

Dr. Manisha Sahay
Prof. & HoD, Dept. of Nephrology,
Osmania Hospital, Hyderabad

Chairperson :

Dr. P. S. Vali
Senior Consultant Nephrologist,
AINU Hospitals, Dilukhnagar

Case 3 : An Unusual Case of Infantile Nephrotic Syndrome

Presenter

Dr. Tauseef Ahmed
Team of Nephrology, Gandhi Hospital, Hyderabad

Chairperson :

Dr. Manjusha
Prof. & HoD, Dept. of Nephrology,
Gandhi Hospital, Hyderabad

Chairperson :

Dr. Sridhar G.
Senior Consultant Nephrologist,
Global Hospitals, Hyderabad

Conclusion Remarks

Dr. Sreebushan Raju
Prof. & Head of Unit, Dept. of Nephrology,
NIMS Hospital, Hyderabad

Dr. Gangadhar T.
Prof. & HoD, Dept. of Nephrology,
NIMS Hospital, Hyderabad

Vote of Thanks

Dr. Raja Karthik
Associate, Prof., Dept. of Nephrology, NIMS Hospital, Hyderabad

HYDERABAD NEPHROLOGY FORUM
Cordially invites you for

Mock Practical Examination for DM and DNB Nephrology Students
On

Date: 21st & 22nd May' 2022 **Time: 9.00 AM Onwards.**

External Examiners

Dr. M. EDWIN FERNANDO
NEBBS, MD (Gen Med), DM (Nephrology)
FRCN (Canada), FRCP (London)
Head of the Department, Osmania Medical College, Chennai.

Dr. M. SREELATHA
NEBBS, MD (Gen Med), DM (Nephrology), DM (FIS),
FASN, FRCN, FRCP, FRCR, FRCR (UK)
Prof & HOD of Department of Nephrology
Osmania Medical College, Hyderabad, Kerala

Dr. SANTOSH VARUGHESE
NEBBS, MD (General Medicine), DM (Nephrology),
FRCN (Canada), FRCP (London)
Christian Medical College Vellore, OCHRI Vellore
HOD-Department of Nephrology.

Dr. RAVINDRA A. PRABHU
NEBBS, MD, DM (Nephrology), DM (Nephrology)
Professor, Department of Nephrology
Kannada Medical College, Mangalore

Attendee Link:
<http://livestreamvc.com/JBCPL/210522/>

Venue:
Trauma Block 5th Floor, NIMS Hospital, Hyderabad.

Contact - hyderabadnephrologyforum@gmail.com

Scientific Initiative by: **CILACAR** & **Dapacose⁵ i0**

Mock Practical Examination for DM & DNB Candidates 21st and 22nd May 2022
at Auditorium, 5th Floor, Trauma Block, NIMS Hospital, Hyderabad

Day 1 - 21 st May 22 (Saturday)					
Time	Candidates	Cases Allotted	Institute Allotment	Internal Examiners	External Examiners
9.00 am - 10.00 am	Dr. Srinivasa Naidu	1 Long case	OMC	SET 1 Internal Examiners Dr. Anuradha Raman Dr. Manisha Sahay Dr. Gangadhar	SET 1 External Examiners (ONLINE)
10.00 am - 11.00 am	Dr. Siddharth Herur	2 Short Cases	OMC		
11.00 am - 12.00 pm	Dr. Megha Saigal	1 Long case	OMC		
12.00 pm - 1.00 pm	Dr. Mukesh Kumar Goal	2 Short Cases	OMC		
1.00 pm - 1.30 pm - LUNCH BREAK					
1.30 pm - 2.30 pm	Dr. Anwiltha Varmudiy	1 Long case	OMC	SET 2 Internal Examiners Dr. Sree Bhushan Raju Dr. Urmila Anandh Dr. Kiranmal kumal	Dr. Santosh Varghese Dr. Ravindra Prabhu
2.30 pm - 3.30 pm	Dr. Phanisree Alaparthi	2 Short Cases	OMC		
3.30 pm - 4.30 pm	Dr. Tushar Bahadure	1 Long case	GMC		
4.30 pm - 5.30 pm	Dr. Naveen	2 Short Cases	GMC		
5.30 pm - 6.30 pm	Dr Aditya	2 Short Cases	NIMS		
Day 2 - 22 nd May 22 (Sunday)					
Time	Candidates	Cases Allotment	Institute allotment	Internal Examiners	External Examiners
9.00 am - 10.00 am	Dr. Fayaz ahmad	1 Long case	GMC	SET 3 Internal Examiners Dr. Somasekhar Dr. Ratan Jha Dr. Uttara Das	SET 2 External Examiners
10.00 am - 11.00 am	Dr. Shivam Yadav	2 Short Cases	NIMS		
11.00 am - 12.00 pm	Dr. Manu k gowda	1 Long case	NIMS		
12.00 pm - 1.00 pm	Dr. Tauseef Ahmed	2 Short Cases	NIMS		
1.00 pm - 1.30 pm - LUNCH BREAK					
1.30 pm - 2.30 pm	Dr. Yogesh Gaur	1 Long case	GMC	SET 4 Internal Examiners Dr. Rajsekhar Chakravarthy Dr. Manjusha Y Dr. Swarnalatha, G	Dr. Sreelatha M Dr. Edwin Fernando
2.30 pm - 3.30 pm	Dr Rohit badge	2 Short Cases	GMC		
3.30 pm - 4.30 pm	Dr Shaikram Kisan Jadhao	1 Long case	NIMS		
4.30 pm - 5.30 pm	Dr Syed Mohammed	2 Short Cases	GMC		
5.30 pm - 6.30 pm	Dr Chandini Kotha	1 Long case	NIMS		

