COMMON BOARD QUESTIONS

- Scarlet fever: strawberry tongue
- If PCN allergy, give erythromycin (can give Keflex, but carries SOME cross allergenicity)
- Epiglottitis (xray, thumbprint sign)
- Reed Sternberg cells → Hodgkins
- Transudate vs exudate pleural effusion
- Meig’s syndrome
- Pancoasts syndrome
- Ortho Questions → almost always PT FIRST
- COPD is linked with MAT
- If cardiac output is low, you may underestimate aortic stenosis on an echo
- Temporal lobe epilepsy → smell of burning tires (olfactory hallucination)
- Know pertinent negatives in schizophrenia
- What do you use for the exacerbation of HF? LOOP diuretics (lasix) – not thiazide
- Avoid verapamil in HFrEF (due to negative inotropic effects)
- Mitral valve is involved most commonly with rheumatic fever
- Osler nodes → endocarditis (staph, penicillin)
- Roth spots → endocarditis
- Most cardiac tumors are benign
  - Myxoma is the most common (must often left atrium – atria-septal)
- Most common extension of cardiac tumor = lung cancer
- What do you see on HSV Tzank smear → multinucleated giant cells
- Eczema herpeticum → punched out erosions
- Know pathogens associated with cellulitis
- Honey colored crust = tell-tale sign of impetigo
- Difference between feruncle (single hair follicle) and carbuncle (multiple hair follicles)
- Tinea capitus must be treated with an oral medication NOT a topical (griseofulvin)
- Know BRCCA, Lynch syndrome (colon cancer), Von Hippel-Lindau (VHL – Kidney familial syndrome)
- Prehn’s sign for epididymitis
- Behget’s syndrome
- CVAT = pyelonephritis
- Aminoglycosides → nephro & ototoxicity
- When is DRE of prostate contraindicated? May cause sepsis if acute prostatitis (able to do DRE in chronic prostatitis)
- Pre-auricular lymphadenopathy & rash → adenovirus
- MI that would be otherwise silent can precipitate DKA in DM
- Fitzhugh-curtis syndrome (chlamydia)
- Gonorrhea → gram stain (gram neg diplococci)
- Culture on thayer-martin media for GC
- What do you give for GC/CT → treat both at the same time (azithro & ceftriaxone)
- Azithro is for CT and for the 1% of GC that is resistant to ceftriaxone
- Differentiating between an upper and lower neuron injury with 12th cranial nerve
  - Lower motor neuron causes the tongue to deviate to the same side of the lesion
  - Upper motor neuron lesion will deviate to the opposite side
- Vibratory and joint position sense are posterior column issues in the cord
- Amaurosis Fugax
- Subarachnoid hemorrhage → first and worst headache of your life, this is the first thing that needs to be ruled out
- Posterior fossa tumor → headache with coughing or sneezing (especially in kids)
- Cluster headache → 30-180 minutes
- Prinzmetal’s Angina → vasospasm
- Cheyne-stokes breathing pattern
COMMON BOARD QUESTIONS

- Neisseria meningitis rash
- CAM: confusion assessment method
- Haloperidol (Haldol ®) → most likely culprit for a prolonged QT → Torsades, associated with EPS (Extra pyramidal symptoms), available PO, IM, IV
- ETOH withdrawal, seizures and delirium tremens (CIWA)
- Neuroleptic malignant syndrome
- Lhermitte’s sign: electric shock that radiates down the spine upon flexion of the neck
- MS symptoms are often exacerbated or induced by heat (Uthoff’s phenomenon)
- 5 causes of foot drop
- Which pathogen is related to Guillian-Barre? (campylobacter jejuni – 30%)
- CIDP
- Nipple discharge, check prolactin level and pituitary
- Lobular carcinoma in situ is NOT cancer, ductal carcinoma in site IS cancer
- For thyroid function you always order the TSH first, if its abnormal, add the free T4
- Chadwick’s sign: dark discoloration of the vulva and vaginal walls (due to greatly increased blood flow)
- Magnesium Sulfate → IV 6 grams (exlampsia)
- Magnesium sulfate → IV 2 grams (torsades)
- HELLP Syndrome (Hemolysis, Elevated Liver enzymes, Low Platelets) – RUQ pain, edema of face and hands, HA, visual changes, nausea, increased pressure, swollen liver, decreased urine output
- Ectopic pregnancy → hCG of >1,500 and you can’t see anything in the uterus
- DES → at risk for clear cell carcinoma and GYN malformation
- Snowstorm appearance in molar pregnancy
- Wilson’s Disease
- Ambulatory pH monitoring – gold standard testing for GERD
- Barrett’s Esophagus (squamous → acid resistant columnar epithelium)
- Feline esophagitis/eosinifilic (>15 cells)
- #1 cause of peptic ulcer disease = h. pylori (followed by NSAIDs)
- What do duodenal ulcers most commonly penetrate? → the pancreas
  - Gastric ulcers → liver lobe
- pyloric stenosis is more common in first born males
- What test do you order for gallbladder? Ultrasound
- Ranson’s Criteria (pancreatitits) → does not include lipase
- AST is usually 2 times the ALT in alcoholic hepatitis
- Child Pugh Score → cirrhosis prognosis score
- Anti hepB surface antigen is there in all people who have been activated, hepB core antibody is indicative to a prior infection
- Window Period → positive IgM to antiHBCc (haven’t yet seroconverted)
- Difference between core and surface antigen in HepB
- Kayser-Fleisher Rings (deposition of copper around cornea) → Wilson’s disease
- Antibiotics for acute cholecystitis (gram neg rod coverage) – usually zosyn, may add flagyl for anaerobes
- Charcot triad – acute cholangitis
- Greasy malodorous stool → giardia
- Whipple’s disease
- Immunocompromised patients cannot get live vaccines → varicella, yellow fever, typhoid, MMR
- ROME criteria for IBS
- CML → Philadelphia chromosome
- AML → auer rods, gingival hyperplasia
- ALL → kids
- Nagele’s Rule: -3m +7d + 1yr
- GaPbcd: pregnancies, term pregnancies, pre term pregnancies, abortions/ectopics, living children
- Ranson’s criteria – pancreatitis
COMMON BOARD QUESTIONS

