

1. What nerve are we checking for with EOM with an orbital fracture?
 - a. Infra-orbital Nerve
2. What kind of lesion represents herpes keratitis?
 - a. Dendritic
3. Where is the tear from retinal detachment most common?
 - a. Superior temporal area
4. What is classically described as a curtain being drawn over the eye from the top to the bottom?
 - a. Retinal Detachment
5. What is the leading cause of irreversible central vision loss?
 - a. Macular degeneration
6. How is the metamorphosis of macular degeneration best measured?
 - a. Amsler Grid
7. What is the leading cause of blindness in the USA?
 - a. Diabetic retinopathy
8. An impediment through what structure leads to glaucoma?
 - a. Canal of Schlemm
9. Which kind of glaucoma is most common?
 - a. Open angle
10. What is the main symptom of glaucoma?
 - a. Peripheral visual field loss
11. What is periorbital cellulitis primarily associated with?
 - a. Sinusitis
12. When is dacryostenosis most common and what is the treatment?
 - a. Newborns. Symptomatic treatment.
13. What is involved with an internal hordeolum and what is the common pathogen?
 - a. Meibomian gland, S. Aureus
14. What is the most common pathogens of bacterial conjunctivitis?
 - a. Strep pneumonia, S. Aureus and HFlu
15. What two diseases are caused by Neisseria?
 - a. Gonorrhoea and Meningitis
16. What do we call a yellowish, fleshy conjunctival mass typically on the nasal side?

- a. Pinguecula
17. What are the main causes of papilledema?
- a. Malignant HTN, Increased intracranial pressure and pseudotumor cerebri
18. How will papilledema appear?
- a. Disc swollen with margins blurred and obliteration of the vessels
19. What are the two most common causes of transient vision loss?
- a. Emboli (amaurosis fugax) or giant cell (temporal) arteritis
20. What causes sudden vision loss?
- a. Central retinal vein occlusion, optic neuropathy, papillitis or retrobulbar neuritis
21. What is the most common cause of amblyopia?
- a. Strabismus
22. What is blue/cyanotic discoloration of the sclera associated with?
- a. Osteogenesis imperfecta
23. With a conduction hearing loss, how will the Weber test respond?
- a. Lateralize to the affected ear
24. With conductive hearing loss, how will the Rinne test respond?
- a. Bone conduction greater than air conduction
25. What is the most common cause of sensorineural hearing loss and what kind of hearing is lost?
- a. Presbycusis, high frequency
26. What are the four main features of Meniere's disease?
- a. Vertigo, low range hearing loss, tinnitus and ear pressure
27. What drugs ototoxic agents lead to hearing loss?
- a. Aminoglycosides, loops, and chemotherapy drugs (cisplatin)
28. What bugs most are most common in otitis media?
- a. Strep, H.flu and M.Cat
29. What kind of nystagmus is associated with peripheral vertigo?
- a. Horizontal with rotatory component.
30. What test is used to diagnosis BPPV?
- a. Dix-Hallpike

31. True or False: Most cases of sinusitis resolves without antibiotics?
 - a. True
32. What symptoms are suggestive of Group A beta hemolytic strep?
 - a. Centor's Criteria
33. What symptoms are NOT consistent with Group A beta hemolytic strep?
 - a. Corzya, hoarse voice or cough
34. What is the antibiotic of choice for Group A beta hemolytic strep if PCN allergic?
 - a. Erythromycin
35. What is the diagnosis consistent with sore throat, uvula deviation, drooling, and trismus?
 - a. Peritonsillar abscess
36. How will aphthous ulcers appear in the mouth?
 - a. Painful, round with yellowish-gray centers & red halos
37. What is the most common yeast in oral thrush?
 - a. Candidia albicans
38. What is the location of anterior nose bleeds?
 - a. Kiesselbach plexus
39. What is the triad called of nasal polyps, asthma and aspirin sensitivity?
 - a. Samter's triad
40. What is the most common cause of community acquired pneumonia (CAP)?
 - a. Strep pneumonia
41. What antibiotic is appropriate for outpatient treatment of community acquired pneumonia (CAP)?
 - a. Macrolide (not erythromycin) or doxycycline
42. Who is the pneumococcal polysaccharide vaccine recommended for?
 - a. Young and old, sick, sickle cell, smokers, no spleen and liver disease
43. What are two buzz words that go with Mycoplasma pneumoniae?
 - a. Bullous myringitis and cold agglutinins
44. What are two buzz words with pneumocystis jiroveci?
 - a. Elevated LDH and hyper-hypoxia
45. What is a buzz word for pneumococcal pneumonia? (aka streptococcus pneumonia)
 - a. Rust colored sputum

46. What is a buzz word for klebsiella pneumonia?
 - a. ETOH abuse and current jelly sputum
47. What bug is most likely to cause pneumonia in a patient with ETOH abuse?
 - a. Klebsiella
48. What bug is most likely to cause pneumonia in a patient with COPD?
 - a. Haemophilus
49. What bug is most likely to cause pneumonia in a patient with cystic fibrosis?
 - a. Pseudomonas
50. What bug is most likely to cause pneumonia young adults?
 - a. Mycoplasma/chlamydia
51. What bug is most likely to cause pneumonia in a patient with exposure to aerosolized water?
 - a. Legionella
52. What bug is most likely to cause pneumonia in children less than 1 year old?
 - a. RSV
53. What bug is most likely to cause pneumonia in children less than 2 years old?
 - a. Parainfluenza
54. What is the most common hospital acquired infection?
 - a. UTI
55. What is the most likely pathogen for ICU acquired pneumonia?
 - a. Pseudomonas
56. What is the most common opportunistic infection in patients with HIV infection?
 - a. Pneumocystis jiroveci (formerly P. carinii)
57. What are the classic symptoms of TB?
 - a. Fever, night sweats, weight loss
58. What are Ghon complexes that represent healed infection?
 - a. Calcified primary focus in the lungs
59. What is the historical landmark of TB?
 - a. Caseating granuloma that is AKA necrotizing granuloma
60. What are the side effects of INH?
 - a. B6 deficiency, hepatitis, neuropathy

61. What are the side effects of rifampin?
 - a. Orange discoloration and hepatitis
62. What is NOT predictive of bacterial bronchitis?
 - a. Sputum color
63. What is the leading cause of cancer death?
 - a. Bronchogenic carcinoma
64. What radiographic finding is diagnostic for epiglottitis?
 - a. Thumbprint sign
65. What radiographic finding is diagnostic for croup?
 - a. Steeple sign
66. What is the most common cause of bronchogenic CA?
 - a. Adenocarcinoma
67. What is the treatment of choice for Non-small cell CA?
 - a. Surgery
68. What are the three components of asthma?
 - a. Obstruction of airflow, hyperreactivity and inflammation
69. What change in FEV1 after bronchodilation is supportive of the diagnosis of asthma?
 - a. 10%
70. What is the most effective anti-inflammatory for chronic asthma?
 - a. Inhaled steroids
71. What is the most contributing cause of COPD?
 - a. Smoking
72. What deficiency leads to COPD?
 - a. Alpha 1 antitrypsin
73. What is the single most important intervention in COPD?
 - a. Stopping smoking
74. What is superior to B agonists in achieving bronchodilation?
 - a. Anticholinergics (ipratropium or tiotropium)
75. What therapy is the only therapy that may alter the course of COPD?
 - a. Supplemental oxygen

76. What are the main symptoms of cystic fibrosis?
a. Cough, excessive sputum, sinusitis, steatorrhea and ABD pain
77. What is the gold standard for identifying a pleural effusion?
a. Thoracentesis
78. What are the most common irritants used for pleurodesis?
a. Doxycycline and talc
79. What type of image reveals the presence of pneumothorax?
a. Expiratory CXR
80. What are the risk factors for DVT/PE?
a. Virchow's Triad: Damage, Stasis and hypercoaguable state
81. What are the most common hypercoaguable states?
a. High estrogen, cancer and genetics
82. What is the initial method for the diagnosis of PE?
a. Spiral CT
83. When is a negative D.Dimer helpful in ruling out PE?
a. With low pre-test probability
84. What is the definitive test for PE?
a. Pulmonary angiogram
85. What physical findings are suggestive of pulmonary HTN?
a. Systolic ejection click and splitting/accentuation S2
86. What causes pneumoconioses?
a. Coal dust, silicate or other inert dusts
87. What is used to relieve chronic alveolitis in silicosis?
a. Steroids
88. What CXR findings are seen in asbestosis?
a. Pleural based plaques
89. What is the number one complication of asbestosis?
a. Mesothelioma
90. What disease is a multiorgan disease of idiopathic cause characterized by noncaseating granulomatous inflammation in affected organs?
a. Sarcoidosis

91. What is the main presentation of an aspirated foreign body?
 - a. Choking, coughing or unexplained wheezing or hemoptysis
92. What is the most common cause of respiratory disease in a preterm infant?
 - a. Hyaline membrane disease
93. What can be used as prophylaxis or rescue in a patient with established hyaline membrane disease?
 - a. Exogenous surfactant
94. What is the most common cause of shock
 - a. Gram negative sepsis
95. What lab test can identify and monitor sepsis?
 - a. Lactate
96. How should urine output be monitored in a patient with shock?
 - a. Indwelling catheter with a urine output of 0.5mL/kg/hour
97. How long should it take to lower a patient with a HTN urgency?
 - a. Hours
98. How long should it take to lower a patient with HTN emergency?
 - a. 1 hour
99. What are the findings of malignant HTN?
 - a. Papilledema, encephalopathy or renal failure
100. What is the most common symptom of HTN?
 - a. Headache
101. What is recommended as the initial agent for HTN?
 - a. Diuretic
102. What diuretic should be used in patients with renal disease?
 - a. Loop Diuretics
103. In which patients are B-blockers most effective?
 - a. Younger/Caucasian
104. What is the initial drug of choice in a diabetic patient with HTN?
 - a. ACE Inhibitors
105. What is the major side effect of an ACE Inhibitor?
 - a. Cough