HYDERABAD NEPHROLOGY FORUM
invites you all to a Webinar on

27th May 2022 from 7:00 pm onwards

MC: Dr Anitha (Consultant Nephrologist, ESI Hospital, Hyderabad)
Welcome by Dr Swarnalatha (Additional Prof, Unit Head, NIMS)
Moderation: Dr Anuradha (Assistant Prof OGH)
Dr Vikram Kumar (Assistant Prof OGH)

Time	Topic	Speaker	Chairperson
7:00pm-7:30pm	TMA: Case Series	Dr M Pranith Ram Consultant Nephrologist, Yashoda Hospitals, Secunderabad	Dr Soundararajan Senior Consultant Nephrologist, Apollo Hospital, Hyderabad Dr K.V Dakshinamurty Senior consultant Nephrologist, Apollo Hospital, Hyderabad
7:30pm-8:00pm	Membranous Nephropathy with thrombotic complication	Dr Naveen Kumar Consultant Nephrologist, Ekashilaa Hospital, Warangal	Dr Venkata Ramana Senior Consultant, Warangal Dr Sree Bhushan Raju Prof and Unit Head NIMS
8:00pm-8:30pm	CKD in young	Dr Chetan Veeramaneni Senior Resident, OGH	Dr Rajshekhar Senior Consultant, Star Hospitals Dr. Urmila Anandh Senior Consultant & HoD, Nephrology, Yashoda Hospitals, Secunderabad
Conclusion remarks:			
		Dr Manisha Sahay Prof & HoD, OGH	Dr Anuradha Raman Senior Consultant Sunshine Hospitals, Secunderabad
Vote of Thanks			
Dr Deepti Consultant Nephrologist, ESI Hospital, Hyderabad			

Upcoming Events

21st June 2022 – Twitter Chat

- » Hyderabad Nephrology Forum is conducting Twitter based Case Discussion on 21st June 2022 at 8 pm. Access at Hyderabad Nephrology Forum's Twitter Education - **#HNFTE**
- » **Case:** A puzzling case of Rapidly Progressing Renal Failure.
- » **Discussant:** Dr Lavanya, Nephrology Resident, Nizams Institute of Medical Sciences, Hyderabad.
- » **Moderator:** Dr PS Vali, Consultant Nephrologist, Asian Institute of Nephrology & Urology, Hyderabad.

23rd June 2022 – Guest Lecture

Hyderabad Nephrology Forum is conducting an offline meeting on 23rd June 2022 at Marigold Hotel, Begumpet at 7 pm. The program schedule is as follows:

- » Lecture on **"Financial Management for Nephrologist"** by Prof Dr Narendra Dedhia, Ex Professor & Head, Dept of Nephrology, Sir JJ Groups of Hospital & Grant Medical College, Mumbai.
- » **"A Short but extremely exhilarating Journey"** - Dr Urmila Anandh, HOD & Senior Consultant Nephrologist, Yashoda Hospital, Secunderabad, Hyderabad



How to join the Twitter Chat

Hyderabad Nephrology Forum's Twitter based Academic Discussion

1

LOGIN

- At the scheduled time of the Twitter Chat, login to Twitter account. It would be more convenient to login from a Browser .

2

SEARCH

- Search #HNFTE in the twitter search window and follow the tweets which are tagged with the hashtag #HNFTE
- Dont forget to refresh the search window often to follow the real time addition of the chats
- The more times you refresh the search window, the morer the display of the recent most tweets

3

INTRODUCE

- Introduce your self and contribute to the discussion by tweeting your replys ot view points
- You can comment, reply, retweet or simply like to make the ball rolling

4

ALWAYS USE THE HASHTAG #HNFTE

- What ever you tweet while adding to the discussion, type the hashtag #HNFTE
- Adding the hashtag is#HNFTE is very vital for your tweets to appear in the discussion board



#HNFTE



What's New in Nephrology

Predictive model for acute kidney injury following cardiac surgery

In a study published in JAMA in March 2022, a model has been proposed to predict the development of acute kidney injury (AKI) following cardiac surgery. The derivation model used basic metabolic panel laboratory values from over 58,000 adult patients who underwent cardiac surgery. The model had excellent predictive discrimination for moderate to severe AKI within 72 hours after surgery (area under the curve [AUC] 0.876) and similarly performed well in the validation cohort (AUC 0.860). Further data are needed to determine whether such a model improves clinical outcomes before it can be routinely used in the clinical setting.

