

ABSITE REVIEW 3

GRABBAG

- Empiric therapy for a woman with an EC fistula, fevers in the line that is 2 weeks old

- VOSYN

- A 68-year-old woman was admitted through the emergency room with diarrhea and abdominal pain, and diagnosed with *C. difficile* colitis as an outpatient two days ago. She had been treated with oral vanco. Today, she has a leukocytosis of 36,000 and diffuse abdominal tenderness. Her HR is 115, BP 85/50, RR 20. Therapy?

- Subtotal colectomy and ileostomy

- 29-year-old with C. difficile who still has diarrhea 3 days after starting oral vanco. Not sick, outpatient.

- Oral Vanco pulsed therapy, Fidaxomicin

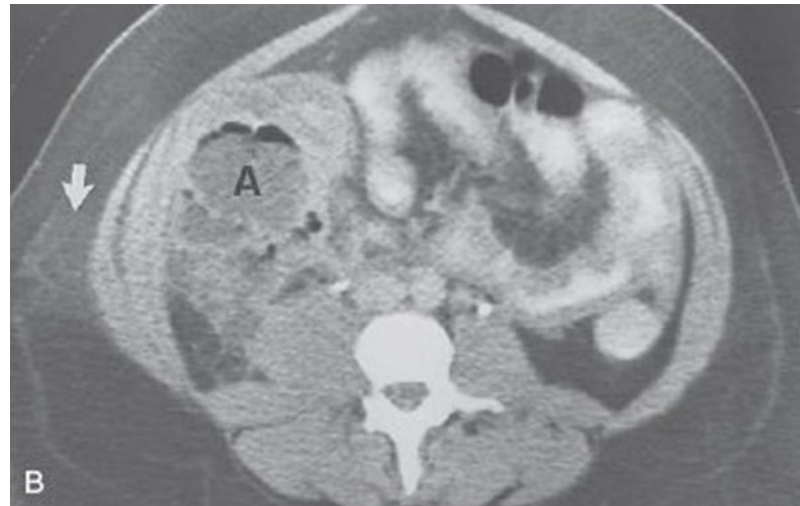
- A 42-year-old male underwent splenectomy for splenic fracture and intracranial bleed following an MVC 3 days ago. He required multiple blood products intra- and postoperatively. He has remained intubated for depressed mental status and hypoxia, and has a fever of 39.2°C. Which study is necessary to establish the most likely infectious cause of fever?

- Bronchial alveolar lavage with culture

- Gunshot wound to the abdomen with injuries to the colon liver and small bowel. How long antibiotics?

- 24 hours

- Febrile with white count of 17 and CT below. First trip to the hospital was 3 days ago where she was seen in the ED and discharged. Best management now?



- PERC drain and antibiotics

- Electrolyte abnormality associated with massive transfusion

- Hypocalcemia

- Physical findings associated with low calcium besides perioral numbness and tingling

- Twitching of the facial muscles with percussion of the facial nerve

- Associated with increase in T wave amplitude with neuro peak symmetrical T waves and widening of the QRS complex

- Hyperkalemia

- A 57-year-old female is postoperative day four from a laparoscopic right hemicolectomy for colonic adenocarcinoma. She has a past medical history of hypertension, insulin-dependent diabetes, and congestive heart failure with an EF of 38%. Her home medications include metformin, carvedilol, losartan, and furosemide. She now complains of worsening abdominal distention, persistent nausea, emesis and is no longer passing flatus. A KUB demonstrates paralytic ileus. Which electrolyte abnormalities is most likely to contribute to her ileus?

- Hypokalemia

- Very first treatment for hyperkalemia with EKG changes

- Calcium

- Mr. T is a 46-year-old male with a past medical history of alcohol use disorder currently admitted with diverticulitis, which is being managed with antibiotics. For the past 3 mornings, his electrolyte panel has demonstrated hypokalemia, despite receiving appropriate potassium repletion. Which other electrolyte should be corrected prior to attempting potassium repletion again?

- Magnesium

- Electrolyte disturbance that is a side effect of PPIs

- Hypomagnesemia

- Complicated patient with hyponatremia.
What is the first question in assessing the cause?

- Volume status

- Electrolyte disturbance associated with hepatectomy

- Hypophosphatemia

- A 42-year-old female presents with a progressive change in her appearance. She notices a significant amount of weight gain in her abdomen and face, describes menstrual irregularities, and reports recent initiation of two oral hypoglycemic agents for new onset diabetes. What is the next best step in obtaining a diagnosis?

- Low-dose dexamethasone suppression test

- Incidental adrenaloma grows from 2-3.2 cm in size over one year. Therapy?

