What tests are used to differentiate UC from CD? - CORRECT ANSWERS 1. Sigmoidoscopy
2. Colonoscopy
3. Barium enema with small bowel follow-through
4. CT

T or F: IBD treatment can be very complex and in generally managed by a gastroenterologist. - CORRECT ANSWERS True

What medication has been used with some success for the last 50 years in the treatment of UC but not in Crohn's? - CORRECT ANSWERS 5-aminosalicyclic acid agents (5-ASA).

T or F: Antidiarrheals should be used for acute UC and toxic megacolon. - CORRECT ANSWERS False, but they can be used for sparingly outside of these conditions for IBD keeping in mind that constipation may result.

If 5-ASA drugs fail to help treat IBD, what is the next line of drug therapy? - CORRECT ANSWERS Corticosteroid therapies such as prednisone or hydrocortisone and are very effective in reducing inflammation.

If corticosteroid therapy fails to help treat IBD, what is the next line of drugs? - CORRECT ANSWERS Immunomodulators such as Azathioprine, Methotrexate, and 6-mercaptopurine (6-MP). Note: These drugs cause bone marrow suppression which increased the risk of infection.

What medications are often use for moderate to severe IBD? - CORRECT ANSWERS Anti-TNF therapy or "Biologics" including Remicade (infliximab), Humira (adalimumab), and Entyvio (vedolizumab).

What disease is present when inflammatory changes within diverticula mucosa of the intestines arises? - CORRECT ANSWERS Diverticular Disease

What does diverticular disease, or diverticulosis, look like upon examination of the bowels? - CORRECT ANSWERS Small outpouchings or sacs in the wall of the colon are present, usually at the location of weakened areas of the bowel wall where arterial vessels perforate the colon.

T of F: Diverticulosis is typically asymptomatic until the diverticula become inflamed and/or bleed. - CORRECT ANSWERS True

Although diverticula con occur anywhere in the intestines, where is the most common place for them to arise? - CORRECT ANSWERS Descending and sigmoid colon

T or F: Appendectomy is the most common surgery of the abdomen. - CORRECT ANSWERS True

What is the most common cause of appendicitis and what contributes to this cause? - CORRECT ANSWERS Obstruction
1. Fecalith or "poop rock"
2. Undigested seeds
3. Pinworm infection
4. Lymphoid hyperplasia in adolescence which happens as a natural part of development of when a viral (including vaccinations) infection is present.

How does the appendix become inflamed and what nerves does it affect? - CORRECT ANSWERS Mucus is continually produced by intestinal tissue. When the appendix becomes blocked, that production continues and enlarges the appendix due to the obstruction. As it inflames, it pushes on the visceral nerve fibers causing abdominal pain.

In appendicitis, what causes a spike in WBC count upon testing the blood? - CORRECT ANSWERS Normal gut bacterium including E. coli and Bacteroids fragilis multiply and causes the immune system to respond.

How physical signs can be assessed for in order to make a diagnosis of appendicitis? - CORRECT ANSWERS 1. RLQ pain -> McBurney's Point
2. Fever
3. N/V

What is the pathology of appendicitis from onset to peritonitis? - CORRECT ANSWERS Increasing inflammation causes blood vessels to become compressed --> ischemia of the appendiceal tissue --> tissues necrosis --> bacterial invasion of appendiceal tissue and pus formation--> appendiceal tissue rupture --> peritonitis with rebound tenderness

What are two possible complications of a ruptured appendix beyond peritonitis? - CORRECT ANSWERS 1. Periappendiceal abcess
2. Subphrenic abcess

What treatment is usually performed when appendicitis is present? - CORRECT ANSWERS Appendectomy + Antibiotics

Describe acute pancreatitis in one sentence... - CORRECT ANSWERS Acute pancreatitis is the sudden inflammation and hemorrhaging of the pancreas due to destruction by its own digestive enzymes, also called auto digestion.

What are the main endocrine functions of the pancreas? - CORRECT ANSWERS Alpha and beta cells secret hormones into the bloodstream, namely glucagon and insulin, respectively.

What are some causes of a dysfunctional eustachian tube? - CORRECT ANSWERS 1. Allergic rhinitis
2. Sinusitis
3. URI
4. Adenoids
5. Pregnancy
6. Pressure changes from airplanes or scuba diving

What are common symptoms of eustachian tube disorder (ETD)? - CORRECT ANSWERS 1. Decreased or muffled hearing
2. Fullness in ears
3. Inability to "pop" ears with barometric pressure changes
4. Tinnitis or disequilibrium
5. Concern for ear infection or cerumen impaction

What is the differential diagnosis for eustachian tube disorder (ETD)? - CORRECT ANSWERS 1. Acute, serous, or chronic otitis media
2. Otitis externa
3. Cerumen impaction
4. Viral myringitis
5. Cholesteatoma
6. Otosclerosis

What may be encountered on physical exam of patient with eustachian tube disorder (ETD)? - CORRECT ANSWERS 1. Tympanic membrane appears retracted or "sucked in".
2. Possible effusion

What does pneumatic otoscopy show in eustachian tube disorder (ETD)? - CORRECT ANSWERS 1. Immobile tympanic membrane

Weber and Rinne tests in patients with eustachian tube disorder (ETD) will show _____ hearing loss on the affected side. - CORRECT ANSWERS Conductive

The key to treating eustachian tube disorder (ETD) is to treat the _____ problem! - CORRECT ANSWERS Underlying...cold, AOM, AR,

T o F: Holding nose and blowing out is an effective way to help clear and equalize the eustachian tube. - CORRECT ANSWERS False, may cause tympanic membrane perforation. Sometimes tympanostomy tubes are placed to relieve pressure.

