

**JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)  
PUDUCHERRY- 605 006**

(An Institution of National Importance under the Ministry of Health and Family Welfare, Government of India)



**TELEMEDICINE SERVICES**

National Medical College Network (NMCN)  
Regional Resource Centre (RRC) JIPMER



No. JIP/TELE-CGR/VC/2020/01/18

Date: 16/01/2020

To  
**The HOD**  
Department of Pathology  
JIPMER

**Sub:** Telemedicine – Video Conferencing CGR Session between JIPMER and SGPGIMS, Lucknow on 18<sup>th</sup> January 2020 at 8:00 to 9:00 am - Reg.

This is to inform you that there will be Video Conferencing Session will be held.

**Date/Time:** 18/01/2020 (Saturday) at 8:00 to 9:00 am

**Topic:** **MONOCLONAL GAMMOPATHY-ASSOCIATED KIDNEY DISEASES: SGPGI Experience**

**Summary:** Monoclonal gammopathy (MG)-associated kidney diseases occur when B or plasma cell clones produce pathogenic monoclonal immunoglobulins or light chains that cause kidney damage. In recent years, there has been increased recognition and study of MG-associated kidney diseases that occur in the setting of small clones of plasma cells or B-cell populations and are classified as monoclonal gammopathies of renal significance (MGRS). The underlying clonal disorder may meet criteria for overt multiple myeloma or systemic lymphoma. MG-associated kidney diseases present with a variety of renal symptoms and histologic patterns of injury, including cast nephropathy, glomerular and tubular deposition diseases, amyloidosis, and proliferative glomerulonephritis. Timely recognition of MGRS by hematologists, nephrologists and pathologists is important, because monoclonal diseases are poorly responsive to conventional immunosuppression and timely clone-directed therapy improves renal outcome. MGRS diseases also show higher rates of recurrence after kidney transplantation (often >80%) than their non-monoclonal counterparts. Demonstration of monoclonal immunoglobulin and/or light chains in kidney, along with the corresponding immunoglobulin in serum or urine is key to establish the diagnosis. Renal biopsy with light microscopy (LM), immunofluorescence microscopy (IF) and electron microscopy (EM) is mandatory in suspected case of MG-associated kidney disease. Pitfalls exist at each diagnostic step, and a high degree of clinical suspicion is required to diagnose MGRS. Some examples of MG-associated kidney diseases with varied morphological presentations on kidney biopsy received in the department of pathology will be discussed.

**Between :** SGPGIMS, Lucknow – KEM, Mumbai – AIIMS, Delhi – NEIGRIHMS, Shillong – IMS, BHU, Varanasi – TMC, Trivandrum - IGMC Shimla, – JIPMER, Puducherry.

**Venue :** Telemedicine Center, Department of Plastic Surgery, 4<sup>th</sup> Floor, SSB Block, JIPMER.

**Contact :** Mr. Mohamed Ishaq (M-9751590265) / Ms. Kavitha (M-9789114987) / Mr. Ramachandran (M-9629959807)

Kindly inform Faculty and Residents to attend.

Thanking you,

Yours Sincerely,

**Prof Dr Ravi Kumar Chittoria**  
Head of IT Wing & Telemedicine

Copy to:  
The Director / MS/ Dean JIPMER, for kind information