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QUESTION 1

A34-year-old Black (G1) female presents to your clinic for an obstetric visit at 16 weeks estimated gestational age (EGA). She has a sure LMP and her estimated date of delivery (EDD) is in December. She is generally healthy and has not had any surgeries. She denies history of sexually transmitted diseases or abnormal pap smears. She has no significant family history. She does not smoke or use alcohol or illicit drugs. She works as an administrative assistant. Her prenatal labs are as follows: blood type O+, antibody screen negative; hepatitis B surface antigen negative; HIV antibody negative; Rubella nonimmune; rapid plasma regain (RPR) nonreactive; pap smear within normal limits; urine culture negative. Based on her laboratory results and history, you recommend that she receive which of the following injections during her pregnancy?

A. measles, mumps, and rubella (MMR) vaccine

B. influenza vaccine

C. hepatitis B vaccine series

D. RhoGAM injection

E. poliomyelitis vaccine

Correct Answer: B Section: (none)

Explanation:

Influenza vaccination is recommended to all women who will be in the second or third trimester of pregnancy during the flu season. Poliomyelitis vaccination is not recommended for women in the United States unless they have some increased risk due to travel or exposure. MMR vaccination is contraindicated in pregnancy secondary to a theoretic risk of teratogenicity from the rubella vaccine. MMR should be given to this patient postpartum. RhoGAM is recommended routinely during pregnancy in Rh negative women who are unsensitized to Rh factor. In this case the patient is Rh positive.

QUESTION 2

You have been asked to see a patient of one of your colleagues. He is a 67-year-old male with a long smoking history who has been having left foot pain at night. He tells you that dangling his feet over the bed relieves the pain. Previously, he had noted pain in his left calf with ambulation. Over the past several weeks, this pain has been worsening and the distance he could walk pain free had diminished.

After a through history and physical examination, which of the following would be your next step in diagnostic workup?

A. three-view x-rays of his left foot and ankle

B. left lower extremity arterial duplex

C. lower extremity angiogram with runoff

D. trial of pentoxifylline with 3-month follow-up

E. CT angiogram to evaluate for aortoiliac occlusive disease

Correct Answer: B Section: (none)

Explanation:

The symptoms described by the patient are classic for rest pain. Patients often experience pain at night while lying in bed, and the pain improves with dependent positioning of the affected extremity. Initial evaluation of this patient should be an arterial duplex study of the vessels of the affected leg. This noninvasive test can provide great detail on the extent of the disease and the location of hemodynamically significant obstruction. Furthermore, it will help determine if inflow obstruction is present in the aorta or iliac vessels. It is crucial in these patients to determine if the arterial obstruction involves the aortoiliac vessels or is confined to the lower extremity vasculature. After determining the location of the atherosclerotic lesion, you can proceed with a traditional angiogram, CT angiogram, or even an MRI/MRA to evaluate the vessels in order to plan your intervention. The management of peripheral arterial occlusive disease is determined in part by the severity of the symptoms. Patients with limbthreatening ischemia, indicated by rest pain, tissue necrosis, and nonhealing wounds, should be considered for revascularization. On the other hand, patients with intermittent claudication, usually described as an "ache" in the calf, should first be managed conservatively. This includes institution of lifestyle modifications such as smoking cessation, walking programs, and medical therapy with pentoxifylline or cilostazol. However, patients with severe intermittent claudication that is lifestyle limiting should be considered for surgical revascularization.

QUESTION 3

A 28-year-old woman presents to your clinic complaining of feeling "on edge." Upon further questioning, you discover that she has also noticed problems with irritability, insomnia, fatigue, and restlessness. She also has a history of worrying about things that seem to not bother those around her. She states these symptoms have been present for years but have recently become worse. When you try to gather more information, she interrupts to say that she cannot stay much longer because she is afraid that she will lose her new job as a machinist. Which of the following medications would be most appropriate in this patient?

