

MCQS (LUNG & KIDNEY AXIS) ANSWER SHEET

Q1. A 36-year-old female presents with hemoptysis and renal failure. HRCT shows diffuse alveolar hemorrhage. Serology: p-ANCA (MPO) positive, anti-GBM negative.

Which is the most likely diagnosis?

- A. Goodpasture syndrome
- B. Microscopic polyangiitis**
- C. Granulomatosis with polyangiitis
- D. Eosinophilic granulomatosis with polyangiitis

Answer: B.

Q2. A patient with suspected pulmonary–renal involvement undergoes HRCT chest, which reveals a crazy paving pattern.

What is the key interpretation?

- A. Pulmonary alveolar proteinosis
- B. Diffuse alveolar hemorrhage**
- C. Interstitial lung disease
- D. ARDS

Answer: B.

Q3. Which condition most commonly presents with lung involvement preceding renal disease?

- A. Anti-GBM disease
- B. Microscopic polyangiitis
- C. Granulomatosis with polyangiitis**
- D. Lupus nephritis

Answer: C.

Q 4: A critically ill patient with hemoptysis and AKI is unstable for biopsy. Which is the most rapid and decisive test to guide immediate therapy?

- A. Renal biopsy
- B. Lung biopsy
- C. Urine microscopy
- D. Serology**

Answer: D

Q5 : What is the primary mechanism of lung injury in uremia-related pulmonary edema?

- A. Immune complex deposition
- B. Increased capillary permeability + fluid overload**
- C. Direct toxin-mediated alveolar necrosis
- D. Granuloma formation

Answer: B.

Q 6: A patient with eosinophilia, sinusitis, and new onset hematuria presents with pulmonary infiltrates. Which diagnosis fits best?

- A. Microscopic polyangiitis
- B. Anti-GBM disease
- C. Eosinophilic granulomatosis with polyangiitis (EGPA)**
- D. IgA nephropathy

Answer: C.