106. What agent is preferred for HTN in blacks and elderly?
 - a. Calcium Channel Blocker
107. What medications are recommended for BP control in aortic dissection?
 - a. Nitroprusside and a B-blocker
108. What is the anti-HTN medication of choice in a pregnant patient?
 - a. Hydralazine
109. What are the cardiac signs of CHF?
 - a. Enlarged heart, diminished first heart sound and S3
110. What is the most useful image with CHF?
 - a. Echocardiogram
111. What two medications prolong life in a patient with CHF?
 - a. ACE Inhibitor and B-Blockers
112. When is an implantable cardio-defibrillator indicated in a patient with CHF?
 - a. EF<35%
113. What is the most common cause of cardiovascular death and disability?
 - a. Atherosclerosis
114. What are the risk factors for arterial disease?
 - a. Smoking, Age (M > 55 and F > 65,) DM, Cholesterol, HTN and family history
115. Name the three kinds of angina
 - a. Stable (predictable,) unstable (unpredictable) and Prinzmetal
116. What is the most common presentation of unstable angina?
 - a. Resting chest pain
117. What is Levine sign?
 - a. Clenched fist and teeth to describe angina pain
118. How long does stable angina last?
 - a. Less than 3 minutes
119. What is the most sensitive clinical sign of angina on an EKG?
 - a. Horizontal or down sloping ST segment depression
120. What percent of patients with unstable angina will have a normal EKG?
 - a. 25%

121. What is the most useful and cost effective noninvasive test for angina?
 - a. Exercise stress testing
122. What is the definitive diagnosis for angina?
 - a. Coronary angiogram
123. What is the primary pharmacotherapy for angina?
 - a. Sublingual nitroglycerine
124. What is the first line therapy for chronic angina?
 - a. B-Blockers
125. What medication prolongs exercise duration and time to angina?
 - a. Ranolazine
126. What disease encompass acute coronary syndrome?
 - a. Unstable angina, Non-STEMI and STEMI
127. What is our primary decision point for patient with chest pain?
 - a. EKG
128. What two acute coronary syndromes are treated the same?
 - a. Unstable and NSTEMI
129. What is the rhythm that most people die from?
 - a. V. Fib
130. When is an AMI most likely to present?
 - a. Early morning
131. What is Dressler's syndrome (post MI syndrome?)
 - a. Pericarditis, fever, leukocytosis, pericardial or pleural effusions
132. What is the EKG findings of a STEMI?
 - a. 1 MM ST segment elevation in two contiguous leads
133. What EKG finding is highly suspicious for STEMI?
 - a. LBBB
134. What are the contraindications to a B-blocker?
 - a. Slow hearts, weak hearts (CHF) or bad pulmonary patients
135. When should aspirin or clopidogrel be used in a patient with a STEMI?
 - a. Immediately

136. Name the 4 cyanotic heart anomalies
 - a. Tetralogy of fallot, pulmonary atresia, hypoplastic left heart syndrome, and Transposition of the great vessels
137. Name the non-cyanotic heart anomalies
 - a. ASD, VSD, PDA, AV septal defect (seen in Down's syndrome) & Coarctation of aorta
138. What is the most common ASD?
 - a. Ostium Secundum
139. What is the most common congenial heart anomaly?
 - a. VSD
140. How do we treat PDA pharmacologically?
 - a. Indomethacin
141. How do we keep the ductus arteriosus open?
 - a. IV prostaglandins E
142. What is the most common valvular disease?
 - a. Aortic Stenosis
143. What is the most common presentation of valvular heart disease?
 - a. Dyspnea on exertion/exercise intolerance
144. What is the definitive method to identify heart structure and functional abnormalities?
 - a. Echocardiogram or TEE
145. How is the murmur of Tetralogy of Fallot identified?
 - a. Crescendo/decrecendo holosystolic at left sternal border that radiates to back
146. What heart defect gives a "machinery murmur?"
 - a. PDA
147. How are all regurgitation murmurs identified?
 - a. Blowing and higher pitch
148. What valvular pathology has an Austin Flint murmur?
 - a. Aortic regurgitation
149. What is the most common arrhythmia?
 - a. A.Fib

150. What is the key principle of treating an unstable arrhythmia?
 - a. Synchronized cardioversion
151. What is the initial treatment for a symptomatic bradyarrhythmia?
 - a. Atropine
152. How do we define V.Tach?
 - a. Three or more PVCs in a row
153. What are the two most common causes of Torsades?
 - a. Hypokalemia and hypomagnesemia
154. Who is Brugada syndrome most often seen in?
 - a. Asian population
155. What are the drugs of choice for V.Tach?
 - a. LAP = Lidocaine, Amiodarone and Procainamide
156. How do we treat Torsades de pointes?
 - a. Magnesium
157. How do we treat most patients with sick sinus syndrome?
 - a. Pacer
158. What is the most common cardiomyopathy?
 - a. Dilated (95% of the cardiomyopathies)
159. What are the physical findings of a dilated cardiomyopathy?
 - a. S3, JVD and rales
160. What are the physical findings of a hypertrophic cardiomyopathy?
 - a. S4 gallop, Bisferiens carotid pulse, jugular venous pulsation with a prominent "a" wave.
161. What are the key presenting features of a pericarditis?
 - a. Pain relieved leaning forward and a friction rub
162. What are the most common bugs that cause infectious endocarditis?
 - a. Strep viridians, S. Aureus and enterococci
163. What is the most common bug that causes endocarditis in an IV drug user?
 - a. S. Aureus

164. What are the most common bugs that infect a heart valve if infection occurs less than 2 months after implantation?
 - a. Gram Negative and fungi
165. What are the four classic findings of endocarditis?
 - a. Roth spots, Splinter hemorrhages, Osler's nodes & Janeway Lesions
166. What is the drug of choice for endocarditis prophylaxis?
 - a. Amoxicillin
167. What valve is most commonly affected in Rheumatic heart disease?
 - a. Mitral
168. Name the major criteria for rheumatic heart disease? (AKA Jones Criteria)
 - a. Carditis, erythema marginatum, Subcutaneous nodules, chorea, polyarthritis
169. What medication can provide symptoms relief with PVD?
 - a. Cilostazol
170. What is recommended to prevent travel associated DVT?
 - a. Frequent ambulation, leg exercises and compression hose
171. What are the key demographics of temporal arteritis?
 - a. Age greater than 50 and a history of polymyalgia rheumatic
172. What are the signs and symptoms of giant cell arteritis?
 - a. Unilateral temporal HA, scalp tenderness, jaw claudication, elevated ESR
173. What is the most common cause of aortic aneurysms?
 - a. Atherosclerosis
174. Who is the classic patient with aortic dissection?
 - a. Elderly male smoker with COPD, CAD and renal insufficiency
175. What is the diagnostic test of choice for AAA?
 - a. Ultrasound
176. What is the diagnostic test of choice for thoracic aneurysms?
 - a. Aortogram
177. What is the best indicator for response to RBC loss?
 - a. Reticulocyte count
178. What conditions lead to an elevated INDIRECT bilirubin?
 - a. Hemolysis and Gilberts syndrome

179. What are the causes of a microcytic anemia?
 - a. Sideroblastic, Thalassemia, Iron deficiency and chronic disease
180. What is the most common sideroblastic anemia basophilic stippling?
 - a. Lead
181. What problem do patients with one alpha globin chain (Hgb H) have?
 - a. Stillbirth = hydrops fetalis
182. What is another name for B-Thalassemia major?
 - a. Cooley anemia
183. What do people with Hgb H disease need?
 - a. Folic acid
184. What is the most common form of anemia?
 - a. Iron deficiency
185. What is the hallmark of iron deficiency?
 - a. Pica
186. What are the most common causes of a macrocytic anemia?
 - a. B12 and folate deficiency
187. What is the most common cause of folate deficiency?
 - a. Diet
188. What cell findings are pathognomonic for folate deficiency?
 - a. Macro-ovalocytes, hypersegmented PMN cells and Howell-Jolly bodies
189. What is the most common cause of Pernicious anemia?
 - a. Lack of intrinsic factor
190. What test looks for antibodies on the RBC thus looking for hemolytic anemia?
 - a. Coombs
191. What stain looks for G6PD?
 - a. Heinz body
192. What daily/lifelong medication should be considered for all patients with sickle cell patients?
 - a. Hydroxyurea
193. What does atypical lymphocytes point towards?
 - a. EBV (mono)