A. diazepam

B. amitriptyline

C. doxepin

D. oxazepam

E. buspirone

Correct Answer: E Section: (none)

Explanation: This patient\\'s symptoms are consistent with an anxiety disorder. Given her occupation, an anxiolytic medication with no sedative properties would be most preferable. Buspirone is a nonsedating anxiolytic agent that is a partial agonist at 5-HT1A receptors. Unlike benzodiazepines, such as diazepam and oxazepam (Serax), it has no hypnotic, anticonvulsant, or muscle relaxant properties. Amitriptyline and doxepin have also been used to treat anxiety, especially when associated with depression; however, these drugs are also sedating.

QUESTION 4

A37-year-old White executive secretary comes to you after she found a lump in her right breast while she was

showering. She describes a lesion beneath her right nipple. You question her about her personal and family history. She began menarche at age 12, and she is still having regular menstrual periods. She has had two children; the first was born when she was 25 years old. She has no family history of breast, ovarian, or colon cancer on either her maternal or paternal side. You perform a physical examination including a careful examination of her breasts. You note that her breasts contain many small cysts bilaterally. However, you also palpate a localized, firm, nontender mass below the right areola. You also describe a peau d\\'orange appearance of the areola.

Amammogram is performed; however, the mammogram demonstrates no abnormality involving either breast. What next should be done?

A. Tell your patient to feel reassured and return if the mass enlarges.

B. Tell her to stop drinking caffeine, not to eat chocolate, and to reduce the stress in her life.

C. Return for another physical examination and mammogram in 6 months.

D. Order an ultrasound of the right breast and lymph node basin.

E. Order a CT scan of the breast, chest, and axilla.

Correct Answer: D Section: (none)

Explanation:

Any new palpable breast lesion in females (or males) of any age necessitates a mammographic evaluation and biopsy. Delay is inadvisable. Serum tumor markers, such as CA-27/29 (or even less specifically CEA), are useful to follow tumor response to therapy; however tumor markers are not reliable as diagnostic tools in breast cancer because of a relatively low sensitivity. Lobular carcinomas are frequently not visualized on mammogram, particularly standard mammograms; ultrasound however detects these tumors and should be ordered when a palpable lesion is not detected on a mammogram.

QUESTION 5

You are called to see a newborn in the nursery because the nurse is concerned that the baby may have Down syndrome.

What is the most common central nervous system (CNS) complication of Down syndrome?

A. seizures

B. hydrocephalus

C. microcalcifications

D. berry aneurysms

E. mental retardation

Correct Answer: E Section: (none)

Explanation:

The most common finding in a newborn with Down syndrome is hypotonia. Other common findings include single palmar crease, flat facial profile, macroglossia, and wide space between the first and second toes. Hypotonia in the newborn period should prompt close evaluation and follow-up. Café au lait spots are associated with neurofibromatosis. High arched palates are associated with fragile X syndrome. Ambiguous genitalia are commonly seen in CAH.

Children with Down syndrome are at an increased risk for hypothyroidism. It may be hard to detect without routine laboratory screening as they will commonly have mental retardation and developmental delay as part of their syndrome. Hypothyroidism may not be present in the immediate newborn period and requires, at a minimum, annual testing throughout the child\\'s life. The other findings listed are not specifically associated with Down syndrome. Lens dislocation is commonly found with Marfan syndrome or homocysteinuria.

Children with Down syndrome have an increased prevalence of duodenal atresia. Pyloric stenosis is uncommon to see in the newborn period. It tends to present with nonbilious vomiting usually after 24 weeks of age. Hirschsprung disease (aganglionosis coli) presents with constipation and failure to pass stool. Infants with Hirschsprung disease commonly will not pass stool in the first days of life. Biliary atresia is a progressive cause of jaundice in an infant. It is the most common cause of a cholestatic jaundice in the newborn period. Emesis is not typically associated with biliary atresia. Milk protein allergy is a common cause of bloody stools in the first few months of life, but does not have bilious emesis associated with it.