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QUESTION 1

A 17-year-old girl notes an enlarging lump in her neck. On examination, her thyroid gland is twice the normal size, firm to rubbery, multilobular, nontender, and freely mobile. There is no adenopathy. Family history is positive for both hypo- and hyperthyroidism. Her serum triiodothyronine (T3) and thyroxine (T4) levels are low normal, and serum thyroid-stimulating hormone (TSH) is high normal. Technetium scan shows nonuniform uptake. Serum and antithyroglobulin titer is strongly positive.

What will thyroid biopsy of this patient most likely disclose?

A. giant cell granulomas and necrosis

B. polymorphonuclear cells and bacteria

C. diffuse fibrous replacement

D. lymphocytic infiltration

E. parafollicular cells

Correct Answer: D

The patient described in the question most likely has Hashimoto\\'s thyroiditis, also called autoimmune or chronic lymphocytic thyroiditis. It is the most common cause of thyroiditis in the United States and is encountered more frequently in women than in men. Patients note progressive thyromegaly but are usually euthyroid at the outset. Hypothyroidism may appear years later, often heralded by an elevated serum TSH level. Diagnosis is based on the history, examination, heterogeneous uptake on thyroid scan, and the presence of antithyroid and antithyroglobulin antibodies. If the diagnosis is still in doubt, needle biopsy will demonstrate lymphocyte infiltration, sometimes in sheets or forming germinal centers. Subacute (de Quervain, granulomatous) thyroiditis will show polymorphonuclear cells, necrosis, and giant cells. Bacteria may not be present in acute suppurative thyroiditis. Thyroid infiltration and replacement by rock-hard, woody, fibrous tissue is typical of Riedel\\'s struma. C-cell hyperplasia is associated with medullary thyroid carcinoma. Hashimoto\\'s thyroiditis is treated with thyroid hormone. Lower doses (0.100.15 mg/day) of levothyroxine are used to treat hypothyroidism alone; whereas, higher doses (0.150.30 mg/day) suppress TSH release and diminish goiter size. Partial resection may result in enlargement of the remaining gland. Steroids, antibiotics, and radioiodine have no role in therapy.

QUESTION 2

A 55-year-old male who is a former IV drug user presents with jaundice, ascites, and leg edema. A CT scan of the abdomen reveals a malignant-appearing mass in the liver. According to the above findings of patient having hepatitis virus, select the most likely type of viral hepatitis.

A. hepatitis A

B. hepatitis B

C. hepatitis C

Correct Answer: C

Hepatitis A is transmitted almost exclusively by the fecal-oral route. Large outbreaks have been linked to contaminated food products. Intrafamily and intrainstitutional spread also is common. Clinical severity usually is mild, and hepatitis A does not progress to chronicity. Hepatitis C more commonly progresses to chronicity (5070% develop chronic hepatitis

and 8090% of these patients have evidence for chronic infection). Hepatitis C can lead to cirrhosis and hepatocellular carcinoma. Chronicity occurs in only 110% of patients with hepatitis B

QUESTION 3

A7-month-old baby presents with a history of constipation for 1 month. He has one hard stool every week. He has been well otherwise. His physical examination is normal. Which of the following is the most likely cause of his problem?

A. hypothyroidism

B. lead poisoning

C. functional constipation

D. Hirschsprung disease

E. hypocalcemia

Correct Answer: C

Hypocalcemia is not a cause of constipation. On the contrary, it increases irritability of nerve cells and may result in diarrhea. Hypothyroidism, lead poisoning, and Hirschsprung disease all may be associated with constipation. Congenital hypothyroidism and Hirschsprung disease (a congenital disorder characterized by regional absence of ganglion cells from the myenteric plexus of the colon) present at birth. Lead poisoning is more common after the child becomes mobile. Functional constipation is the most common cause of constipation at this age. It is usually due to dietary factors.

QUESTION 4

You are asked by a company predominantly employing women to design an educational program to reduce morbidity and mortality due to cardiovascular disease. Which of the following statements should you include in this program to describe women\\'s risk of cardiovascular disease?