Demirjian S, Bashour CA, Shaw A, et al. Predictive Accuracy of a Perioperative Laboratory Test-Based Prediction Model for Moderate to Severe Acute Kidney Injury After Cardiac Surgery. JAMA. 2022 Mar 8;327(10):956-964.

Fluid resuscitation with saline or buffered crystalloid in adults

The choice between normal saline (NS) and a buffered salt solution (BSS) for initial fluid resuscitation in adults is debated. Recent large trials have failed to show superiority of one over the other. In a new meta-analysis of six randomized trials with low risk of bias in nearly 35,000 adults requiring fluid resuscitation, BSS led to small and statistically nonsignificant reductions in both 90-day mortality (risk ratio [RR] 0.96, 95% CI 0.91-1.01) and acute kidney injury (RR 0.96, 95% CI 0.89-1.02) compared with NS. Several large trials such as SPLIT, SALT-ED, SMART, BaSICS, and the latest PLUS trial were included. Many of the trials had limitations including poor recruitment, low volumes of administered fluid, and unavailable data. In addition,

the two types of fluids have differing advantages and disadvantages depending on blood chemistries and volume status.

Hammond DA, Lam SW, Rech MA, et al. Balanced Crystalloids Versus Saline in Critically Ill Adults: A Systematic Review and Meta-analysis. Ann Pharmacother. 2020 Jan;54(1):5-13.

Finerenone in patients with type 2 diabetes and diabetic kidney disease - FIGARO-DKD study

Patients with type 2 diabetes and diabetic kidney disease (DKD) should generally be treated with an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) plus a sodium-glucose cotransporter 2 (SGLT2) inhibitor. Finerenone, a nonsteroidal selective mineralocorticoid receptor antagonist (MRA), was shown to slow the progression of kidney function loss in a large trial of patients with type 2 diabetes and severe DKD. In a recent similar trial published in NEJM tested the effects of this drug in over 7000 patients with less severe DKD, finerenone, compared with placebo, reduced the risk of heart failure hospitalization and nonsignificantly lowered the rate of kidney failure and all-cause mortality; the benefit from finerenone was similar in those treated and not treated with an SGLT2 inhibitor. As a result of these two trials, some experts add finerenone, where available, to SGLT2 therapy provided the patient has a normal serum potassium while taking an ACE inhibitor or ARB.

Pitt B, Filippatos G, Agarwal R, et al; FIGARO-DKD Investigators. Cardiovascular Events with Finerenone in Kidney Disease and Type 2 Diabetes. N Engl J Med. 2021 Dec 9;385(24):2252-2263.

Effect of regular acetaminophen use on blood pressure - PATH-BP study

Nonsteroidal anti-inflammatory drugs have well-established effects on blood pressure; however, there are fewer data about the effects of acetaminophen. In a crossover trial of approximately 100 patients with treated hypertension, regular acetaminophen (at maximum dose, 1 g four times daily) given for two weeks increased both systolic and diastolic blood pressure as compared with placebo (by 5/2 mmHg). These results suggest that acetaminophen may have adverse effects on blood pressure in patients with hypertension.

MacIntyre IM, Turtle EJ, Farrah TE, et al; PATH-BP (Paracetamol in Hypertension–Blood Pressure) Investigators*. Regular Acetaminophen Use and Blood Pressure in People With Hypertension: The PATH-BP Trial. *Circulation*. 2022 Feb 8;145(6):416-423.

Chlorthalidone in advanced chronic kidney disease: the CLICK trial

It is a commonly held belief that thiazide diuretics are not effective in patients with advanced chronic kidney disease (CKD). In a randomized trial from NEJM involving 160 patients with advanced CKD (estimated GFR 15 to 29 mL/min/1.73 m²) and uncontrolled hypertension despite antihypertensive therapy, chlorthalidone substantially reduced 24-hour ambulatory blood pressure (by 10.5/3.9 mmHg) compared with placebo. Hypokalemia, hyponatremia, and dizziness were more common with chlorthalidone. These data indicate that thiazide diuretics can be effective in controlling blood pressure among patients with advanced CKD. Nonetheless, long held dogma, that thiazides are largely ineffective in treatment of HTN in advanced CKD is challenged by this study. CLICK trial is a welcome and long due addition to the limited evidence base to guide antihypertensive therapy in this population.

Agarwal R, Sinha AD, Cramer AE, et al. Chlorthalidone for Hypertension in Advanced Chronic Kidney Disease. *N Engl J Med*. 2021 Dec 30;385(27):2507-2519.

Daprodustat for anemia treatment in nondialysis chronic kidney disease - ASCEND-ND Study

Hypoxia-inducible factor prolyl hydroxylase inhibitors (HIF PHIs) are a novel class of oral erythropoiesis-stimulating agents (ESAs) that are being evaluated for treatment of anemia in patients with chronic kidney disease (CKD). In a recent trial published in NEJM, involving nearly 4000 patients with nondialysis CKD and anemia that compared the safety and efficacy of the HIF PHI daprodustat with darbepoetin, hemoglobin concentrations increased more with daprodustat at approximately two years. However, major cardiovascular events (a composite of death, nonfatal stroke, and nonfatal myocardial infarction) were also more frequent with daprodustat, a difference that was statistically significant during the active treatment period but not by the end of post-treatment follow-up. Although these data indicate that anemia can be effectively treated with daprodustat, they raise some safety concerns about this drug.