- Take it out

- 6 CT characteristics of adrenal cortical carcinoma

- Large size, irregular borders, central necrosis, presence of calcifications, hyper attenuation, delayed washout.

- Treatment of methemoglobinemia after lidocaine administration

- Methylene blue

- Best anesthetic technique to reduce postoperative nausea and vomiting

- General with intravenous agents only

- What device can be used to monitor depth of anesthesia

- Bis monitor and bispectral index

- IgG induced antibodies to platelet factor for

- HIT

- A 17-year-old woman presents with a 2-year history of a right breast mass. She denies associated tenderness or change in size since its discovery, but notes that it moves around a lot. On ultrasound of the right breast, a corresponding wider than tall, well-circumscribed, 2-cm homogeneous mass is observed. What is the most likely diagnosis?

- Fibroadenoma

- A 53-year-old female presents after routine screening mammography with abnormal findings. After a thorough history and physical, which yield no significant findings, she undergoes a core needle biopsy. Pathology reveals a fibroelastic core with radiation of ducts and lobules. What is the most likely diagnosis?

- Radial scar

- A 60-year-old man presents with a 4-month history of left nipple tenderness and a subareolar mass. He denies associated erythema, skin dimpling or nipple discharge. On clinical breast exam, a left tender, firm, concentric subareolar mass is observed. What should the next step in his workup be?

- Mammogram

- A 52-year-old female presents with left breast pain. A detailed history reveals no significant findings or risk factors for breast cancer. A physical exam of the left breast reveals localized pain with a tender, palpable subcutaneous cord. Which structure is most often associated with the diagnosis?

- Lateral thoracic vein

- A 40-year-old female presents to her primary care physician complaining of bilateral breast pain. She notes that her pain fluctuates with her menstrual period. Physical exam reveals no nodularity, lumps, masses, or dimpling. Diagnostic mammogram shows no abnormality. Initially the patient's pain only minimally impacted her life. Over the course of the past 2 years, however, it has worsened and now interferes with physical activity, sexual activity, and she has missed work due to the pain. NSAIDs have not relieved her pain to the point she can resume all of her activities. What treatment has demonstrated the best evidence in treating this patient's symptoms?

- Tamoxifen

- A 43-year-old woman presents to you complaining of nipple discharge from her left breast. A history reveals no significant findings. She denies any pain and says the discharge is spontaneous and only from her left breast. Physical exam reveals bloody discharge from the left breast from a single orifice with no palpable masses. What is the most likely diagnosis?

- Intraductal papilloma

- Biopsy-proven intraductal papilloma.
Management?

- Excision

- A 54-year-old male presents with bilateral breast enlargement. He has a 10-year history of slow enlargement that has not improved with over-the-counter medication. He denies history of taking medications or hormone therapy. What hormone do you expect to be elevated during the workup?

- Estrogens

- Treatment for inflammatory breast ca

- Neoadjuvant

- Pathognomonic path finding for inflammatory breast ca

- Invasion into dermal lymphatics on punch biopsy

- Preferred baseline treatment for DCIS

- Partial mastectomy, XRT

- When to do SLN in DCIS

- If you do a mastectomy or widespread, more aggressive disease-its not the norm

- Treatment of phylodes

- resection

Breast

- Benign stuff
- Increased risk stuff
- Anatomy- nodes, arteries, veins
- When to treat breast, axilla or whole person
- Unusual tumors

- What to do with a thyroid nodule

- Check TSH and then FNA

- FNA comes back indeterminate in 42 y.o. female with 2 cm thyroid nodule. What do you do?

- Do it again

- FNA comes back follicular in 42 y.o. female.
What do you do?

- Lobectomy

- How do you follow medullary carcinoma of the thyroid

- Calcitonin

- What operation for medullary carcinoma of the thyroid?

- Total thyroidectomy and central neck dissection

- Which nodes make up the central compartment

- Paratracheal, pretracheal, prelaryngeal

- What disease do you need to rule out with hypercalcemia and a moderately elevated calcium and how? (especially on the ABSITE and QE)

- Familial hypocalciuric hypocalcemia. Urine calcium

- What is the mechanism of action of tacrolimus?

Inhibits IL2 transcription

- In the scenario where a fresh transplant patient stops peeing, what do you need to think about?

- Vascular thrombosis

- Mechanism of action for calcineurin inhibitor.

- Inhibits IL2 transcription

- **Contraindications to organ donation**

- Metastatic malignancy

- Fevers, malaise, allograft dysfunction in a transplant patient 2 months after

- PTLD, CMV, Rejection

- A fluid collection near a kidney causing obstruction of anything is likely a

- Lymphocele