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QUESTION 1

A 33-year-old woman complains of generalized, throbbing headache that is worse in the morning and with coughing. She occasionally feels dizzy and nauseated. Examination is significant only for obesity and bilateral papilledema. ACT scan of the head is normal. At lumbar puncture, the opening pressure is 220 mmH2O; CSF is clear, with protein of 12 mg/100 mL (normal, 1545), glucose of 68 mg/100 mL (normal, 4580), and no cells are seen. Which of the following is the most likely diagnosis?

A. migraine headache

B. multiple sclerosis

C. malignant carcinomatosis

D. pseudotumor cerebri

E. glaucoma

Correct Answer: D

Pseudotumor cerebri is a disorder of increased intracranial pressure that has no obvious cause. The typical patient is an obese young woman who complains of headache and is found to have papilledema. Slight decrease in visual fields and enlargement of blind spots may also be observed. Neurologic examination is otherwise normal, and the patient appears to be healthy. CSF is under increased pressure and may have slightly low protein concentration, but is otherwise normal. CT scan, arteriogram, and other x-ray studies are usually normal. The most serious complication is severe visual loss, which occurs in about 10% of affected persons. Treatment with a carbonic anhydrase inhibitor decreases intracranial pressure by decreasing production of CSF. Weight loss is important but often unsuccessful. If the carbonic anhydrase inhibitor and weight loss fail, or if visual loss develops, lumboperitoneal shunting or optic nerve sheath fenestration are important maneuvers to prevent blindness.

QUESTION 2

A4-year-old child with grade III vesicoureteral reflux has recurrent UTIs despite adequate antibiotic prophylaxis. Which of the following is the most appropriate next step in the treatment of this patient?

A. IV antibiotic treatment for 2 weeks

B. repeat renal scan

C. renal arteriogram

D. antireflux surgery

E. addition of vitamin C (ascorbic acid) tothe treatment regimen

Correct Answer: D

Vesicoureteral reflux is the most common anatomic abnormality associated with recurrent UTI in children. Many cases of reflux are the result of an inadequate length of submucosal ureter immediately proximal to its opening into the bladder lumen, a condition that sometimes requires surgical correction. However, in other children, reflux often seems to result from the direct effects of infection on ureteral tone and peristalsis. Thus, many children may outgrow mild degrees of reflux if they are maintained on prophylactic antibiotics. Moderate-to-severe degrees of reflux frequently require surgery. Failure of adequate antibiotic treatment to prevent infection is also a prime indication for surgery. Repeating an IVP or

performing a renal arteriogram on an already diagnosed case would not be useful, although a radionuclide scan may be very helpful to determine the present degree of reflux with a minimum of radiation exposure. Vitamin C, although reportedly useful in acidifying the urine to help prevent infection, does not enhance adequate antibiotic prophylaxis. IV antibiotics would be necessary only if oral antibiotics were not successful in eradicating infection.

QUESTION 3

A 26-year-old woman complains of a vaginal discharge causing burning and itching of the perineum. The pH of the discharge is 4.5. Which of the following is the most likely cause of her discharge?

A. monilial vaginitis

B. trichomonas vaginitis

C. chlamydial cervicitis

D. gonococcal cervicitis

E. bacterial vaginosis

Correct Answer: A

The normal pH of the vagina is 3.84.2. In women with a vaginal discharge, a pH less than 5.0 suggests monilial vaginitis or a physiologic discharge of normal squamous cells desquamated from the vaginal epithelium. A pH greater than 5.0 suggests some type of bacterial infection, such as bacterial vaginosis or trichomonas vaginitis. The diagnosis of bacterial vaginosis is based on the presence of 3 of 4 characteristics: pH greater than 4.5, a homogenous thin appearance of the vaginal discharge, a fishy amine odor after the addition of 10% potassium hydroxide (KOH) to the discharge, and clue cells present in 2050% of vaginal epithelial cells. Clue cells are bacteria adherent to the surface of vaginal epithelial cells. Lactobacilli are absent from the vagina in women with bacterial vaginosis. Both chlamydia and gonorrhea infect the cervix and do not change the vaginal pH.

