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QUESTION 1

A 4-year-old child is seen in the emergency department after having a seizure at home. This is the first time that this has happened. The mother says that the child was sitting on the couch watching television when she suddenly became limp, started drooling, and having generalized tonic-clonic movements of her arms and legs. The mother relates that the child felt like she was "burning up" and that the tonic-clonic activity stopped after a few minutes. The mother says that the child is otherwise healthy, does not take any medicines, and has never been hospitalized. The child\\'s immunizations are up-todate, and she has no known drug allergies. On examination, the vital signs are temperature of 104°F, BP 97/49, HR 112, and RR

26. The child is sitting on the examination table playing with stickers and drawing. She has a mild amount of clear nasal congestion but her examination is otherwise normal. When asked, the child replies that she feels fine.

Which of the following medications would be most appropriate to be given to the child while in the emergency department?

A. acetaminophen (Tylenol) for fever as needed

B. phenytoin (Dilantin)

C. phenobarbital

D. diazepam (Valium)

E. ceftriaxone (Rocephin)

Correct Answer: A Section: (none)

Explanation:

Febrile seizures are the most common cause of seizures in childhood. These are classically seen early in an illness and when there is a rapid rise in the child\\'s temperature. These seizures usually last less than 23 minutes (typical febrile seizures last no longer than 15 minutes) and have a very mild, short, postictal phase. Children who have seizures that are the result of bacterial meningitis will not subsequently be normal. For typical febrile seizures, in an otherwise healthy and well-appearing child, no evaluation (outside of treating any underlying cause of the fever) is warranted. Blood and urine cultures would not be necessary in evaluation of the seizures, but they may be warranted in evaluation of the fever. An EEG and head CT will nearly universally be normal and are unwarranted. A single typical febrile seizure routinely does not require any anticonvulsant therapy. If the child has had multiple febrile seizures, or the seizures are not typical, anticonvulsant therapy may be entertained. Prophylactic anticonvulsant therapy is usually initiated after the third febrile seizure. Occasionally, children may have convulsions associated with fevers which do not fall into the typical features. Some criteria which would make a febrile seizure atypical would be prolonged duration (greater than 15 minutes) and a prolonged postictal state

QUESTION 2

A 60-year-old male with a history of chronic schizophrenia and multiple hospitalizations checks into the emergency room with complaints of "funny movements." He has been compliant with risperidone (Risperdal) 3 mg bid, and he has been taking that dose for the last 6 years while living at a group home. He appears overweight but with adequate hygiene. His thoughts are somewhat tangential but not grossly disorganized. He denies any paranoia, ideas of reference, or delusions. He denies perceptual disturbances or suicidal/homicidal ideation. His physical examination is unremarkable except for occasional involuntary blinking and grimacing, as well as rotation of his left ankle. He is greatly distressed

about these "habits" and wishes something to be done about them.

Which of the following would be the most appropriate management for this patient?

A. add benztropine to the risperidone

B. continue the current dose of risperidone

C. decrease the dose of risperidone

D. discontinue the risperidone

E. increase the dose of risperidone

Correct Answer: C Section: (none)

Explanation: The patient has likely developed tardive dyskinesia (TD), a late-occurring movement disorder associated with chronic antipsychotic use. Adding an anticholinergic agent like benztropine would be indicated for treating an acute dystonia but is not effective for TD. Continuing the current dose of his antipsychotic will not lessen his movements, and increasing it will more than likely worsen them over time. Discontinuing his psychotropic will not reduce his dyskinesia, and it will provide a high risk for relapse of his psychosis. Once an individual has TD, reducing the dose (if clinically indicated) may minimize the progression or even improve the abnormal movements. The patient displays features consistent with neuroleptic malignant syndrome (NMS), a life-threatening condition associated with antipsychotic therapy. Adding benztropine will not treat NMS. Immediate discontinuation of the antipsychotic is recommended. Initiation of dantrolene, a muscle relaxant, as well as bromocriptine, a dopamine receptor agonist, may also be used to manage the patient.

QUESTION 3

A61-year-old man comes to your office for a checkup. He currently feels well and has no focal complaints. He has a past medical history significant for wellcontrolled hypertension, and his gallbladder was removed 3 years ago in the setting of acute cholecystitis. He does not smoke and drinks one to two alcoholic beverages per day. Family history is remarkable for colon cancer in his mother at age 45 and a brother at age 49. He has a sister who developed endometrial cancer at age 53. He has never undergone colon cancer screening and is interested in pursuing this. The patient\\'s family history is strongly suggestive of which of the following?