Singh AK, Carroll K, McMurray JJV, et al; ASCEND-ND Study Group. Daprodustat for the Treatment of Anemia in Patients Not Undergoing Dialysis. *N Engl J Med*. 2021 Dec 16;385(25):2313-2324.

Daprodustat for anemia in patients on dialysis - ASCEND-D Study

In a trial that compared the efficacy and safety of the HIF PHI daprodustat and an injectable ESA (epoetin or darbepoetin) in over 2900 patients on dialysis, the mean change in hemoglobin concentration was 0.28 g/dL with daprodustat and 0.10 g/dL with ESA therapy over a median of 2.5 years. Rates of major adverse cardiovascular events were similar between the treatment groups, as were rates of other adverse events. While these data suggest that daprodustat can effectively treat anemia in patients on dialysis, this drug is not yet approved for use outside of Japan.

Singh AK, Carroll K, Perkovic V, et al; ASCEND-D Study Group. Daprodustat for the Treatment of Anemia in Patients Undergoing Dialysis. *N Engl J Med*. 2021 Dec 16;385(25):2325-2335.

Patency of early cannulation grafts versus standard arteriovenous grafts

Early cannulation arteriovenous (AV) grafts reduce the time to first cannulation, which is important to reduce use of hemodialysis catheters and associated complications. Comparison of early cannulation grafts with standard grafts has only been evaluated in observational studies. Now, a recent trial published in March 2022 that randomly assigned nearly 500 patients to standard or early cannulation AV grafts reported similar patency rates at 6 and 12 months without significant differences in complication rates. For patients in whom an AV graft is the best hemodialysis access and the need for chronic hemodialysis is imminent, these results support the use of an early cannulation AV grafts.

Tawfik AM, Zidan MH, Salem A, et al. A randomized controlled study of early versus standard cannulation of arteriovenous grafts in hemodialysis patients. *JVasc Surg.* 2022 Mar;75(3):1047-1053.

Donor-derived cell-free DNA (dd-cfDNA) after kidney transplant – ADMIRAL study

The use of routine monitoring of donor-derived cell-free DNA (dd-cfDNA) after kidney transplant may allow clinicians to identify subclinical allograft injury and intervene prior to development of clinically evident graft injury. In a recent study from KI published in April 2022, authors evaluated data from 1092 kidney transplant recipients monitored for dd-cfDNA over a three-year period and was analyzed to assess the association of dd-cfDNA with histologic evidence of allograft rejection. Elevation of dd-cfDNA (0.5% or more) was significantly correlated with clinical and subclinical allograft rejection. dd-cfDNA values of 0.5% or more were associated with a nearly three-fold increase in risk development of de novo donor-specific antibodies (hazard ratio 2.71) and were determined to be elevated a median of 91 days (interquartile range of 30-125 days) ahead of donor specific antibody identification. Persistently elevated dd-cfDNA (more than one result above the 0.5% threshold) predicted over a 25%

decline in the estimated glomerular filtration rate over three years (hazard ratio 1.97). Therefore, routine monitoring of dd-cfDNA allowed early identification of clinically important graft injury. Biomarker monitoring complemented histology and traditional laboratory surveillance strategies as a prognostic marker and risk-stratification tool post-transplant. Thus, persistently low dd-cfDNA levels may accurately identify allograft quiescence or absence of injury, paving the way for personalization of immunosuppression trials.

Bu L, Gupta G, Pai A, et al. Clinical outcomes from the Assessing Donor-derived cell-free DNA Monitoring Insights of kidney Allografts with Longitudinal surveillance (ADMIRAL) study. *Kidney Int.* 2022 Apr;101(4):793-803.

Mode of delivery and pregnancy outcomes in kidney transplant recipients

Most pregnant kidney transplant recipients will undergo a cesarean delivery, but there is no clear evidence to support its routine use. In a registry study of over 1400 female kidney transplant recipients with live births, approximately two-thirds underwent a trial of labor (most with a vaginal delivery) and one-third had a scheduled cesarean birth. Compared with scheduled cesarean birth, a trial of labor was not associated with an increase in severe maternal morbidity and was associated with lower odds of neonatal morbidity. Among kidney transplant recipients, vaginal birth is the preferred mode of delivery, and cesarean birth should be reserved for patients with obstetric indications only.

Yin O, Kallapur A, Coscia L, et al. Mode of Obstetric Delivery in Kidney and Liver Transplant Recipients and Associated Maternal, Neonatal, and Graft Morbidity During 5 Decades of Clinical Practice. *JAMA Netw Open.* 2021 Oct 1;4(10):e2127378.