A. Men have fewer heart attacks than women.

B. The underlying cause of heart disease in women is now well understood.

C. The gender difference in vascular disease is greater in cerebral, aortic, and peripheral vessels than it is in the coronary arteries.

D. Postmenopausal hormone replacement therapy (HRT) is beneficial in reducing the risk of cardiovascular disease.

E. In women, cardiovascular disease is more likely to present as angina than in men.

Correct Answer: E

Researchers have reported significant disparities between men and women in heart disease. An excess risk is documented in Western society through studies such as the Framingham study and studies in Finland. There appears to be relative protection from estrogens among younger women. However, the Women\\'s Health Initiative demonstrated an increase in risk for heart disease in women using exogenous postmenopausal HRT. Cardiac disease is more likely to present as angina in women. Older women carry more cholesterol as high-density lipoprotein (HDL) than low-density lipoprotein (LDL) compared to younger women. The gender difference in vascular disease is less apparent in the aorta, cerebral, and peripheral arteries than in the coronary arteries. In Eastern Europe, cardiovascular disease is increasing

rapidly in women, while in the United States, the agespecific increase in cardiovascular disease is greater among women than men.

QUESTION 5

A 55-year-old woman presents with a 6-month history of weight loss, abdominal cramps, and intermittent nonbloody diarrhea. On examination, her abdomen is mildly distended and there is a palpable mass in the right lower quadrant. Stool cultures yield normal fecal flora. CT scan with oral contrast demonstrates an inflammatory mass in the right lower quadrant, with thickening of the terminal ileum and ileocecal valve. Which of the following is the most likely diagnosis?

A. ulcerative colitis

B. appendicitis

C. Crohn\\'s disease

D. irritable bowel syndrome

E. lactose intolerance

Correct Answer: C

Crohn\\'s disease is a chronic inflammatory disease of the gastrointestinal tract that presents with intermittent crampy abdominal pain and diarrhea. It most commonly involves the terminal ileum and right colon. Because eating can exacerbate symptoms, oral intake may be decreased, contributing to the associated weight loss. Transmural inflammation leads to bowel wall thickening, and with adjacent mesenteric inflammation, the patient may develop a palpable mass. It may be difficult to differentiate Crohn\\'s disease from ulcerative colitis on the basis of history and clinical examination.

However, ulcerative colitis is a mucosal disease that is limited to the colon and nearly always involves the rectum. Diarrhea is usually bloody, and hemorrhage may be significant enough to require transfusion therapy. Complicated appendicitis may present with a right lower quadrant mass and diarrhea if there is perforation with abscess formation. The history is that of an acute illness in a previously well patient. Irritable bowel syndrome is associated with intermittent crampy abdominal pain, and diarrhea alternating with constipation. There is no inflammatory process, and weight loss is not a clinical feature. Evaluation of the small bowel is best accomplished with contrast radiography, such as a small-bowel follow-through study or enteroclysis. Radiographic abnormalities of small-bowel Crohn\\'s disease are often distinctive and can demonstrate complications such as strictures and fistulae. CT scanning does not assist in confirming the diagnosis, but is helpful in detecting such complications as abscess. Ultrasonography has limited value. Sigmoidoscopy may not be useful, because Crohn\\'s disease commonly spares the rectum and may be worse on the right side of the colon. Colonoscopy may be helpful when the colon is involved and when intubation of the ileocecal valve can be achieved; however, the disease may be limited to the small bowel resulting in a nondiagnostic examination.

The principle of initial management of Crohn\\'s disease is relief of symptoms, nutritional therapy, and suppression of the inflammatory process. Nutritional supplementation may require TPN in conjunction with bowel rest. Acute exacerbations of the disease are initially treated with systemic steroids. The use of antispasmodics may be effective in the treatment of irritable bowel syndrome. In Crohn\\'s disease, however, antispasmodics may lead to an ileus or toxic bowel dilatation. Surgery in Crohn\\'s disease is indicated for the management of complications, including fistula or abscess formation, stricture with obstruction, and perforation.