194. What does Auer rods point to?
 - a. acute myeloid leukemia (AML)
195. What cells are pathognomonic for CLL (chronic lymphocytic leukemia)?
 - a. Smudge cells
196. Which cells point towards Hodgkin's Disease?
 - a. Reed-Sternberg
197. What virus is seen in 50% of Hodgkin's?
 - a. EBV
198. What is a trigger for lymph node pain in Hodgkin's?
 - a. Pain after alcohol
199. Where is the pathology in Multiple Myeloma?
 - a. Plasma cells
200. What is the most common complaint of patients with multiple myeloma?
 - a. Bone pain (LBP,) infections and anemia
201. What is the hallmark of multiple myeloma?
 - a. Monoclonal spikes on serum electrophoresis and Bence-Jones protein
202. What is the most common congenital coagulopathy?
 - a. Von Willebrand disease
203. What is Christmas Disease?
 - a. Hemophilia B (Factor IX deficiency)
204. What is a modality for a patient with significant night time symptoms?
 - a. H2 blocker at night and a PPI in the day
205. What are common viral causes of esophagitis?
 - a. CMV and HSV
206. What are common causes of esophagitis in a patient with HIV?
 - a. Mycobacterium tuberculosis, EBV, Mycobacterium Avium Complex
207. How do we treat HSV esophagitis?
 - a. Acyclovir
208. How do we treat CMV esophagitis?
 - a. Ganciclovir

209. What is a key feature of Zenker's diverticulum?
a. Vomiting undigested food after several hours
210. What is the classic finding on barium swallow in a patient with Achalasia?
a. "Parrot beak"
211. What is the condition called that is caused by thrombosis of the portal vein that leads to esophageal varices?
a. Budd-Chiari syndrome
212. What three diseases does H. Pylori cause?
a. Peptic ulcers, gastric adenocarcinoma and gastric lymphoma
213. What is the most common cause of PUD (peptic ulcer disease)?
a. H. Pylori
214. What is the name of a gastrin secreting tumor that causes hypergastrinemia?
a. Zollinger-Ellison Syndrome
215. What is diagnostic of Zollinger-Ellison Syndrome?
a. Fasting Gastrin level greater than 150pg/mL
216. What is strongly associated with gastric adenocarcinoma?
a. H. Pylori
217. What is the supraclavicular lymphadenopathy of gastric adenocarcinoma called?
a. Virchow's node
218. What is the umbilical nodule of gastric adenocarcinoma called?
a. Sister Mary Joseph nodule
219. Which organism causes the most rapid onset of diarrhea?
a. S. Aureus
220. What denotes an inflammatory process in diarrhea?
a. WBC in stool
221. When should a colonoscopy be ordered in a patient with constipation?
a. Patients older than 50 with new onset constipation
222. What causes most small bowel obstructions?
a. Adhesions and hernias
223. What is the most common cause of a large bowel obstruction?
a. Tumor

224. What test distinguishes mal-digestion from mal-absorption?
a. D-xylose test
225. What is the most common genetic condition in the USA?
a. Celiac
226. What are the screen tests for Celiac disease?
a. IgA antiendomysial and anti-tissue transglutaminase
227. What is the age of onset of Crohn's disease?
a. 25 – M=F
228. What is possible curative in ulcerative colitis?
a. Surgery
229. What is the most common cause of chronic or recurrent ABD pain in the USA?
a. IBS
230. What is the most common cause of intussusception in a child and adult?
a. Child – viral infection and adult – neoplasm
231. What is the presentation of intussusception?
a. Colicky pain, current jelly stool and a sausage like mass
232. How do we both diagnose and treat intussusception in a child?
a. Barium or air enema
233. How do we diagnose intussusception in an adult?
a. CT
234. What test is avoided in diverticulitis?
a. Barium enema
235. What is the risk of inherited polyposis syndrome?
a. Near-100% risk of CA
236. What lab test is used to monitor colorectal CA?
a. Carcinoembryonic antigen (CEA)
237. What is the most common cause of appendicitis?
a. Fecalith
238. What is the most common emergency surgery?
a. Appendicitis
239. What is the initial symptom of appendicitis?

- a. Periumbilical or epigastric pain
- 240. What are the most common causes of pancreatitis?
 - a. ETOH and cholelithiasis
- 241. What is the classic pain pattern of pancreatitis?
 - a. Epigastric pain radiating to back
- 242. What is bleeding into the flanks called?
 - a. Grey Turner sign
- 243. What is bleeding into the umbilical area called?
 - a. Cullen sign
- 244. What is a palpable gallbladder and jaundice called?
 - a. Courvoisier sign
- 245. What is the surgical resection of pancreatic cancer called?
 - a. Whipple procedure
- 246. What are the complications of choledocholithiasis?
 - a. Cholecystitis, pancreatitis and acute cholangitis
- 247. What is Charcot triad?
 - a. RUQ pain, jaundice and fever
- 248. What is Charcot's triad that also has an altered mental status and hypotension called?
 - a. Reynold's Pentad
- 249. What is primary sclerosing cholangitis associated with?
 - a. Ulcerative colitis
- 250. What is the most common presentation of primary sclerosing cholangitis?
 - a. Jaundice and pruritus
- 251. What is the only know treatment for primary sclerosing cholangitis?
 - a. Liver transplant
- 252. What represents ongoing hepatitis B infection?
 - a. Hepatitis B SURFACE antigen (HBsAg)
- 253. What represents immunity to hepatitis B?
 - a. Anti-HBs – Antibody against hepatitis B surface antigen
- 254. What medication is used for acetaminophen toxicity?

- a. Acetylcysteine
- 255. What is the general cause of a liver abscess?
 - a. Entamoeba histolytica
- 256. Where is the liver a common source or metastases from?
 - a. Lung and breast
- 257. Which diseases cause an elevation of Alpha fetoprotein?
 - a. Hepatic carcinoma, hepatitis C and cirrhosis
- 258. What is the location of an indirect inguinal hernia?
 - a. Through internal inguinal ring
- 259. What is the location of a direct inguinal hernia?
 - a. Through the external ring at Hesselbach's triangle
- 260. What is the basic patient demographic for pyloric stenosis?
 - a. 5 week old male
- 261. What is the radiographic finding of pyloric stenosis?
 - a. String sign
- 262. What is the disease caused by vitamin D deficiency?
 - a. Rickets
- 263. What is the disease caused by a lack of Thiamine?
 - a. Beriberi
- 264. What is another name for vitamin B6?
 - a. Pyridoxine
- 265. What is the problem with phenylketonuria?
 - a. Inability to metabolize phenylalanine
- 266. What is the treatment for phenylketonuria?
 - a. Low phenylalanine diet and tyrosine supplementation
- 267. Which renal function is most sensitive to dehydration?
 - a. BUN
- 268. How will the urine appear with intrinsic renal disease?
 - a. Casts (WBC, RBC, granular, epithelial) and protein
- 269. What is a new bio-marker for detecting acute kidney injury?
 - a. Cystatin C

270. What ultrasound finding indicates a chronic renal problem?
a. A small kidney less than 10cm
271. What are indications for dialysis?
a. Acidosis, electrolyte disorder, fluid overload, uremic complications
272. What are the most common causes of chronic kidney disease?
a. DM, HTN, glomerulonephritis, and polycystic kidney disease
273. What are three abnormal symptoms of renal failure?
a. Metallic taste, hiccups and pruritus
274. What is the gold standard for identifying renal disease?
a. GFR
275. What is the marker for kidney disease?
a. Proteinuria
276. What diagnostic test looks for recent strep infection and is helpful in evaluating post streptococcal glomerulonephritis?
a. ASO Titer
277. How do we define nephrotic syndrome?
a. Excretion of more than 3.5grams of protein (per $1.73m^2$) of body surface area
278. What are the manifestations of nephrotic syndrome?
a. Hypoalbuminemia, lipiduria, hypercholesterolemia and edema
279. What is a key finding in the urine for nephrotic syndrome?
a. Oval fat body in urine
280. What is the diagnostic method of choice for polycystic renal disease?
a. Ultrasound
281. What are 80% of kidney stones made up from?
a. Calcium
282. What stones are produced by infections?
a. Struvite stones
283. What is the modality of choice in identifying kidney stones?
a. CT scan Abd/pelvis without contrast

284. What are the 5 causes of Diabetes insipidus?
a. Inherited, lithium, hypokalemia, hypercalcemia or renal disease
285. What urine osmolality points to DI?
a. <250 mOsm/kg
286. How is diabetes insipidus treated?
a. Intranasal desmopressin
287. What medication should be administered to patients with hyperkalemia and EKG changes?
a. Calcium gluconate
288. What are the EKG changes in hyperkalemia?
a. Peaking of T waves, QRS wide and flat P waves
289. What treatment is used to remove potassium from the body?
a. Sodium polystyrene sulfonate (Kayexalate)
290. Name the classic sign of hypocalcemia that is identified by tapping on the cheek?
a. Chvostek sign
291. Name the classic sign of hypocalcemia that is identified by tourniquet-ing off the arm with a BP cuff?
a. Trousseau sign
292. What is the suggested treatment for cystitis?
a. Fluoroquinolone or nitrofurantoin for 3-5 days
293. What medications will change your urine red/orange?
a. Phenazopyridine and Rifampin
294. What is the most common bug to cause pyelonephritis?
a. E.Coli
295. What is the recommended treatment for prostatitis?
a. Cipro 500mg BID, Levoquin 500mg daily for 2- 6 weeks or TMP-SMZ BID for 6 weeks
296. What is the bug in male patient with epididymitis less than 35 years old?
a. GC/Chlamydia
297. What is the bug in male patient with epididymitis older than 35 years old?
a. E.coli
298. What is a classic, yet unreliable sign in epididymitis?