FAT1-associated membranous nephropathy in hematopoietic cell transplant recipients

Membranous nephropathy (MN) is the most common form of the nephrotic syndrome in hematopoietic cell transplant (HCT) recipients. A latest study published

in JASN in May 2022 has found that between 83 and 100% of patients with HCT-associated MN have antibodies directed against a novel glomerular target antigen, protocadherin FAT1 (FAT1). Although additional studies are needed to determine the cause of the alloimmune response to FAT1 in HCT recipients, these findings suggest that FAT1-associated MN may be a unique subset of MN in these patients.

Sethi S, Madden B, Casal Moura M, et al. Hematopoietic Stem Cell Transplant-Membranous Nephropathy Is Associated with Protocadherin FAT1. *J Am Soc Nephrol.* 2022 May;33(5):1033-1044.

Macrophage infiltration and response to immunosuppression in IgA nephropathy

In patients with IgA nephropathy (IgAN), immunosuppressive therapy is generally reserved for those who are at high risk for disease progression; however, tools to identify which patients are likely to benefit from treatment are lacking. In a recent study published in JASN involving over 600 Chinese patients with IgAN at high risk for disease progression who received immunosuppressive therapy for a median of 18 months, higher levels of macrophage infiltration within glomeruli on kidney biopsy were associated with a markedly increased probability of response to immunosuppression when compared with lower levels. Combining the intensity of macrophage infiltration with clinical and histologic data accurately predicted the response to immunosuppression. While these findings may help identify patients who will benefit from immunosuppressive therapy, additional validation in other patient populations is needed.

Xie D, Zhao H, Xu X, et al. Intensity of Macrophage Infiltration in Glomeruli Predicts Response to Immunosuppressive Therapy in Patients with IgA Nephropathy. *J Am Soc Nephrol.* 2021 Oct 20;32(12):3187-96.

Anti-nephrin antibodies in minimal change disease

Minimal change disease (MCD) is a common cause of the nephrotic syndrome in children and adults, but the

underlying pathogenesis remains unclear. In a recent study from JASN involving over 60 adults and children with biopsy-proven MCD and no known genetic basis, circulating autoantibodies targeting nephrin, an essential component of the glomerular slit diaphragm, were identified in approximately one-third of patients with active disease. Punctate immunoglobulin G (IgG) deposits colocalized with nephrin in the kidney biopsies of patients who were serologically positive for anti-nephrin antibodies, whereas no deposits were present in those who were serologically negative. These findings suggest a possible autoimmune etiology for MCD in a subset of patients.

Watts AJB, Keller KH, Lerner G, et al. Discovery of Autoantibodies Targeting Nephrin in Minimal Change Disease Supports a Novel Autoimmune Etiology. *J Am Soc Nephrol.* 2022 Jan;33(1):238-252.

Practice Changing Updates

Estimated GFR equation without inclusion of a race coefficient - 2021 CKD-EPI equation

Previously, the 2009 chronic kidney disease epidemiology (CKD-EPI) equation used to estimate glomerular filtration rate (GFR) included a term for race such that, for any given age, sex, and serum creatinine, a Black individual would have a higher estimated GFR. The American Society of Nephrology and National Kidney Foundation reevaluated the inclusion of race in estimating GFR and determined that a revised creatinine-based equation (ie, the 2021 CKD-EPI equation) that did not include race was sufficiently accurate for clinical use. Hence, currently the 2021 revised CKD-EPI equation to estimate GFR is the standard of care. The equation applies to people with stable kidney function. A race-free approach for estimation of GFR that uses the new eGFR equation (2021 CKD-EPI eGFR equation) is now available online at

https://www.kidney.org/professionals/kdoqi/gfr_calculator

The NKF-ASN Task Force also recommended increased use of cystatin C combined with serum creatinine, as a confirmatory assessment of GFR or kidney function.

Delgado C, Baweja M, Crews DC, Eneanya ND, Gadegbeku CA, Inker LA, Mendu ML, Miller WG, Moxey-Mims MM, Roberts GV, St Peter WL, Warfield C, Powe NR. A Unifying Approach for GFR Estimation: Recommendations of the NKF-ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Disease. *Am J Kidney Dis.* 2022 Feb;79(2):268-288.e1.

Lower threshold to treat chronic hypertension in pregnancy - CHAP trial

Traditionally, only severe chronic hypertension (blood pressure [BP] $\geq 160/110$ mmHg) has been treated in pregnancy because of fetal safety concerns and lack of evidence of maternal benefit. In the Chronic Hypertension and Pregnancy (CHAP) trial published

in NEJM in April 2022, over 2400 pregnant people with nonsevere chronic hypertension ($\geq 140/90$ mmHg) were randomly assigned to active treatment (initiating/continuing antihypertensive treatment to keep BP $< 140/90$ mmHg) or usual care (antihypertensive treatment only for BP $\geq 160/105$ mmHg). Active treatment resulted in an 18% relative reduction in a composite adverse pregnancy outcome, including preeclampsia with severe features (23.3 vs 29.1%) and medically indicated preterm birth < 35 weeks (12.2 vs 16.7%), with no adverse fetal effects. Based on this trial, now it is recommended to start antihypertensive treatment for pregnant patients with chronic hypertension to keep BP $< 140/90$ mmHg.

