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QUESTION 1

A 70-year-old man is admitted to the ICU after repair of an abdominal aortic aneurysm. He has a prior history of hypertension and mild congestive heart failure, which were adequately controlled with digoxin and diuretics. To facilitate perioperative management, a Swan-Ganz (multilumen pulmonary artery) catheter was inserted in the operating room. During the first few hours postoperatively, the patient is noted to have a blood pressure of 140/70 mmHg, heart rate of 110/min, flat neck veins, a pulmonary arterial wedge pressure of 9 mmHg, and poor urine output. Which of the following is the most appropriate next step in management of this patient?

A. IV furosemide

B. a bolus of IV crystalloid

C. a dopamine infusion

D. a nitroprusside infusion

E. IV digoxin administration

Correct Answer: B

In the initial postoperative period, the patient has a low pulmonary artery wedge pressure and poor urine output. Renal perfusion is compromised by hypovolemia, with subsequent inadequate preload and decreased cardiac output. The appropriate therapeutic intervention at this time is further IV fluid resuscitation. Diuretics are contraindicated in the patient with hypovolemia and are unlikely to improve urine output in the face of inadequate renal perfusion. A dopamine infusion or digoxin may improve cardiac contractility but will not result in improvement in cardiac output unless there is adequate preload. In a hypovolemic patient, nitroprusside will result in a significant drop in blood pressure. After receiving a fluid bolus, the patient develops distended neck veins and an elevated pulmonary wedge pressure, indicating biventricular dysfunction with increased left ventricular end-diastolic pressure, and increased left ventricular endsystolic volume. Cardiac output is low, and urine output has not improved. In a patient with a history of hypertension, this clinical picture is often caused by increased afterload. Afterload reduction can be obtained with a nitroprusside infusion.

QUESTION 2

During a well-child visit, the grandmother of an 18-month-old patient is concerned because the child\\'s feet turn inward. She first noticed this when her grandson began to walk. It does not seem to bother the child. On examining his gait, his knees point forward and his feet turn inward. Which of the following is the most likely cause of this condition?

A. adducted great toe

B. femoral anteversion

C. Legg-Calv?Perthes disease

D. medial tibial torsion

E. metatarsus adductus

Correct Answer: D

Adducted great toe, metatarsus adductus, medial tibial torsion, and femoral anteversion can result in intoeing. In most cases, this is a benign condition that requires only observation. In this child, because the child\\'s knees are straight, the

rotational deformity is below this joint. In metatarsus adductus, the forefoot is adducted as compared to the hindfoot. Idiopathic avascular juvenile necrosis of the femoral head, or LeggCalv?Perthes disease, most commonly is seen in 4- to 8-year-old boys. Loss of hip medial rotation is an early sign.

QUESTION 3

A34-year-old male presents to your clinic with an acute upper respiratory infection (URI). He has a nonproductive cough and no fever. This patient is immunocompetent and has no underlying heart or lung disease. Which of the following is the most appropriate treatment?

A. 7 days of a macrolide antibiotic

B. 7 days of a quinolone antibiotic

C. 5 days of a macrolide antibiotic

D. 5 days of a quinolone antibiotic

E. rest and fluids

Correct Answer: E

Antibiotics have no role in the treatment of uncomplicated nonspecific URI. In the absence of clinical evidence of bacterial infection, treatment remains entirely symptom-based with use of decongestants and nonsteroidal anti-inflammatory drugs. Other therapies directed at specific symptoms are often useful, including dextromethorphan for cough and lozenges with topical anesthetic for sore throat. Clinical trials of zinc, vitamin C, echinacea, and other alternative remedies have revealed no consistent benefit for the treatment of nonspecific

QUESTION 4

Select the ONE best lettered option that is the most likely diagnosis of vaginal bleeding in pregnancy. Each lettered option may be selected once, more than once, or not at all.

A 28-year-old pregnant woman at 32 weeks\\' gestation suddenly begins profuse, painless vaginal bleeding. Her prenatal care began at 7 weeks and had been uncomplicated. She last had sexual intercourse 7 days ago. She denies abdominal trauma. Her uterus is soft and nontender, and the fetal heart rate is 132 BPM.

A. threatened abortion

B. gestational trophoblastic disease

C. cervicitis

D. placenta previa

E. placental abruption

F. uterine rupture

G. placenta accreta

H. uterine inversion

I. uterine atony

J. vaginal laceration

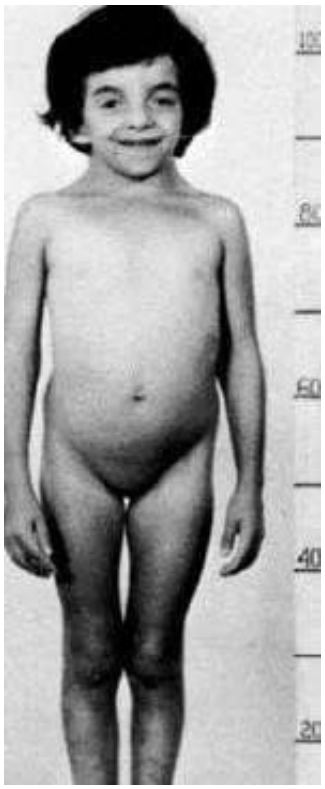
K. tubal pregnancy

Correct Answer: D

Painless vaginal bleeding in the third trimester is most often due to a placenta previa. The diagnosis is easily confirmed by abdominal ultrasound. No vaginal/cervical examination or vaginal ultrasound should be done because these may damage the placenta and cause further bleeding and fetal compromise. Delivery is by cesarean section.

QUESTION 5

An 8-year-old girl presents for a checkup. She is new to your practice. The mother states that she has always been small for her age; otherwise, she has been well. She is short and has a height age of 4 years, 4 months. You note some abnormalities in her general appearance as shown in the figure.



Which of the following is the most likely diagnosis?

A. Marfan syndrome

B. Noonan syndrome

C. trisomy 21

D. Turner syndrome

E. Williams syndrome

Correct Answer: D

Patients with Turner syndrome have a 45,X karyotype. The classic physical features are illustrated in this case. Patients have short stature, a webbed neck, ptosis, triangular faces, prominent brow, hypertelorism, low-set ears, and pectus excavatum