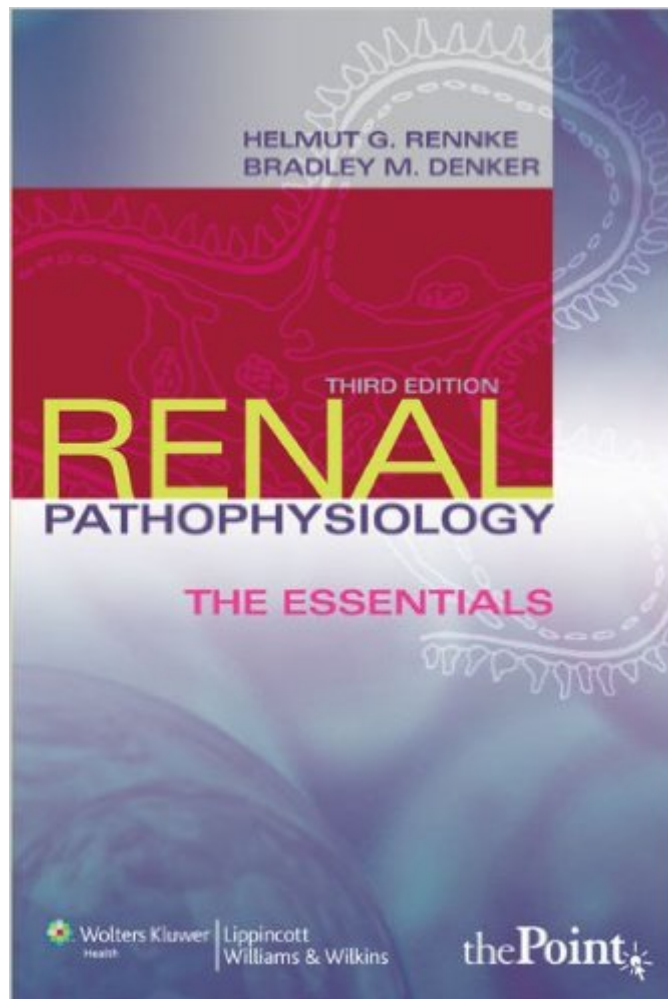


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# Renal Pathophysiology: The Essentials (Renal Pathophysiology: The Essentials)



## Synopsis

This text offers medical students a case-based approach to learning mechanisms of renal disease. Each chapter covers a disease and begins with a patient case, followed by discussion of the pathophysiology of the disease. Issues of differential diagnosis and therapy are linked to pathophysiologic mechanisms. Short questions interspersed in the text require students to apply their knowledge, and detailed answers to the questions are given. This edition includes a full-color insert and an appendix of normal lab values.

## Book Information

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Average Customer Review: 4.3 out of 5 starsÂ Â See all reviewsÂ (10 customer reviews)

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Sciences > Medicine > Basic Sciences > Pathophysiology

## Customer Reviews

I'm a little surprised at the rave reviews and I wonder if they were written before the book was read in detail--to be clear, I thought this book was excellent as I was first reading it, as well. I thought Lily's Pathophysiology of Heart Disease was excellent, and I thought this book would be similar in that it would provide detailed explanations with clues about mechanisms. Although I think this book attempts to explain mechanisms, at least for someone with a cursory knowledge of renal pathophysiology, I found them confusing and inconsistent with what I've read elsewhere. For example, one of the other reviewers states that this book attempts to differentiate the clinical manifestations of nephrotic versus nephritic syndrome on the basis of sub-epithelial versus sub-endothelial deposits. The authors claim that one of the reasons why diseases that cause sub-epithelial deposits manifest as nephrotic syndrome is because circulating inflammatory cells are

not able to access the sub-epithelial space and thus there is no inflammation. Similarly, the book posits that diseases with sub-endothelial deposits tend to manifest as nephritic, because the circulating inflammatory cells are able to access the deposited antigen/antibody/complement. But this does not really explain why post-streptococcal glomerulonephritis, which is classified in First Aid, Robbins, and Goljan as primarily nephritic, has sub-epithelial deposits (in which case, according to this theory, you would expect a primarily nephrotic presentation). In addition, it does not explain why membranoproliferative glomerulonephritis, which has sub-endothelial deposits, tends to present as a nephrotic syndrome.

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