Tita AT, Szychowski JM, Boggess K, et al; Chronic Hypertension and Pregnancy (CHAP) Trial Consortium. Treatment for Mild Chronic Hypertension during Pregnancy. *N Engl J Med.* 2022 Apr 2.

PLEX for ANCA vasculitis

A recent systematic review and meta-analysis evaluated the effects of plasma exchange (PLEX) in patients with ANCA-associated vasculitis. Nine trials including 1060 participants met eligibility criteria. It concluded that for the treatment of AAV, PLEX has no important effect on mortality, reduced the 12 month risk of ESKD, but increased the risk of serious infections. The limitations of evidence include there is a relative sparsity of events, and treatment effect estimates are therefore imprecise. Subgroup effects at the participant level could not be evaluated. The results of this review are largely driven by MEPEX and PEXIVAS trials. Believers of PLEX point to limitations of the PEXIVAS trial: lesser severity of azotemia in its participants, the lack of data on histological severity, and possible benefit in patients with alveolar hemorrhage.

Walsh M, Collister D, Zeng L, et al; Plasma exchange and glucocorticoid dosing for patients with ANCA-associated vasculitis BMJ Rapid Recommendations Group. The effects of plasma exchange in patients with ANCA-associated vasculitis: an updated systematic review and meta-analysis. *BMJ.* 2022 Feb 25;376:e064604.

Resident's Desk - Must-read Articles

Diuretics

Novak JE, Ellison DH. Diuretics in States of Volume Overload: Core Curriculum 2022. Am J Kidney Dis. 2022 Feb 18;S0272-6386(21)01019-2.

Diabetes mellitus in patients with CKD

Hahr AJ, Molitch ME. Management of Diabetes Mellitus in Patients With CKD: Core Curriculum 2022. Am J Kidney Dis. 2022 May;79(5):728-736.

Immune-mediated kidney diseases

Kant S, Kronbichler A, Sharma P, Geetha D. Advances in Understanding of Pathogenesis and Treatment of Immune-Mediated Kidney Disease: A Review. Am J Kidney Dis. 2022 Apr;79(4):582-600.

IgA Nephropathy

Patrapornpisut P, Avila-Casado C, Reich HN. IgA Nephropathy: Core Curriculum 2021. Am J Kidney Dis. 2021 Sep;78(3):429-441.

Membranous Nephropathy

Alsharhan L, Beck LH Jr. Membranous Nephropathy: Core Curriculum 2021. Am J Kidney Dis. 2021 Mar;77(3):440-453.

Management of lupus nephritis

Mejia-Vilet JM, Malvar A, Arazi A, Rovin BH. The lupus nephritis management renaissance. Kidney Int. 2022 Feb;101(2):242-255.

Conservative management of CKD

Chen TK, Sperati CJ, Thavarajah S, Grams ME. Reducing Kidney Function Decline in Patients With CKD: Core Curriculum 2021. Am J Kidney Dis. 2021 Jun;77(6):969-983.

Uremic encephalopathy

Rosner MH, Husain-Syed F, Reis T, Ronco C, Vanholder R. Uremic encephalopathy. Kidney Int. 2022 Feb;101(2):227-241.

Osteoporosis in CKD

Ginsberg C, Ix JH. Diagnosis and Management of Osteoporosis in Advanced Kidney Disease: A Review. Am J Kidney Dis. 2022 Mar;79(3):427-436.



Achievements

Dr KS Nayak, Chief Nephrologist at Virinchi Hospital, is selected for 'Guru Dronacharya' award by AVATAR board for the year 2022

Dr Manisha Sahay, Editor-in-Chief for IJOT, is selected as deputy chair, International society of Nephrology, CME committee; MRCP PACES examiner; and TTS education committee member.

Dr Swarnalata Guditi is selected as chair, SARB, ISN.

Dr Manisha Sahay and **Dr Swarnalata Guditi** are selected for TTS championship award.

Dr Manjusha is selected as member, SoMe team, ISN.

Dr Vali, **Dr Srikanth** and **Dr Priya John** are selected for NSMC Internship award

Dr Praveen Kumar Etta, senior consultant nephrologist from Virinchi Hospital got selected as Editorial Fellow of Indian Journal of Transplantation.

Dr Praveen Kumar Etta is going to present three posters and one oral paper at the International Society for Peritoneal Dialysis Congress, to be held from 11th to 14th August 2022, at Suntec Singapore Convention and Exhibition Centre, Singapore.

ISNSCCON 2022 - 1st Prize for best Scientific paper was awarded to Osmania Final Year Resident Dr Medi Naveen Kumar, and 2nd Prize to Osmania Final Year Resident Dr Fayaz Wani.

Dr George Mathew Kunthara from Osmania got the Gold Medal in Nephrology for the year 2021.