- a. Prehn's sign
299. What medication class is effective in treating urge incontinence?
- a. Anticholinergic
300. What is the most common kind of prostate CA?
- a. Adenocarcinoma
301. What is the most common renal cancer?
- a. Adenocarcinoma
302. What is the classic triad for renal cancer?
- a. Hematuria, flank pain and palpable mass
303. What is the most common solid renal tumor in children?
- a. Wilms tumor (nephroblastoma)
304. What is the initial image testing to evaluate abdominal masses?
- a. Ultrasound
305. What is the most common cancer in young men?
- a. Testicular
306. What are the risk factors for testicular cancer?
- a. Cryptorchidism or past testicular CA
307. What diagnostic markers are diagnostic for non-seminomatous germ cell testicular CA?
- a. Alpha fetoprotein and B-human gonadotropin
308. What is it called when we can't retract the foreskin over the glans penis?
- a. Phimosis
309. What leads to paraphimosis?
- a. Frequent cauterizations without reducing the foreskin
310. What is a fibrous plaque causing penile curvature?
- a. Peyronie's disease
311. What is the class of medications used for erectile dysfunction?
- a. Phosphodiesterase 5 inhibitor
312. Which two scrotal masses trans-illuminate?
- a. Hydrocele and Spermatocele

313. Which scrotal mass has a “bag of worms” presentation?
 - a. Varicocele
314. How can the presentation of a varicocele be more pronounced?
 - a. Valsalva
315. What is the most common cause of secondary amenorrhea?
 - a. Pregnancy
316. What are the two most common causes of secondary amenorrhea in patients with normal estrogen?
 - a. Asherman syndrome and polycystic ovarian syndrome
317. What is another name for gonadal dysgenesis?
 - a. Turner’s syndrome
318. What lab test is diagnostic for menopause?
 - a. FSH > 30mIU/mL
319. What is the most common presentation of a leiomyomata (uterine fibroid)?
 - a. Vaginal bleeding
320. What is recommended in most cases of a leiomyomata?
 - a. Observation
321. What is the most common gynecological cancer?
 - a. Endometrial cancer (adenocarcinoma)
322. What is the cardinal symptom of endometrial cancer?
 - a. Vaginal bleeding
323. What patient population is most common in endometriosis?
 - a. Nulliparous 30 years old
324. What are the most common ovarian growths?
 - a. Cysts
325. What is the most common cause of androgen excess and hirsutism?
 - a. Polycystic ovarian syndrome
326. Bilateral enlarged cystic ovaries, amenorrhea and infertility are the key features of this disease?
 - a. Polycystic Ovarian Syndrome
327. How will the ultrasound appear in a patient with Polycystic ovarian syndrome?

- a. “Sting of pearls” or “oyster ovaries”
- 328. How is infertility of polycystic ovarian syndrome treated?
 - a. Clomiphene
- 329. When is Cervical intraepithelial neoplasia (CIN) most common to occur?
 - a. Women in their 20s
- 330. When has the CDC recommend patients receive the HPV vaccine?
 - a. Boys and girls age 11-12. Three injections over 5 months.
- 331. What kind of cancer are women exposed to diethylstilbestrol (DES) at increased risk for?
 - a. Clear cell adenocarcinoma
- 332. What bug most commonly causes mastitis?
 - a. S. Aureus
- 333. What is the antibiotic of choice for mastitis?
 - a. Penicillinase resistance antibiotics (dicloxacillin)
- 334. What is the most frequent benign condition of the breast?
 - a. Fibrocystic Breast Disease
- 335. What benign breast lesion is more common in black woman?
 - a. Fibroadenoma
- 336. What is the most common cancer in woman and what kind is the most common?
 - a. Breast, Infiltrating ductal carcinoma
- 337. What ductal carcinoma presents with eczematous lesions of the nipple?
 - a. Paget disease
- 338. What is the best screen test for breast neoplasms?
 - a. Mammography
- 339. What is the most effective form of contraception?
 - a. Oral contraception
- 340. What is the black box warning for IM depo injections?
 - a. Osteoporosis – thus only to be used for 2 years
- 341. What is the most common cause of infertility?
 - a. Ovulatory disorders

342. What is the physical exam finding of pelvic inflammatory disease (PID)?
a. Chandelier sign
343. Where should the uterus be at 20 weeks of gestation?
a. Umbilicus
344. When should we hear fetal heart tones (FHT)?
a. 10 weeks
345. What is bluish discoloration of the vagina and cervix called that is seen in pregnancy?
a. Chadwick sign
346. Where are most ectopic pregnancies located?
a. Fallopian tube
347. What is the most common cause of ectopic pregnancy?
a. Adhesions
348. What is the classic triad of ectopic pregnancy?
a. Unilateral ABD pain, amenorrhea and tenderness/mass on exam
349. What hCG level should show evidence of an IUP?
a. 1,500 mU/mL
350. What patients should receive RhoGam with an abortion?
a. Rh-negative woman
351. How does a hydatiform mole present on ultrasound?
a. "grapelike vesicles" or a "snow storm pattern"
352. What is the most common cause of non-congenital malformation deaths in a neonate?
a. Preterm delivery
353. What is a major risk factor of premature rupture of membranes?
a. Infection
354. What test can confirm rupture of membranes and spilling of amniotic fluid?
a. Nitrazine paper and the fern test
355. What is administered to enhance fetal lung maturity if under 34 weeks gestation?
a. Betamethasone

356. What is the classic triad of preeclampsia?
 - a. HTN, edema and proteinuria
357. What is HELLP syndrome?
 - a. Hemolysis, elevated liver function and low platelets
358. What is the most common risk factor for pre-eclampsia?
 - a. Nulliparity
359. What is the first line medication to decrease the risk of seizure in mild pre-eclampsia?
 - a. magnesium sulfate (MGSO4)
360. What BP medication should be given to decrease the BP in a pregnant woman?
 - a. Hydralazine or labetalol
361. What is administered to Rh-negative Moms at 28 weeks?
 - a. Rho-Gam
362. What is the test to measure fetomaternal hemorrhage?
 - a. Kleihauer-Betke (KB) stain
363. What is the condition that develops if Rh-incompatibility leads to severe fetal anemia and death?
 - a. Fetal hydrops
364. What is the most common cause of third trimester bleeding and when does it occur?
 - a. Abruptio placenta, after 20 weeks
365. What is the major symptom in abruptio placenta?
 - a. Painful vaginal bleeding
366. What is contraindicated in a patient with placenta previa?
 - a. Digital exam
367. What is the key differentiating feature of placenta previa from abruption?
 - a. Previa is painless
368. At what time interval is the APGAR assessed?
 - a. 1 and 5 minutes
369. What medication decreases blood loss by stimulating contractions?
 - a. Oxytocin

370. What is the leading indication for cesarean section?
a. Dystonia
371. When is endometritis most common?
a. After C-section or PROM for more than 24 hours before delivery
372. What is the first line treatment for endometritis?
a. Clindamycin + gentamycin
373. What is the most common arthropathy?
a. Osteoarthritis (OA)
374. What is osteoarthritis involving the DIP called?
a. Heberden nodes
375. What is osteoarthritis involving the PIP called?
a. Bouchard Nodules
376. What joint is usually spared in Rheumatoid Arthritis?
a. DIP
377. What labs are present in 90% of patients with Rheumatoid Arthritis?
a. RF and anti-cyclic citrullinated peptide
378. What is the frequent initial disease modifying antirheumatic drug (DMARDs) in RA?
a. Methotrexate
379. What is systemic RA called in a child?
a. Still disease
380. What is it called when a rash is brought out when scratching an area?
a. Koebner phenomenon
381. What is the most common joint pathogen in septic arthritis?
a. S. Aureus
382. What cancers met to bone?
a. Prostate, breast, lung and thyroid
383. What is the most common benign bone neoplasm?
a. Enchondroma
384. What is the most common primary sarcoma?
a. Chondrosarcoma

385. What is the most common primary malignant bone tumor?
a. Multiple myeloma
386. What is the age range and location of Ewing sarcoma?
a. 5-25 and diaphysis of long bones/ribs
387. What is the age range and location of Osteosarcoma?
a. 10-20 and in the metaphyseal area of long bones
388. What type of pain is most often associated with malignancy?
a. Night pain
389. What test is used to identify the specific abnormal globulin of multiple myeloma?
a. Protein electrophoresis
390. What are the modifiable risk factors of osteoporosis?
a. ETOH, smoking, low body weight, sedentary lifestyle, low calcium, low Vit D, and steroids
391. What is the first line treatment for osteoporosis?
a. Bisphosphonate
392. How is a Colles fracture described?
a. Dorsal displacement of distal radius
393. How is a Smith fracture described?
a. Volar displacement of distal radius
394. What orthopedic finding is a red flag for child abuse?
a. Multiple fractures in various stages of healing
395. What is the most common cause of facial pain?
a. TMJ
396. What is the most common condition affecting the cervical spine?
a. Spondylosis
397. What are the most painful conditions of the hand and wrist?
a. OA and RA
398. What is OA of the wrist from osteonecrosis of the lunate bone called?
a. Kienbock disease
399. What condition affects palmer aponeurosis causing painful nodules, pitting and contractures?