QUESTION 4

A 5-week-old infant presents with a 1-week history of progressive nonbilious emesis, associated with a 24hour history of decreased urine output. The infant continues to be active and eager to feed. On examination, the infant has a sunken fontanelle and decreased skin turgor. The abdomen is scaphoid, and with a test feed, there is a visible peristaltic wave in the epigastrium. Electrolytes and a urinalysis are evaluated. Which of the following laboratory findings are most likely to be seen in this patient?

A. Na 145, K 3.0, Cl 110, CO2 17, urine pH 8.0

B. Na 130, K 3.0, Cl 80, CO2 36, urine pH 4.0

C. Na 135, K 4.0, Cl 104, CO2 23, urine pH 7.0

D. Na 140, K 5.2, Cl 100, CO2 16, urine pH 4.0

E. Na 132, K 3.2, Cl 96, CO2 25, urine pH 7.0

Correct Answer: B

Infants with pyloric stenosis usually present after the third week of life with symptoms of progressive pyloric outlet obstruction secondary to increasing hypertrophy of the pyloric muscle. There are often clinical signs of dehydration, but

the infant usually appears well and is eager to feed. Viral gastroenteritis and urinary tract sepsis may be associated with signs of such systemic illness as lethargy, poor feeding, and, in some cases, fever. Gastroesophageal reflux more typically presents with a history of regurgitation since birth. Milk protein allergy is often associated with colicky abdominal pain and diarrhea. The pathognomonic sign on clinical examination is a palpable "olive" in the epigastrium or right upper quadrant. Abdominal ultrasound is operator dependent, but with expertise in interpretation of the study, the thickened elongated pyloric channel can be demonstrated. AUGI contrast study may show the classic "shouldering" of the pyloric muscle, with a "string sign"; this also requires expertise in performing the examination, and other causes of pyloric outlet obstruction, such as pylorospasm may be misinterpreted as a positive study. Surgical exploration should be reserved for those patients in whom the diagnosis has been confirmed and only after the infant has received fluid resuscitation. Infants with gastric outlet obstruction develop a hypochloremic, hypokalemic metabolic alkalosis. This is secondary to the loss of chloride in the gastric contents, and the renal reabsorption of sodium in exchange for potassium and hydrogen. Carbonic anhydrase converts carbonic acid to hydrogen and bicarbonate ions, allowing hydrogen to be excreted in the urine, with retention of the bicarbonate. Hence, with the metabolic alkalosis, there is a "paradoxical aciduria." Hypernatremic, hyperchloremic, hypokalemic metabolic acidosis develops in infants with diarrhea. Infants with gastroesophageal reflux do not usually develop significant electrolyte derangements. Infants with pyloric stenosis will usually require a period offluid resuscitation to correct hypovolemia as well as electrolyte and acid-base abnormalities.

This is followed by a pyloromyotomy. Infants with vomiting and diarrhea from viral gastroenteritis are often successfully managed with oral rehydration. Prokinetic agents have been used in the management of gastroesophageal reflux. Soy formulas or elemental formulas are recommended for the infant with a milk protein allergy

QUESTION 5

Which feature of fibrocystic disease of the breast is associated with the greatest risk of developing breast cancer?

A. number of nodules

B. serous nipple discharge

C. size of the dominant mass

D. presence of epithelial hyperplasia

E. presence of a palpable axillary node

Correct Answer: D

Fibrocystic disease includes a variety of histologic findings. Typical is proliferation and hyperplasia of the lobular, ductal, and acinar epithelium. Histologic variants include variable- sized cysts, adenosis, fibrosis, duct ectasia, apocrine metaplasia, and others. Ductal epithelial hyperplasia and apocrine metaplasia with atypia are the findings associated with the greatest risk of subsequent breast cancer. The presence of histologic atypia increases the woman\\'s chance of breast cancer fivefold.