Dr Medi Naveen Kumar from Osmania received the prestigious Tanker investigator award.

Dr Chandini Kotha, Osmania Resident got first runnerup at the National level Torrent Young Scholar Award for the year 2022.

Dr Mukesh, NIMS Resident got second runnerup at the National level Torrent Young Scholar Award for the year 2022.



ESKD from South Asia and South-East Asia

There is paucity of data on the epidemiology of end-stage kidney disease (ESKD) from South Asia and South-East Asia. The countries in the region were classified into Group 1 (High and higher-middle-income) and Group 2 (lower and lower-middle-income). The average incidence of ESKD was estimated at 226.7 per million population (pmp), (Group 1 vs. Group 2, 305.8 vs. 167.8 pmp) and average prevalence at 940.8 pmp (Group 1 vs. Group 2, 1306 vs. 321 pmp). Group 1 countries had a higher incidence and prevalence of ESKD. Diabetes, hypertension and chronic glomerulonephritis were most common causes. The mean age in Group 2 was lower by a decade (Group 1 vs. Group 2-59.45 vs 47.7 years).

Sahay M, Jasuja S, Tang SCW, et al. Aetiology, practice patterns and burden of end-stage kidney disease in South Asia and South-East Asia: A questionnaire-based survey. *Nephrology (Carlton)*. 2021 Feb;26(2):142-152.

Indian Chronic Kidney Disease (ICKD) study

Chronic kidney disease (CKD) is an important cause of morbidity and mortality worldwide. There is a lack of information on epidemiology and progression of CKD in low-middle income countries. The Indian Chronic Kidney Disease (ICKD) study aimed to identify factors that associate with CKD progression, and development of kidney failure and cardiovascular disease (CVD) in Indian patients with CKD. About 87% were hypertensive, 37% had diabetes, 22% had CVD, 6.7% had past history of acute kidney injury and 23% reported prior use of alternative drugs. Diabetic kidney disease, chronic interstitial nephritis (CIN) and CKD-cause unknown (CKDu) were the leading causes. Rural participants had more occupational exposure and tobacco use but lower educational status and income. CIN and unknown categories were leading causes in rural participants.

Kumar V, Yadav AK, Sethi J, Ghosh A, Sahay M, et al. The Indian Chronic Kidney Disease (ICKD) study:

baseline characteristics. *Clin Kidney J*. 2021 Aug 13;15(1):60-69.

Posttransplant renal allograft dysfunction

In a retrospective study from Osmania General Hospital, authors have evaluated the graft dysfunction, causes and its impact on patient and graft survival. The most common causes for graft dysfunction on biopsy were acute rejection, acute tubular injury, and calcineurin inhibitor toxicity. About 39% of the patients had infections, predominantly bacterial and viral infections. The rejections were associated with poor patient survival. The overall patient survival after 1 year and 3 years was 88% and 84%, respectively, while the death-censored graft survival was 86% and 81%, respectively.

Kunthara MG, Sahay M, Hussain HI, et al. Posttransplant renal allograft dysfunction – A retrospective observational study. *Indian J Transplant* 2021;15:232-40

Clinicopathologic features of polyomavirus nephropathy

Polyomavirus nephropathy (PVN) is now being frequently encountered in renal transplant recipients receiving highly potent immunosuppressive drugs and has emerged as an important cause of allograft loss. In a recent study from NIMS, authors discussed the clinical and morphological features while incorporating the latest Banff 2018 classification of PVN and correlated it with graft outcomes. PVN is an important cause of renal dysfunction and premature allograft loss. Light microscopy for viral cytopathic changes aided by IHC with SV40 is essential for the diagnosis of PVN. The Banff scheme of classification is helpful in predicting the prognosis. It is important to diagnose PVN and differentiate it from rejection for appropriate management.

Veduruvada R, Madireddy N, Koyya SS, Guditi S, et al. Clinicopathologic features of polyomavirus

nephropathy: Our experience - A retrospective observational study. Indian J Transplant 2022;16:61-6.

Effect of regulatory T cells on short-term graft outcome in kidney transplant recipients

Regulatory T cells (Tregs) are important for maintaining immune homeostasis, limiting kidney transplant rejection, and promoting transplant tolerance. Tregs are characterized as CD4 + CD25+ T cells and the transcription factor Foxp3; they constitute 5–10% of all peripheral CD4+ T cells in healthy humans. The reduction in Treg cells after transplantation may be a predictive factor in graft rejection. In a study from NIMS, authors investigated the association between Tregs and short-term graft outcomes in renal transplant recipients. Within the first week after transplantation, the percentage of pre-transplant Tregs was significantly decreased compared to that in age- and sex-matched healthy controls. The percentage of Tregs was also lower in patients with advanced age, deceased donor renal transplantation, and those who received IL-2RB induction therapy. Patients who experienced graft rejection had lower Treg% compared to their pre-transplant levels. In contrast, patients with normal graft function at six months showed increased Treg%. Together, these results suggest that Treg% measurements are correlated with clinical outcomes.