- a. Dupuytren's disease
- 400. What is the most common mononeuropathy?
 - a. Carpal Tunnel Syndrome
- 401. What is it called when tapping on the volar aspect of wrist causes pain?
 - a. Tinel sign
- 402. What is it called when flexion of the wrist causes pain?
 - a. Phalen sing
- 403. What bug infects from a person's bite and how do you treat this bug?
 - a. Eikenella corrodens, Augmentin
- 404. What is the most common fracture of the wrist?
 - a. Colles Fracture
- 405. What is it called when there is a sprain of the ulnar collateral ligament?
 - a. Gamekeeper's thumb
- 406. What is the most common fracture of the elbow in the adults?
 - a. Radial head fracture
- 407. How is the diagnosis of radial head fracture usually diagnosis?
 - a. Posterior fat pad or "sail sign" of the anterior fat pad
- 408. What is the most common fracture of the carpal bones?
 - a. Scaphoid
- 409. What is tenosynovitis of the abductor pollicis and extensor pollicis brevis called?
 - a. De Quervains disease
- 410. What test is used to diagnosis de Quervains disease?
 - a. Finkelstein test
- 411. What is the most common cause of low back pain?
 - a. Prolapsed intervertebral disk
- 412. Where is the pain from sciatica felt?
 - a. Posterior leg to lateral malleolus
- 413. What pain is worse when walking and relieved by leaning forward?
 - a. Spinal stenosis
- 414. What exercises are helpful for low back pain?
 - a. McKenzie exercises

415. What is the most common location and presentation of scoliosis?
 a. T7/T8 and to the right
416. What is juvenile kyphosis called?
 a. Scheuermann's disease
417. What is TB of the spine called?
 a. Pott's disease
418. What is the most common extrapulmonary location of TB?
 a. Spine
419. What is a seronegative spondyloarthropathy that progresses to fusion called?
 a. Ankylosing spondylitis
420. What lab test is positive in Ankylosing spondylitis and Reiter's syndrome?
 a. HLA-B27
421. What is considered the best exercise for Ankylosing spondylitis?
 a. Swimming
422. What is aseptic necrosis of the hips called in kids?
 a. Legg-Calve-Perthes disease
423. What is the name of the XRAY used to diagnosis slipped capital femoral epiphysis?
 a. Frog leg lateral pelvis
424. What part of the meniscus is most often injured?
 a. Medial
425. What tests are helpful to diagnosis meniscal tears?
 a. McMurray and Apley
426. What is the average age and sex of Osgood-Schlatter disease?
 a. 12 year old boy
427. What ligament is most common injured in the knee?
 a. ACL
428. What test is most sensitive to diagnosis ACL tear?
 a. Lachman's test
429. What is the most common sports related injury?
 a. Ankle sprains

430. How can stability of the ankle be checked?
a. Anterior drawer test
431. What is another name for a bunion?
a. Hallux valgus
432. When is the pain of plantar fasciitis most common?
a. AM
433. What does PTH cause to happen in the body?
a. Calcium to rise
434. What is the most common cause of hypercalcemia in ambulatory patients?
a. Hyperparathyroidism
435. What is the most common cause of hypercalcemia in hospitalized patients?
a. Cancer
436. What is the most common pathological fracture site?
a. Jaw
437. What lab test confirms hyperparathyroidism?
a. Elevated PTH
438. What is a disorder of excessive systemic copper called?
a. Wilson's disease
439. What is Kayser-Fleischer rings?
a. Copper deposits in the eye from Wilson's disease
440. What is a congenital cause of hypocalcemia due to parathyroid hypoplasia, thymic hypoplasia and cardiac outflow track defect called?
a. DeGeorge Syndrome
441. What is the etiology of 80% of hyperthyroidism?
a. Graves
442. How are the reflexes in hyperthyroidism?
a. Brisk
443. What antibodies are positive in Graves?
a. Peroxidase and thyroglobulin antibodies
444. What medication is used to control the symptoms of hyperthyroidism?
a. B-Blocker like propranolol

445. What is the drug of choice for hyperthyroidism in a pregnant or lactating female?
a. PTU
446. What is the most common cause of hypothyroidism?
a. Hashimoto's
447. What two medications commonly cause hypothyroidism?
a. Lithium and Amiodarone
448. What is Sheehan's syndrome?
a. Necrosis of pituitary gland that occurs after childbirth
449. What are the two most common symptoms of hypothyroidism?
a. Weakness and coarse dry skin
450. What is the single best screen test for hypothyroidism?
a. TSH
451. What is the hallmark of Myxedema crisis?
a. Altered mental status
452. What is the most common cause of a painful thyroid?
a. de Quervain's
453. What is the treatment of choice for de Quervain's?
a. Aspirin
454. What is the most common cause of a sporadic goiter in kids and also the most common thyroid disease in the US?
a. Hashimoto's
455. What is the most common benign nodule of the thyroid?
a. Follicular Adenoma
456. What cell has eosinophil staining and malignant potential in the thyroid?
a. Hurtle Cell
457. Which thyroid nodules require surgery?
a. Cold hypo-functioning nodules
458. What is the most sensitive test to identify thyroid lesions?
a. Ultrasound

459. What thyroid CA is most common?
a. Papillary
460. What thyroid CA often metastasizes to lung/liver & brain/bone
a. Follicular
461. What childhood exposure increases the risk of thyroid CA 25 times?
a. Radiation
462. What is the most common cause of large for gestational age infants?
a. Maternal diabetes
463. What are the most common serious presentations of heart disease in the infant?
a. Cyanosis, CHF & Diminished peripheral pulses
464. The passage of an infant's first stool is delayed more than 24 hours after birth, what do you suspect?
a. Hirschsprung disease
465. Chromosomal abnormalities and adrenal hyperplasia are most often associated with what finding on an infant?
a. Ambiguous genitalia
466. What are the most common causes of unconjugated hyperbilirubinemia in an infant?
a. Physiologic jaundice, Prematurity and breast-feeding jaundice
467. What is the classic and most efficient way of gauging sexual maturation in males and females?
a. Tanner stages
468. What is the most common neurodevelopmental disorder in children?
a. Attention-deficit hyperactivity disorder (ADHD)
469. What is the most common causes of speech and/or language delay in children?
a. Conductive hearing loss due to chronic middle ear effusion
470. What are the risk factors for the development of spina bifida (myelomeningocele)?
a. Insufficient folic acid during pregnancy and maternal use of valproate
471. Congenital heart disease is common in children with Trisomy 21 (Down syndrome); what is the most common?
a. Atrial septal defects

472. What vaccines should be avoided during pregnancy?
a. Live vaccines: MMR and varicella, and live attenuated influenza vaccine
473. If a child is immunocompromised, what vaccines should be avoided?
a. MMR & Varicella
474. What is a contraindication to giving the tetanus, diphtheria, pertussis (Tdap)/DtaP vaccine?
a. Chronic seizure disorder
475. A child presents to the ER with an overdose of acetaminophen, what is the specific antidote?
a. Acetylcysteine
476. Activated charcoal and physostigmine can be used to treat an overdose of what class of medications?
a. Antihistamines
477. What medication is used to treat iron overdose?
a. Desferoxamine
478. What is the current first-line treatment for most ingested poisons?
a. Activated charcoal
479. What is the most common innocent murmur of childhood?
a. Still's murmur
480. What is the treatment of Kawasaki disease?
a. IV immunoglobulin & high-dose ASA
481. What is the cause of erythema infectiosum, otherwise known as Fifth Disease?
a. Human parvovirus B19
482. A child presents with a red face, described as a "slapped cheek" appearance with a lacy, pink macular rash on the torso; what do you suspect?
a. Erythema infectiosum (Fifth disease, Slapped Cheek)
483. A child presents with fever x 4 days with an associated pink, macular rash. The child's mother informs you that the fever has resolved before the rash. What do you suspect?
a. Roseola

484. A maculopapular rash common on the face to extremities with associated Koplik spots in the mouth, are indicative of what viral exanthem?
- Measles (Rubeola)
485. What is a common complication of the rubella virus?
- Teratogenic (birth defects)
486. What is a common complication in geriatric patients following surgical admission to the hospital?
- Delirium
487. What are two reasons to avoid NSAID's in the elderly population?
- Risk of GI bleed & renal toxicity
488. What class of medication should be avoided in the elderly due to the potential for delirium and other anticholinergic effects?
- Tricyclic antidepressants
489. True/False: Incontinence is a normal part of aging?
- False: Incontinence is NOT a normal part of aging and new onset requires further investigation.
490. True/False: Impairment of cognition is not a normal part of aging.
- True
491. What are the drugs of choice for treating depression in the elderly?
- SSRI's
492. When treating anxiety in the elderly, what classes of medication should be avoided?
- Benzodiazepines and Antihistamines
493. How do you characterize senile psychosis?
- Hallucinations and delusions
494. What are common drugs that can cause taste disturbances?
- Anticholinergic agents, Digitalis & ACE inhibitors
495. When treating systolic hypertension in the elderly, what is considered class of medication is considered first line?
- Thiazide diuretics
496. At what dose should HCTZ not be exceeded in elderly patients, as it may result in more side effects and not blood pressure control?
- 25 mg