_____ is the sensation of wound without an exogenous sound source. What causes this sensation? - CORRECT ANSWERS 1. Tinnitis
2. Poorly understood, might be from chronic noise exposure that may damage the cilia and auditory hair cells or spontaneous activity in individual auditory nerve fibers.

When is a patient with Hand, Foot, and Mouth Disease contagious? - CORRECT ANSWERS 4-6 days before rash begins. Patient can return to activity once lesions are scabbed.

What virus is responsible for molluscum contagiosum and who can it affect? - CORRECT ANSWERS Poxviridae, affects both children and adults.

How does molluscum contagiosum present? - CORRECT ANSWERS 1. 2-5mm pustules with a depression in the center. 2. Single or multiple lesions may occur
3. Flesh-colored

How is molluscum contagiosum spread? - CORRECT ANSWERS Contact, scratching, auto inoculation or shaving

Where does molluscum contagiosum usually occur on the body? What parts are spared? - CORRECT ANSWERS Children: Thighs and arms
Adults: Genitals
Spared: Soles and palms...ALWAYS

How long do papules of molluscum contagiosum last? How about the virus that causes it? - CORRECT ANSWERS 1. 8 weeks
2. 8+ months

What is the differential diagnosis for molluscum contagiosum? - CORRECT ANSWERS
1. Genital warts
2. Hypersensitivity reaction
3. Genital folliculitis

How is molluscum contagiosum diagnosed? - CORRECT ANSWERS Clinical. Often misdiagnosed as genital warts.

What is the treatment for molluscum contagiosum? - CORRECT ANSWERS 1. OTC creams such as Zymaderm
2. Rx containing retinoids may be helpful
3. Oral cimetidine 40mg/kg/day x 2 months
4. Cryosurgery (liquid nitrogen), scarring and hypopigmentation of the skin may occur.

When can a person infected with molluscum contagiosum return to activity? - CORRECT ANSWERS Once they are symptom-free.

What is the etiology of Folliculitis? - CORRECT ANSWERS Bacteria, fungus, or yeast.

T or F: the most common cause of folliculitis is gram - bacteria. - CORRECT ANSWERS False, gram + S. aureas

T of F: There is a possible correlation between low fat milk (particularly skim) and acne. - CORRECT ANSWERS True

How is acne treated? - CORRECT ANSWERS 1. Good facial cleanser with benzoyl peroxide or salicylic acid.
2. Mild: cleaner, topical antibiotic, possible low-potency retinoid (Adapalene)
3. Moderate: Cleanser, topical antibiotic, medium to high potency retinoid and possible oral antibiotic (minocycline)
4. Severe: cleaner, medium to high potency retinoid, topical and oral antibiotic

What is another name for Accutane? - CORRECT ANSWERS Isotretinoin

When is Accutane an appropriate treatment? - CORRECT ANSWERS When multiple other treatments have failed and in whom scarring is a concern.

What labs need to be monitored while on Accutane? - CORRECT ANSWERS Liver enzymes and triglycerides at the start of treatment, halfway through, and at the end.

What are two risks associated with Accutane? - CORRECT ANSWERS IBD and depression

What are common side-effects of Accutane? - CORRECT ANSWERS Chapped lips and dry skin.

T or F: Accutane is safe to take during pregnancy - CORRECT ANSWERS FALSE!

What part of the body does tinea pedis affect? - CORRECT ANSWERS The feet...Athlete's Foot

How does tine pedis present? - CORRECT ANSWERS Erythematous, scaly, possible inflammation and itching.

How is tine pedis treated? - CORRECT ANSWERS 1. Ketoconazole cream x 4 weeks
2. Vinegar soaks for itching
3. Oral abx may be needed if severe

What part of the body does tinea cruris affect? - CORRECT ANSWERS The groin, buttocks, or inner thighs.

How does tinea cruris present? - CORRECT ANSWERS Well-demarcated, red or tan plaques, raised scaly borders, pruritic or burning.

How is tinea cruris treated? - CORRECT ANSWERS Topical anti fungal x 4 weeks, Zeabsorb powder to prevent another occurrence.

2. Physical deconditioning
3. Anemia
4. Psychogenic disorders
5. Neurodegenerative disorders (Guillain-Barre syndrome, Amyotrophic Lateral Sclerosis [ALS])
6. Kyphoscoliosis
7. Metabolic acidosis (diabetes or chronic renal failure)
8. Upper airway obstruction (tumor, vocal cord paralysis, tracheal stenosis, etc.)
9. Pharmacological causes of dyspnea

What are the different classifications of dyspnea? - CORRECT ANSWERS 1. Flow
2. Volume

These two classes can be either extra-thorax or intra-thorax.

Define intra-thorax flow disorder... - CORRECT ANSWERS Obstruction of distal/smaller airway: cause expiratory effort in infants and also in children less than five years of age.
1. Asthma
2. Bronchiolitis
3. Vascular ring
4. Solid foreign body aspiration
5. Lymph node enlargement pressure

Define extra-thorax flow disorder... - CORRECT ANSWERS Obstruction of proximal/larger airway: infants or children ages 5 and younger are affected and they have clinical findings of inspiratory stridor.
1. Rhinitis with nasal obstruction, nasal polyp
2. Cranio-facial malformaiton
3. Obstructive sleep apnea
4. Tonsil-adenoid hypertrophy
5. Laryngo-tracheo-malacia
6. Larynx papilloma
7. Diphtheria
8. Croup, epiglottitis
9. Thymus hypertrophy

Define intra-thorax volume disorder... - CORRECT ANSWERS Lung parenchyma disorders: these disorders affect inspiratory effort
1. Pneumonia (infection, aspiration)
2. Atelectasis
3. Pulmonary edema
4. Near drowning
5. Sepsis