Katyayani Bejugama, Gangadhar Taduri, Swarnalatha Guditi. Effect of regulatory T cells on short-term graft outcome in kidney transplant recipients, a prospective observational, single-center study. Transplant Immunology, Volume 73, 2022.

Multifaceted role of non-human leukocyte antibodies in renal transplantation

In renal transplantation (RT), human leukocyte antigens (HLA) expressed on donor cells are the principal targets of the recipient's immune system. In addition to classical HLA-antibodies, the importance of non-HLA antibodies (Abs) in RT is being increasingly recognized. The majority of non-HLA Abs are considered as autoantibodies as they are directed against cryptic autoantigens of vascular endothelium, which express following tissue (graft) injury. The

mechanisms by which these Abs are produced and induce rejection are not fully understood. A recent review article discussed the spectrum of non-HLA Abs, their putative pathogenetic mechanisms, clinical relevance, and their relationship with graft survival and rejection in RT.

Etta PK, Madhavi T, Parikh N. The Multifaceted Role of Non-human Leukocyte Antigens' Immune Response in Renal Allograft Rejection. Saudi J Kidney Dis Transpl 2021;32:622-36.

Predisposition of COVID-19 patients to secondary infections

Mucormycosis and cytomegalovirus (CMV) coinfection in a kidney transplant recipient (KTR) was first reported by Ju et al in 2001. Thereafter, similar reports were published across the world including from India. However, the combination of mucormycosis and CMV co-infection was never reported in the post- COVID-19 setting in KTRs. In a recent case report, authors have reported a case of KTR affected with COVID-19-associated rhino-orbital mucormycosis and CMV coinfection which progressed to septic shock and death of the patient.

Etta PK, Madhavi T, Avula NR. Coronavirus Disease 2019-associated mucormycosis and cytomegalovirus coinfection in a kidney transplant recipient. Saudi J Kidney Dis Transpl 2021;32:1501-4.

The role of ischemia-reperfusion injury in graft rejection

Ischemia-reperfusion injury (IRI), especially associated with deceased-donor transplantation, can lead to acute cortical necrosis (ACN), which is usually associated with irreversible graft injury and graft loss. IRI can also trigger alloimmune injury, precipitating rejection. ACN can be a manifestation of severe rejection, including antibody-mediated rejection. In a recent case report, authors have shown that severe IRI precipitated both ACN and ABMR.

Etta PK. Delayed graft function complicated by anuria in a kidney transplant patient. Kidney360 2022;3:788-9.





Tribute to Former Professor Dr Rajmallaiah

Dr. Rajmallaiah was born on 6th December 1938. He was an alumnus of Osmania Medical College, Osmania University. After his graduation, he completed post-graduation in General Medicine from Osmania Medical College. He worked as an Assistant Professor thereafter and received a WHO fellowship in the United Kingdom to acquire further knowledge. After his return, he was posted in Nephrology as an Assistant Professor and he acquired professional knowledge in the field of nephrology having dedicated himself to the subject. He worked under Professor A Gopalkishen.

The first kidney transplant in the government setup took place on 16th May 1982. He was part of the transplant team. I had the privilege of working alongside him for a long time and after his retirement from government service, on 31st December 1996, I took over from him as the Professor and HOD of Nephrology at Gandhi Hospital.

He was a founder member of the Hyderabad Nephrology Forum and attended all the meetings regularly. We used to have guest speakers from abroad as well as from various parts of India. His devotion to the subject of Nephrology was complete and he showed keen interest in the activities and developments in Nephrology. In the initial days when Nephrology was in the budding stages in the state and even hemodialysis and peritoneal dialysis were scarce, he can be considered to have laid the groundwork for the future nephrologists.

Last 10 years of his life, he suffered from cord compression and renal problems and was almost bedridden for a long time. I used to visit him regularly. In the last stage he was against aggressive treatment for his disease. He breathed his last on 14th February 2022.

He was a nice person with good interpersonal relationships and kindhearted nature. He leaves behind his wife, two children and grandchildren. Nephrology forum sincerely appreciates his contributions.

We pray that his soul rests in peace.

Dr Pradeep Deshpande

Patient Advocacy on World Kidney Day

World Kidney Day (WKD) is a global campaign that aims to raise awareness of the importance of our kidneys to our overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide. March 10th was celebrated as WKD in 2022.

The World Kidney Day Joint Steering Committee has declared 2022 to be the year of “Kidney Health for All”. HNF has celebrated it by conducting various public awareness programs across the city of Hyderabad. Some of the program pictures are shown here.





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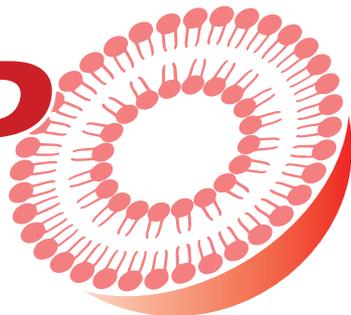


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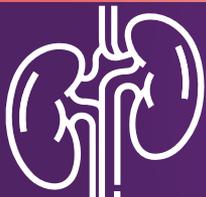


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