497. What is a common presentation of aortic stenosis in the elderly?
a. Syncope, CHF & Fatigue
498. When should preoperative creatinine levels be obtained?
a. Patients older than 40 years
499. What is the best determinant of bleeding tendencies during surgery?
a. Coagulation response to minor trauma
500. In what patient populations are silent myocardial infarctions more commonly seen?
a. Elderly and diabetics
501. When is a pregnancy test indicated in the preoperative evaluation of a surgical patient?
a. All women of childbearing age
502. When evaluating a patient's potential for risk of DVT, what has been the classic identifiers?
a. Virchow's Triad: stasis, intimal damage, and hypercoagulability
503. What is the preferred DVT prophylaxis for trauma patients or those with abdominal or pelvic cancer?
a. Lovenox (enoxaprin)
504. True/False: Does the dose of enoxaprin have to be adjusted in patients with renal impairment?
a. True
505. When considering a potential cause of diarrhea in a patient receiving enteral feedings, what should always be ruled out?
a. Clostridium difficile
506. What is the leading cause of death between the ages of 1 and 44 years?
a. Unintentional and violence-related injuries
507. What is the leading cause of accidental death in the United States?
a. Motor vehicle accidents
508. What are the signs that characterize cardiac tamponade?
a. Beck's Triad: jugular venous distention, hypotension, and muffled heart sounds
509. How are most cases of penetrating chest traumas managed?
a. Tube thoracotomy

510. What is the test of choice for detecting intra-abdominal injury?
- Focused Assessment with Sonography for Trauma (FAST) examination
511. True/False: The presence of a pulse distal to the site of vascular injury rules out significant vascular injury?
- False:
512. When evaluating a head trauma patient, you appreciate rhinorrhea, otorrhea, ecchymosis of the lids (raccoon eyes), and ecchymosis behind the ears (Battle's sign), what do you suspect?
- Basilar Skull Fracture
513. Injury to what artery is the usual cause of epidural hematomas?
- Middle meningeal artery
514. When considering the mental status of a head injury patient, what is a common presentation of a patient with an epidural hematoma?
- A brief period of unconsciousness is followed by a lucid interval.
515. What is the triad of signs indicative of brain herniation?
- Coma, fixed and dilated pupils, and decerebrate posturing
516. What is the most common type of burn?
- Scald burns
517. How are first degree burns characterized?
- Erythema, tenderness and the absence of blisters
518. A burn victim presents with thin-walled, fluid-filled blisters, that are moist, blanch with pressure and are painful, what do you suspect?
- Second-degree burn
519. What is the characteristic appearance of the skin following a third degree burn?
- Dry, with a white, leathery or charred appearance, and without sensation
520. When estimating the percentage of burn, the palm of the victim's hand is roughly what percentage?
- 1%
521. What is the most commonly used topical burn ointment?
- Sulfadiazine (Silvadene)
522. What is the most common complication associated with all burns?
- Infection

523. When considering postoperative fever, what is the most likely cause within the first 24-48 hrs postoperatively?
- Atelectasis (Wind)
524. What would you suspect the cause of a fever in a patient 48-72 hours after surgery?
- UTI (Water)
525. What is the most common cause of postoperative fever after 72 hours and which is the common pathogen that causes this?
- Wound infection, Staphylococcus aureus
526. What is the most common nosocomial acquired infection?
- UTI's
527. What is the most effective approach to preventing pressure ulcers?
- Frequent position changes, removal of moistures
528. In what patient populations is necrotizing fasciitis more commonly seen?
- DM, alcoholics, and IV drug abusers
529. What is the most important complication of laparoscopic cholecystectomy?
- Biliary injury
530. What is the most common complication of surgically repairing an inguinal hernia?
- Recurrence of the hernia
531. What is the most common complication of open appendectomy?
- Wound infection
532. What is the most common complication of laparoscopic appendectomy?
- Intra-abdominal abscess
533. What is the most important preoperative evaluation performed by the surgical team?
- History and physical exam
534. What is a common postoperative complication seen with the use of unfractionated heparin?
- Hematoma
535. When considering the primary survey (ABC's) in a trauma patient, what is the most common indication for and preferred modality of intubation?
- Altered mental status

536. Usually a self-limited disease, how long is the duration of pharyngitis?
a. 3-4 days
537. The rash of erysipelas is typically confined to what area of the body?
a. Face
538. Thick, crusted, golden “honey” yellow lesions, best describes what?
a. Impetigo (Streptococcus pyoderma)
539. What is the most common cause of cellulitis in the United States?
a. Group A streptococci
540. True/False: When diagnosing acute rheumatic fever using the Jones criteria, the presence of two major criteria or one major and two minor criteria plus evidence of recent B-hemolytic streptococci (culture or ASO titer) makes the diagnosis?
a. True
541. When using the Centor's criteria, what is the percentage of chance a sore throat is caused by group A B-hemolytic streptococcus is the cause when 3 out of 4 criteria are present?
a. 40-60%
542. What should be avoided in infants due to increased risk of botulism?
a. Honey
543. A sudden onset of severe, frequent “rice water” diarrhea is suggestive of what?
a. Cholera
544. What is the incubation period of tetanus following a puncture wound?
a. 5 days to 15 weeks
545. In patients with tetanus, hyperreflexia and muscle spasms develop most commonly in what areas?
a. Jaw and face
546. What should be given as part of the treatment of tetanus?
a. IM tetanus immunoglobulin and PCN
547. Salmonella bacteremia is most commonly seen in what type of patients?
a. Immunosuppressed
548. True/False: When considering shigellosis, individuals who are HLA-B27 positive may mount a reactive arthritis because of temporary disaccharidase deficiency.

- a. True
- 549. What is the treatment of choice in shigellosis?
 - a. TMP-SMX
- 550. What two antibiotics are effective in the treatment of diphtheria?
 - a. PCN or erythromycin
- 551. What is the medication of choice in the treatment of pertussis?
 - a. Erythromycin
- 552. What is the vaccine of choice for adults in the prevention of pertussis?
 - a. Tdap
- 553. What is the most characteristic disease with EBV as the implicated cause?
 - a. Mononucleosis (the “kissing disease”)
- 554. Splenomegaly is present in what percentage of cases of EBV infection?
 - a. 50%
- 555. Administration of what antibiotic increases the incidence of rash in patients with EBV infection?
 - a. Amoxicillin
- 556. Patients with mononucleosis with associated splenomegaly should be counseled against what?
 - a. Contact sports
- 557. How do you define Reyes syndrome?
 - a. Fatty liver with encephalopathy
- 558. Ingestion of what medication increases the incidence of Reyes syndrome in children with influenza A or varicella infection and what age does this peak?
 - a. Aspirin, 5-14 years
- 559. What two medications are no longer recommended as single therapy agents in the treatment of influenza because of resistance?
 - a. Amantadine and rimantadine
- 560. When is varicella-zoster the most contagious?
 - a. The day before the rash appears
- 561. What is the characteristic description of the lesions seen in varicella-zoster?
 - a. Lesions begin as erythematous macules and papules, form superficial vesicles (“dewdrops on rose petal”), and later crust over

562. Eruptions of zoster lesions on the tip of the nose (Hutchinson sign) indicates involvement of what cranial nerve and risks corneal involvement?
- Trigeminal
563. How is AIDS defined by the CDC?
- CD4 count below 200
564. When examining the eyes of an immunocompromised patient, you notice neovascularization and proliferative lesions, commonly referred to as “pizza pie,” what do you suspect?
- CMV retinitis
565. What is the most common form of pathogenic *Candida* species?
- Candida albicans*
566. What is the name of a dimorphic fungus found in soil infested with bird or bat droppings?
- Histoplasma capsulatum*
567. What is the name of an encapsulated, budding yeast found in soil contaminated with dried pigeon dung?
- Cryptococcus neoformans*
568. What test is helpful in the diagnosis of cryptococcal infection?
- India ink stain
569. What is the treatment of choice for pneumocystis jiroveci pneumonia?
- TMP-SMX
570. What is an alternative treatment to TMP-SMX in the treatment of pneumocystis jiroveci pneumonia?
- Dapsone
571. What is the recommended treatment for hookworms?
- Mebendazole twice per day for 3 days
572. What is the only host for *Enterobius vermicularis*?
- Humans
573. What are the characteristic symptoms found in patients with pinworms?
- Perianal pruritus, insomnia, weight loss, enuresis, and irritability
574. True/False: All members of a household of a patient with pinworms should be treated.

- a. True
- 575. In the treatment of pinworms, a single dose of albendazole, mebendazole, or pyrantel is given and then repeated when?
 - a. 2-4 weeks later
- 576. In making the diagnosis of malaria, blood films are stained with what?
 - a. Giemsa or Wright stain
- 577. What is the drug of choice for both the prophylaxis and treatment of malaria?
 - a. Chloroquine
- 578. Primary syphilis is characterized by what?
 - a. Chancre: a painless ulcer with clean base and firm, indurated margins
- 579. Gummatous lesions involving the skin, bones and viscera are seen in what stage of syphilis?
 - a. Late (tertiary) syphilis
- 580. Hutchinson teeth are a common manifestation of infants not treated with what disease?
 - a. Congenital syphilis
- 581. In what disease states can the fluorescent treponemal antibody absorption test yield a false positive result?
 - a. Lyme disease, systemic lupus erythematosus, malaria or leprosy
- 582. What is the treatment of choice for syphilis?
 - a. Benzathine penicillin G 2.4 million U IM in a single dose
- 583. In the treatment of syphilis, what can occur when there is massive destruction of spirochetes?
 - a. Jarisch-Herxheimer reaction (fever, toxic state)
- 584. Without treatment, gonorrhea can progress to involve what structures in males?
 - a. Prostate, epididymis, and periurethral glands
- 585. What is the treatment of choice for gonorrhea?
 - a. IM ceftriaxone or oral cefixime
- 586. Lymphogranuloma venereum starts with vesicular or ulcerative lesions which may spread to the lymph nodes causing what?
 - a. Inguinal buboes
- 587. What is the drug of choice in the treatment of chlamydia in pregnant women?
 - a. Erythromycin

588. Trichomoniasis is what type of organism?
a. Flagellated protozoan
589. What is the most common vector-borne disease in the United States?
a. Lyme disease
590. What is the drug of choice in patients with erythema migrans or a suspicion of Lyme disease based on clinical findings and a history of tick bite?
a. Doxycycline
591. What is transmitted by the wood tick?
a. Rickettsia
592. Treatment with what has been shown to hasten recovery in patients with Rocky Mountain spotted fever?
a. Doxycycline or chloramphenicol
593. Rubbing a lesion that causes urticarial flare is referred to as?
a. Darier's sign
594. Pinpoint bleeding after a scale is removed is referred to as?
a. Auspitz sign
595. Pushing a blister causing further separation of the dermis is referred to as?
a. Nikolsky's sign
596. A patch test demonstrates what?
a. Hypersensitivity reaction
597. Minor trauma leading to new lesions at the site of trauma is referred to as?
a. Koebner phenomenon
598. What test is used to identify dermatophyte infection?
a. Potassium hydroxide preparation (KOH prep)
599. Thickened skin with distinct borders, often resulting from excessive scratching or prolonged irritation is referred to as?
a. Lichenification
600. You are examining a child with diaper rash and you notice satellite lesions, what do you suspect?
a. Candida infection
601. Where is the rash of atopic dermatitis most commonly located?