A. familial adenomatous polyposis (FAP) syndrome

B. hereditary nonpolyposis colorectal cancer (HNPCC) syndrome

C. Peutz-Jeghers syndrome

D. Cronkhite-Canada syndrome

E. Turcot syndrome

Correct Answer: B Section: (none)

Explanation:

The patient should undergo screening colonoscopy, especially with his strongly positive family history of first-degree

relatives developing colon cancer before age 50. Colonoscopy is the only test that can directly evaluate the entire colon and rectum. Most polyps can be removed completely at colonoscopy, and large lesions or masses can be directly biopsied. Virtual colonoscopy and barium enema combined with flexible sigmoidoscopy are good tests, but any positive findings on either of these tests would warrant further examination with colonoscopy. Barium enema alone is insufficient for screening. Fecal occult blood testing is helpful as a screening tool, but would be inadequate alone in this patient given his family history. The patient satisfies criteria for HNPCC, a syndrome seen in patients with germline mutations in DNA mismatch repair (MMR) genes. He has three first-degree relatives with cancer of the colorectum, endometrium, small bowel, ureter, or renal pelvis (all of whom are first-degree relatives of each other). The colorectal cancers involve at least two generations and at least one case was diagnosed before age

50. FAP involves a mutation of the APC gene and results in dense colonic polyposis, mandibular osteomas, and universal colon cancer at a young age unless colectomy is performed. Peutz Jeghers syndrome results in hamartomatous polyps of the gut as well as mucocutaneous pigmentation changes. Cronkhite-Canada syndrome manifests as GI polyposis, alopecia, cutaneous hyperpigmentation, malnutrition, and dystrophic fingernails. Turcot syndrome is a variant of FAP in which patients can also develop medulloblastoma, glioblastoma multiforme, and hypertrophy of retinal pigmented epithelium.

QUESTION 4

A 5-year-old male is admitted to the hospital following a 3-week history of spiking fevers and fatigue. Your examination reveals pale mucous membranes and skin. You also find splenomegaly.

This child has an extensive evaluation by the Hematology-Oncology consultants. Their evaluation excludes the presence of a malignancy. The extensive evaluation did reveal that the child has a WBC count of 22,000 with 41% monocytes and 12% "atypical" lymphocytes. His hematocrit is 28% and erythrocyte sedimentation rate (ESR) is 5.

This child likely has which of the following diseases?

A. Lyme disease

B. acute Epstein-Barr virus (EBV) infection

C. systemic lupus erythematosus (SLE)

D. juvenile rheumatoid arthritis (JRA) E. acute hematogenous tuberculosis (TB)

Correct Answer: B Section: (none)

Explanation:

The most common malignancy in childhood is leukemia/lymphoma. The most common solid tumors of childhood are CNS tumors, followed by neuroblastoma and Wilms tumors. The mildly elevated WBC with lymphocyte predominance with the presence of "atypical" lymphocytes would indicate that his child most likely has acute EBV infection (infectious mononucleosis). This acute EBV infection is usually subclinical in younger children, but can be manifested by acute hemolytic anemia and splenomegaly. Testing for the diagnosis of EBV includes EBV DNA PCR and heterophile antibody response testing (monospot test). Diagnosis usually is made based upon serology testing for anti-EBV IgG and IgM levels. There is no specific therapy indicated for the acute EBV infections. Acute Lyme disease is very uncommon in children. The early stage of acute Lyme disease is characterized by a distinctive rash (erythema migrans). This is then followed by a multiple annular rash of disseminated Lyme disease. Often seen in this stage is cranial nerve palsies, specifically facial nerve (CN VII) palsy. Late Lyme disease is characterized by recurrent arthritis and arthralgia. Serologic testing is only recommended if there is a very high clinical index of suspicion, unlike this child. Acute systemic-onset JRA (Still disease) can present in a child of this age in a nonspecific manner (i.e., fever of unknown origin). Children with Still disease will typically have dramatic elevations in acute-phase reactants (i.e., ESR). This child\\'s ESR

being 5 would go against JRA.

QUESTION 5

1. A22-year-old male presents to the emergency department (ED) with complaints of right-sided chest pain and dyspnea. He has no other significant medical history. There is no history of trauma. On examination, he has a pulse of 95, BP of 110/70, and SpO2 of 95% on 2 L. A chest x-ray reveals a large right pneumothorax.

Which of the following statements is true?

A. Since the patient is hemodynamically stable, he can be observed with oxygen supplementation, pain control, and serial chest x-rays.

B. The patient is likely to have a tall, thin habitus.

C. This condition is probably due to small lacerations in the apex of the right lung.

D. His risk of recurrence is 10%.

E. Recurrences are usually on the contralateral side since adhesions prevent recurrence on the ipsilateral side.

Correct Answer: B Section: (none)

Explanation:

Spontaneous pneumothorax is usually found in young males. A tall, thin habitus is common. Eighty-five percent of patients are found to have pulmonary blebs on the affected side. The correct management is placement of a chest tube, pain control, oxygen supplementation, and serial chest x-rays to monitor resolution. Thoracotomy is required if the pneumothorax does not resolve with a chest tube or if there is a persistent air leak. Bleb resection and pleurodesis is usually performed at the time of operation to prevent future bleb rupture and to promote adhesion of the lung to the chest wall. Thoracotomy is also offered to patients after a recurrence to prevent future episodes. Fifty percent of patients will have a recurrence on the ipsilateral side after a spontaneous pneumothorax.