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QUESTION 1

While you are working in the community health center, a 40-year-old male presents to you as a referral from the dental clinic. The patient reported on the intake history form at the dental office that he had rheumatic fever at the age of 7. The dentist refused to allow him to have a dental examination and cleaning until he was cleared by a medical doctor. Other than rheumatic fever, the patient has no medical history and does not take any medications. He denies chest pain, palpitations, dyspnea, or any other symptoms. On examination, he has normal vital signs and a normal general examination. On auscultation of his heart, you hear a 2/6 systolic ejection murmur at the left upper sternal border without radiation. Review of his chart shows that he had an echocardiogram approximately 9 months ago that revealed mild mitral valve prolapse without evidence of mitral regurgitation, but otherwise normal valves and cardiac function For which of the following cardiac conditions is bacterial endocarditis prophylaxis recommended?

A. cardiac pacemaker

B. isolated secundum atrial septal defect

C. previous coronary artery bypass graft

D. bicuspid aortic valve

E. the presence of any cardiac murmur

Correct Answer: D Section: (none)

Explanation: Explanations: Bacterial endocarditis is a rare, but life-threatening, disease. It occurs primarily in persons with underlying structural heart defects who develop bacteremia with organisms that are likely to cause endocarditis. Most cases of endocarditis are not a complication of invasive medical or dental procedures. Because of the risks associated with the disease, efforts should be made to prevent bacterial endocarditis when appropriate. The American Heart Association has published updated, evidence-based recommendations on the prevention of bacterial endocarditis. These guidelines are available at the American Heart Association web site (www.americanheart.org). These guidelines outline conditions for which endocarditis prophylaxis is appropriate, procedures for which endocarditis prophylaxis is necessary, and antibiotic regimens that are recommended.

Cardiac conditions are stratified into high-risk, moderate-risk, and negligible risk. Negligible risk conditions are those in which, although endocarditis may develop, the risk is no greater than in the general population. This patient has a history of rheumatic fever, which can potentially result in high-risk valvular damage. However, his echocardiogram did not reveal any such condition. Mitral valve prolapse without a regurgitant jet (which is not a complication of rheumatic fever) is considered a negligible risk condition, so the proposed dental work can proceed without delay. Of the conditions listed in question 30, only bicuspid aortic valve would require antibiotic prophylaxis, as it is a moderate-risk congenital cardiac malformation. All of the other conditions listed are considered to be of negligible risk. Procedures which require antibiotic prophylaxis are those which produce a significant bacteremia with organisms commonly causing endocarditis. For dental procedures, those that tend to cause significant bleeding from hard or soft tissues would necessitate prophylaxis. Of the procedures listed, only dental extraction is likely to do this. During the course of other procedures, if unexpected significant bleeding occurs, antibiotics within 2 hours following the procedure would be recommended

QUESTION 2

A previously healthy 34-year-old man, a lifelong nonsmoker, sought medical care at an Urgent Care Center for an upper respiratory infection. A chest x-ray was obtained, which revealed a peripherally located right lower lobe lung nodule. A follow-up CT of the chest showed the 1.8 cm nodule with multiple nonspecific calcifications, and no associated hilar or

mediastinal adenopathy.

What is the most appropriate next step?

A. Refer the patient to a thoracic surgeon to evaluate for wedge resection for suspected malignancy.

B. Repeat the CT chest in 3 months to assess for stability of the nodule.

C. Refer the patient for a percutaneous needle biopsy of the lesion to rule out malignancy.

D. Refer the patient to a pulmonologist to evaluate for possible bronchoscopy with transbronchial biopsy.

E. Treat with empiric antibiotics for possible pneumonia and repeat the chest x-ray in6 weeks to see if the nodular opacity has resolved.

Correct Answer: B Section: (none)

Explanation:

This patient has a solitary pulmonary nodule. Overall, 35% of these lesions are malignant, usually primary lung cancers. In patients under 35 years of age without a smoking history, 2 cm in diameter are considered suboptimally debulked and do no better than patients who have no surgical debulking procedure performed. Optimal surgical cytoreduction, on the other hand, is defined as no residual deposit of disease remaining greater than 1 cm in maximal dimension. The smaller the residual disease remaining (no deposit >.5 cm, no deposit >.25 cm, and so on), the longer the overall survival of the patient, with those left with no visible remaining disease having the longest overall survival of all as a rule. Given the immense amount of retrospective data supporting the importance of optimal surgical debulking in the patient\\'s overall outcome and survival, all attempts must be made at the time of initial surgical cytoreduction to obtain an optimal debulking, preferably one with no visible remaining disease at completion

QUESTION 5

A54-year-old man without significant past medical history presents to his primary care physician complaining of epigastric discomfort and early satiety. He subsequently undergoes an endoscopic procedure revealing an ulcerated mucosal lesion. The biopsy of this lesion is interpreted as a well-differentiated lymphoma.

Which of the following statements regarding his treatment and prognosis is most accurate?

A. His prognosis is poorer than if he were diagnosed with a gastric adenocarcinoma.

B. This lymphoma is not associated with Helicobacter pylori infection.

C. Antibiotic therapy may induce regression of the lesion in the majority of cases.

D. Treatment will not offer curative potential, so he should be referred for hospice care.

E. Gastric resection is recommended for well-differentiated, bbut not higher grade, lymphomas.

Correct Answer: A Section: (none)

Explanation:

Although gastric lymphomas are less common than adenocarcinomas, they are much more treatable with a more favorable prognosis. Gastric lymphomas, especially well-differentiated mucosa-associated lymphoid tissue (MALT), are associated with Helicobacter pylori infection, and antibiotic therapy to eradicate H. pylori has been associated with regression of 75% of such tumors. Higher-grade gastric lymphomas may require chemotherapy with a standard regimen, such as CHOP, and consideration for surgical resection with curative intent.