- a. Flexural surfaces, neck, eyelids, forehead, face and dorsum of the hands and feet
602. What is the mainstay of treatment of atopic dermatitis?
- a. Topical corticosteroids
603. In the treatment of dandruff, shampoos with which two elements has been shown beneficial in acute flare ups?
- a. Selenium and zinc
604. Describe the skin manifestations of lichenification.
- a. Well-circumscribed plaques that are highly pruritic, which sets up a cycle of itch-scratch lesions
605. Round, salmon-colored, slightly raised, papular and macular lesions aligned in a 'Christmas tree-like distribution', what do you suspect?
- a. Pityriasis rosea
606. Pityriasis rosea is a self-limiting condition of what duration?
- a. 3-8 weeks
607. What is the cause of molluscum contagiosum?
- a. Poxvirus
608. What are the 4 P's of lichen planus?
- a. Purple, polygonal, pruritic, papule
609. Describe the lesion of lichen planus.
- a. Flat-topped, shiny, violaceous papules with fine white lines on the surface (Wickham striae)
610. True/False: Koebner phenomenon is seen in lichen planus?
- a. True
611. All patients with lichen planus should be screened for what disease state?
- a. Hepatitis C
612. In what climate is dyshidrotic eczematous dermatitis (dyshidrosis) seen?
- a. Hot, humid weather
613. What is the basic pathology found in psoriasis?
- a. Enhanced epidermal cell turnover
614. In psoriatic lesions, peeling away a scale produces specks of bleeding from the capillaries. What is this called?
- a. Auspitz sign

615. In patients with psoriasis, scratching leads to more lesions. What is this referred to?
a. Koebner phenomenon
616. What is the most common variant of psoriasis?
a. Psoriasis vulgaris
617. Which form of psoriasis involves the entire skin surface?
a. Psoriatic erythroderma
618. Pemphigus vulgaris is more commonly seen in people of what descent?
a. Jewish or Mediterranean
619. In pemphigus vulgaris, there is lateral extension of the lesions when they are pushed. What is this referring to?
a. Nikolsky's sign
620. What are the hallmark lesions of acne?
a. Comedones
621. What are the topical preparations used in the treatment of mild acne?
a. Retinoids, azelaic acid, and salicylic acid
622. What is the drug of choice in the treatment of more serious or cystic acne?
a. Tetracycline's
623. True/False: Acne rosacea is a chronic acneiform disorder mainly affecting females between 30 and 50 years of age.
a. True
624. What are typical triggers of acne rosacea?
a. Heat, alcohol, sun, or hot, spicy foods
625. What is characterized by the insidious onset of scattered, small papulopustules and sometimes nodules, in which comedones are absent and the face appears red or flushed?
a. Acne rosacea
626. What does the suffix -phyma mean?
a. Enlarged
627. What is the most common cause of folliculitis?
a. Staph aureus
628. What is the cause of folliculitis seen in hot tub users?

- a. Pseudomonal folliculitis
629. What are three common causes of erythema multiforme?
- a. Drugs (sulfonamides, phenytoin, barbiturates, PCN, allopurinol)
 - b. Infections (HSV, Mycoplasma)
 - c. Idiopathic: 50% of cases
630. What is the hallmark of erythema multiforme major?
- a. Mucosal lesions that are painful and erode
631. What two conditions are mucocutaneous blistering reactions most often caused by a drug reaction?
- a. Steven-Johnson syndrome and toxic erythema necrolysis (TEN)
632. Where should SJS/TEN patients with extensive necrolysis be care for?
- a. Burn unit
633. What pathogen is the most common cause of furuncles?
- a. Staph aureus
634. What is the first step in the treatment of furuncles and carbuncles?
- a. Warm, moist compresses
635. When beginning broad spectrum antibiotic treatment for cellulitis, what three organisms should be covered?
- a. Haemophilus influenza, Streptococcus and Staphylococcus
636. In patients who are allergic to penicillin, what is the most appropriate antibiotic alternative?
- a. Erythromycin
637. What should patients taking griseofulvin be advised to avoid?
- a. Alcohol
638. What is the cause of tinea versicolor?
- a. Malassezia furfur
639. What is the characteristic feature of tinea versicolor?
- a. Hypo- or hyperpigmented macules that do not tan in areas of overgrowth
640. What is the treatment of choice of tinea versicolor?
- a. Selenium sulfide shampoo
641. What is the most common distribution seen in scabies?
- a. Hands, wrists, web spaces

642. What is the most important spider bite that can puncture the skin in the United States?
- Brown recluse (*Loxosceles reclusa*)
643. What three topical insecticides are considered the first line treatment of pediculosis (lice)?
- Permethrin, pyrethrins, and malathion
644. What is the most common type of malignant melanoma?
- Superficial spreading malignant melanoma
645. How is prognosis determined in melanoma patients?
- Depth of the lesion (Breslow depth)
646. What are the two most common neoplasms of the skin?
- Squamous and basal cell carcinomas
647. What is the typical presentation of squamous cell lesions?
- Sharply demarcated, scaling, or hyperkeratotic macule, papule, or plaque
648. How are stage I decubitus ulcers characterized?
- Non blanching erythema of intact skin
649. What is the most effective solutions in patients with new onset and smaller areas of hair loss?
- Minoxidil
650. Alopecia areata may be seen in what four disease states?
- Thyroiditis, pernicious anemia, systemic lupus erythematosus (SLE), Addison disease
651. What is a felon?
- Subcutaneous infection of the pulp space of the nail
652. What is the most significant and treatable risk factor for stroke?
- HTN
653. Strokes involving the anterior circulation are likely to produce what signs and symptoms?
- Hemispheric: aphasia, apraxia, hemiparesis, hemisensory loss, and/or visual field defects
654. Strokes involving the posterior circulation are likely to produce what signs and symptoms?
- Evidence of brain stem dysfunction: coma, drop attacks, vertigo, nausea, vomiting, and/or ataxia

655. What is the best imaging modality for differentiating ischemic from hemorrhagic stroke and is recommended during the acute phase?
- Noncontrast CT
656. Thrombolytic therapy is found to be most effective in reducing the extent of deficit caused by a stroke if given within how long of symptoms onset?
- 3 hours
657. What is the indication for endarterectomy?
- Greater than 70% stenosis of the common or internal carotid artery
658. What two disease processes are often associated with cerebral aneurysms?
- Polycystic kidney disease and coarctation of the aorta
659. A patient presents to the ER with complaints of an unusually severe, generalized headache of sudden onset, stating “this is the worst headache I’ve had in my life.” What do you suspect?
- Subarachnoid hemorrhage
660. What is the treatment of status epilepticus?
- IV diazepam or lorazepam until the seizure stops with a loading dose of phenytoin or fosphenytoin
661. What is the pathogenesis associated with multiple sclerosis?
- Inflammation associated with multiple foci of demyelination in the CNS white matter
662. True/False: Age of onset for multiple sclerosis in 18-45 years and is more common in women than men.
- True
663. What are the two most common presenting symptoms of multiple sclerosis?
- Sensory complaints in the limbs and vision loss (high correlation with optic neuritis)
664. What diagnostic test allows for visualization of white matter lesions in the CNS?
- MRI with gadolinium
665. What is commonly found in the CSF of patients with multiple sclerosis?
- Oligoclonal bands
666. What two medications have been shown to improve spasticity commonly seen with multiple sclerosis?
- Baclofen and diazepam

667. What is the most common form of dementia?
a. Alzheimer disease
668. What class of medication may be used to delay the progression of Alzheimer disease and improve memory function?
a. Acetylcholinesterase inhibitors
669. What medication has been used in the treatment of moderate to severe Alzheimer disease?
a. memantine (Namenda)
670. What is a potential cause of frontotemporal dementia and what is this associated with?
a. Pick disease, Amyotrophic lateral sclerosis
671. What are common frontal lobe symptoms associated with frontotemporal dementia?
a. Behavioral symptoms (euphoria, apathy, disinhibition) and compulsive disorders.
b.
672. What is the most common type of headache?
a. Tension headaches
673. What is the treatment of choice for cluster headaches?
a. Oxygen and/or injection of SC sumatriptan
674. What is the preferred therapy for prophylaxis of cluster headaches?
a. Verapamil
675. What medication is used in controlling benign essential tremors?
a. Propanolol
676. What are the essential clinical features that establish a diagnosis of Parkinson disease?
a. Resting tremor, bradykinesia, rigidity, and postural instability
677. When considering bradykinesia in patients with Parkinson disease, what are common facial features?
a. Infrequent blinking and mask-like faces
678. When testing passive range of motion on a patient's suspected of having Parkinson disease, what would you expect to find?
a. Cogwheel rigidity
679. On what chromosome is the gene responsible for Huntington disease found?