- Crohn’s vs. UC
- Child Pugh’s score
- Crohn’s – non-caseating granuloma
- Gilbert’s syndrome
- HIDA scan
- Gall bladder wall normal = 3mm
- TB questions!!!
- Erythema toxicans (babies) → eosinophils
- Intussusception in infants → currant jelly like stool
- Most common bacterial infections in infants <60 days → GBS & e. coli
- ALL → no auer rods or granules
- AML → DOES have auer rods and granules
- Palpable olive shaped mass → pyloric stenosis
- Classic presentation of intussusception is currant jelly stool
- Meckel’s diverticulum
- Kawasaki Disease
- Monteggia fracture
- Most common cyanotic congenital heart disease in babies = 5 Ts (TOF, TGA, Tricuspid atresia, truncus arteriosus, total anomalous pulmonary venous return)
- Erythema Toxicum Neonatorum (eosinophils)
- Most common bacteria seen in surgery are gram positive and gram negative bacteria (staph epidermitis), 1st generation cephalosporin such as cefazolin is a good choice
- Fine needle aspiration (FNA) CANNOT be used for definitive diagnosis
- Aortic stenosis triad → CHF, chest pain, syncope (systole, crescendo-decrescendo murmur)
- Marfan’s → Thoracic Aortic Aneurysm
- Beck’s triad → Distended neck veins, hypotension, distant/muffled heart sounds
- Charcot’s Triad (MS) → nystagmus, intention tremor, scanning or staccato speech
- Charcot’s Triad (ascending cholangitis) → jaundice, fever (usually with rigors), RUQ pain
- Virchow’s Triad (thrombosis) → alterations in normal blood flow, injuries to vascular endothelium, alterations in the constitution of blood (hypercoagulability)
- Cushing Reflex (ICP – maybe cranial hemorrhage) → irregular respiration (brainstem function), bradycardia, systolic hypertension (widening pulse pressure)
- Lymphocytosis, CD5+, CD19+, CD23+ = b-lymphocytes that are diagnostic for CLL
- Salmonella osteomyelitis in sickle cell patients
- Renal cell carcinoma Triad: gross hematuria, flank pain, & palpable mass
- Injection drug use, CV sx, murmur → splinter hemorrhages
- Scalp tenderness, temporal region → temporal artery biopsy = gold standard
- What drug is contraindicated with cocaine use? Beta blockers
- PE → S1Q3T3
- Peds → cough, sore throat, ill appearing, what are you concerned about = epiglottitis
- Stones, bones, moans (psychic) and groans (GI) → hypercalcemia
- Person in a movie theater → fast pupil dilation can lead to acute angle glaucoma
- Bactrim → steven Johnson syndrome
- CT without contrast, 3 reasons → stone, dye allergy, renal problems
- Classifications of abortions (threatened, inevitable, incomplete, complete, missed)
- Scorpion bite, hypercalcemia can cause pancreatitis (but mostly alcohol or gallstones)
- Middle aged man coming in with back pain, think AAA
- Hyperkalemia → peaked T waves (most common), lengthens PR, last thing before impending death = sine wave
  - Eventually your P waves disappear
- How do you treat hyperkalemia? → insulin (10u), with glucose (dextrose – 1 amp)
COMMON BOARD QUESTIONS

- If you need to protect the cardiac membrane you can give calcium chloride, calcium gluconate (but calcium chloride needs to be given in a central line)
- Bases produce saponification and liquefactive necrosis of body fat, acids lead to protein denaturation and coagulative necrosis
- Snakes: red next to yellow, kill a fellow; red next to black, venom lack
- What can you give down endotracheal tube? NAVEL:
  - Narcan, Atropine, Valium, Epi, Lidocaine
- Aspirin: Originally it causes a primary respiratory alkalosis AND a primary AG metabolic acidosis, causes tinnitus