- a. Chromosome 4
680. What are the characteristic features seen in Huntington disease?
- a. Progressive chorea and dementia
681. What is the most common initial manifestation seen with Tourette syndrome?
- a. Phonic tics: grunts, barks, hisses, coughing or verbal utterances
682. What disease process is characterized by a chronic impairment of muscle tone, strength, coordination or movements?
- a. Cerebral palsy
683. When do the symptoms of restless leg syndrome most commonly occur?
- a. During periods of prolonged inactivity or rest
684. In addition to prescription medication management, a trial of what is now recommended in all patients with restless leg syndrome?
- a. Iron (avoid in patients with iron overload)
685. On which side of the face is Bell palsy most common to occur?
- a. Right side: 60% of cases
686. In what two patient populations is Bell palsy more prominent?
- a. Pregnant women and diabetics
687. What cranial nerve supplies the muscles affected in Bell palsy?
- a. CN VII
688. When does the facial weakness of Bell palsy peak?
- a. About 21 days or less
689. What other disease processes lead to facial palsy that should be ruled out prior to the diagnosis of Bell palsy?
- a. Stroke, tumors, Lyme disease, AIDS, sarcoidosis
690. What is the most common form of neuropathy diagnosed in the western hemisphere?
- a. Diabetic neuropathy
691. What medication has recently been approved for the treatment of painful diabetic neuropathy?
- a. duloxetine (Cymbalta): SNRI
692. What is the most common precipitant of Guillain-Barre syndrome (acute idiopathic polyneuropathy)?
- a. Campylobacter jejuni

693. Describe the pattern of weakness noted in patients with Guillain-Barre syndrome.
- Symmetrical extremity weakness that begins distally and ascends
694. In what percentage of patients with Guillain-Barre syndrome are cranial nerves affected?
- 45-75%
695. What form of treatment has been shown to reduce the time required for recovery and may reduce the likelihood of residual neurologic deficits in patients with Guillain-Barre syndrome?
- Plasmapheresis
696. In the treatment of Guillain-Barre syndrome, what form of treatment is preferred over plasmapheresis in adults with cardiovascular instability and in children?
- IV immunoglobulin (IVIG)
697. Describe the characteristics of myasthenia gravis.
- Muscle weakness and fatigability, which improves with rest
698. What is the mainstay of treatment for myasthenia gravis?
- Cholinesterase inhibitors, such as pyridostigmine
699. What are the three primary causes of bacterial meningitis?
- Streptococcus pneumoniae, Neisseria meningitidis, and group B streptococci
700. What is the most common bacterial cause of meningitis in neonates younger than 1 month of age?
- Group B Streptococcus
701. What clinical feature is characteristic of Neisseria meningitidis?
- Petechial rash
702. Prompt lumbar puncture and CSF analysis are essential in making the diagnosis of bacterial meningitis. Prior to the lumbar puncture, what diagnostic test must be performed and why?
- CT scan to rule out space-occupying lesion
703. Neonates with bacterial meningitis are commonly treated with what antibiotic regimen?
- Ampicillin and cefotaxime

704. What is the treatment of choice for bacterial meningitis in immunocompetent children older than 3 months of age and adults younger than 55 years?
- cefotaxime or ceftriaxone plus vancomycin
705. What two potential combinations are used in the treatment of bacterial meningitis in adults older than 55 years and those of any age with alcoholism or debilitating illness?
- Ampicillin plus cefotaxime or ceftriaxone plus vancomycin
706. What is the combination of antibiotics given to hospital-acquired, post traumatic or post neurosurgery meningitis, or if the patient is immunocompromised?
- Ampicillin plus ceftazidime plus vancomycin
707. What medication is recommended in adults with meningitis secondary to S. pneumoniae and in children older than 1 month of age with meningitis secondary to Hib?
- Dexamethasone
708. What is the treatment for suspected herpes viral meningitis?
- Acyclovir
709. What are the presenting symptoms seen in patients with a brain abscess?
- Vomiting, fever, altered mental status and focal neurologic signs
710. Lumbar puncture is contraindicated in patients with what type of presenting symptoms and signs?
- Focal neurologic symptoms or focal neurologic signs as brain stem herniation may be precipitated
711. In patients who suffered head trauma, loss of consciousness of what duration implies a worse prognosis?
- 2 minutes
712. What would you expect to find in a patient with central cord syndrome?
- Lower motor neuron deficit and loss of pain and temperature with sparing of the posterior column functions
713. What are the most common primary intracranial neoplasms?
- Gliomas
714. What are the most common sources of intracranial metastasis?
- Lung, breast, kidney and GI tract cancer
715. What are the six major hormones produced by the anterior pituitary gland?
- ACTH, TSH, LH, GH, FSH, prolactin

716. What are the two hormones stored in the posterior pituitary gland?
a. ADH (vasopressin), oxytocin
717. What are the diagnostic criteria for prediabetes?
a. HbA1c (%): 5.7 – 6.4, fasting glucose: 100-125 mg/dL, oral glucose tolerance test: 140-199 mg/dL
718. In patients with poor control of their metabolic syndrome with diet and exercise alone, what medication is recommended?
a. Metformin
719. In the United States, what is the leading cause of blindness in adults over 60 years of age?
a. Diabetic retinopathy
720. What is the most common complication of DM?
a. Neuropathy
721. What is the characteristic pattern of occurrence scene in diabetic neuropathy?
a. Peripheral symmetric polyneuropathy (stocking and glove distribution)
722. As a first line intervention, all diabetics should be counseled on what?
a. Diet
723. In patients with diabetes, what is used in the primary prevention in patients with increased cardiovascular risk?
a. Daily ASA (75 – 325 mg/d)
724. What is the most common first line agent in the treatment of DM?
a. metformin
725. Deficiency of what vitamin can be seen with prolonged use of metformin?
a. Vitamin B12
726. How often are ophthalmologic exams recommended in monitoring for diabetic retinopathy?
a. Annual
727. Elevated LDL levels increase the risk of what disease process?
a. CAD
728. Severe elevations of triglycerides can cause what disease process?
a. Pancreatitis
729. What is the recommended first line management in patients with hyperlipidemia?

- a. Lifestyle modifications: diet and at least 30 minutes of daily exercise
730. What are common side effects seen with the use of statins (HMG-CoA inhibitors)?
- a. Myalgia's and GI complaints
731. What is a common side effect seen with niacin and how can it be reduced?
- a. Prostaglandin-induced flushing: reduce by taking ASA 30 minutes prior or a daily NSAID
732. What class of medications are the most potent for lowering triglyceride levels and raising HDL?
- a. Fibric acid derivatives
733. What are potential complications from treatment with fibric acid derivatives?
- a. Gallstones, hepatitis, myositis
734. What are common symptoms of hypercortisolism?
- a. Obesity, HTN, thirst, polyuria
735. What are the characteristic features associated with hypercortisolism?
- a. Buffalo hump, moon facies, supraclavicular pads
736. What are the most specific signs indicative of hypercortisolism?
- a. Proximal muscle weakness and pigmented striae more than 1 cm wide
737. You suspect a patient of having hypercortisolism, what diagnostic tests would aid in your decision making?
- a. Dexamethasone suppression test, 24-hr urine collection for free cortisol and creatinine
738. At what diagnostic threshold of plasma or serum ACTH would be suggestive of an adrenal tumor?
- a. ACTH < 20 pg/mL
739. What characteristic finding is only found in primary Addison disease?
- a. Hyperpigmentation due to elevated ACTH
740. What signs and symptoms would you expect to see in a patient with Addison's crisis?
- a. Hypotension, acute pain (abdomen, low back), vomiting, diarrhea, dehydration, altered mental status

741. What class of medications is considered first line in the treatment of mood disorders and how long should they be continued to determine efficacy?
- SSRIs and 4-6 weeks
742. What are common side effects associated with lithium?
- Weight gain, tremor, nausea, increased thirst and urination, drowsiness, hypothyroidism, arrhythmias, and seizures
743. Which personality disorder is characterized by a lifelong pattern of voluntary social withdrawal, and is often perceived as eccentric and reclusive?
- Schizoid personality disorder
744. What class of medications is used to control hostility and brief psychotic episodes in patients with borderline personality disorder?
- Antipsychotics
745. What is the most common mental disorder in the United States?
- Phobias
746. What is a common lab finding in patients with eating disorders?
- Hypochloremic hypokalemic metabolic alkalosis
747. What are the most commonly abused drugs?
- Alcohol, nicotine, and caffeine
748. When would you expect withdrawal symptoms to present in a patient who abuses alcohol?
- 6-18 hours after cessation of alcohol
749. What medication is used in the reversal of any opioid?
- Naloxone
750. You are evaluating a baby in the ER and notice retinal hemorrhages and hyphema, what do you suspect?
- Shaken baby syndrome