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QUESTION 1

A 42-year-old man admitted with a high fever and leukocytosis is transferred to the intensive care unit in shock. Which of the following is a common finding in the early stages of septic shock?

Which of the following is an appropriate initial therapy for both septic shock and cardiogenic shock?

A. prophylactic antibiotics

B. beta blockers

C. volume resuscitation with crystalloid fluids

D. mechanical ventilation

E. diuretics

Correct Answer: C

The usual early hemodynamic response to sepsis is a hyperdynamic circulation. This includes tachycardia, elevated cardiac output, and decreased systemic resistance. Septic shock may then progress with intractable hypotension, metabolic acidosis, reduced cardiac output, oliguria, and death. The initial resuscitation of patients with all forms of shock requires rapid expansion of circulating blood volume to help maintain BP and tissue perfusion. This is usually achieved with the infusion of crystalloid fluids. When septic shock is suspected, cultures of blood, urine, and other sources along with antibiotic therapy targeted toward the most likely source is critical. Mechanical ventilation may be required when altered mental status, acidosis, and hypoxia are present. Beta-blockers and diuretics may have specific indications that cardiac ischemia and pulmonary edema are present

QUESTION 2

Which of the following patterns is most consistent with the physiologic profile of cardiogenic shock?

A. CVP

B. CO

C. SVR

D. SVO2

Correct Answer: B

Patients with cardiogenic shock B. demonstrate a pattern with increased CVP, low CO, increased SVR,

and decreased SVO2. Those with hypovolemic shock A. demonstrate low CVP, low CO, increased SVR,

and decreased SVO2. The distinguishing feature of early septic shock C. is an increased cardiac output.

Patients with neurogenic shock D. have severe loss of vasomotor tone leading to the unusual combination

of low SVR and low CO. CVP = central venous pressure, CO = cardiac output, SVR = systemic vascular

resistance,

SVO2 = venous O2 saturation

QUESTION 3

A 16-year-old girl presents because she has not begun to menstruate. Also, breast development and pubic hair have not developed. She is 59 in. (150 cm) tall and weighs 115 lbs (52 kg). On examination, her vital signs are normal. She has skin folds on the lateral sides of her neck. She has evidence of cubitus valgus. Breasts are Tanner stage 1 and the nipples appear to be spaced wider than average. Pubic hair is Tanner stage 1. The external genitalia are normal. The vagina is of normal depth and a small cervix is seen on speculum examination. The uterus is present but small. There are no adnexal masses.

Which of the following is the most likely diagnosis?

A. anorexia nervosa

B. androgen insensitivity syndrome

C. Turner syndrome (gonadal dysgenesis)

D. Müllerian agenesis

E. premature ovarian failure

Correct Answer: C

The delayed puberty, short stature, web neck, increased carrying angle (cubitus valgus), widely spaced nipples are classic signs of Turner syndrome, gonadal dysgenesis. Women with anorexia nervosa are of normal height and have a history of weight loss below 15% of ideal body weight. Androgen insensitivity syndrome is not a consideration because these women lack a uterus and cervix, and have a short vagina. The Müllerian ducts develop to form the Fallopian tubes, uterus, cervix, and upper vagina. The presence of a cervix and uterus excludes this diagnosis. Strictly, gonadal dysgenesis is a type of premature ovarian failure, developing before the age of puberty to result in primary amenorrhea. However, premature ovarian failure is most often a postpubertal event and these women usually menstruate for a variable period of time.

QUESTION 4

A 55-year-old man complains of severe headaches over the past few weeks. Similar episodes have occurred in past years. Which of the following supports the diagnosis of cluster headaches?

A. Pain-free intervals can last for days and then recur.

B. Attacks of daily pain last for 48 weeks.

C. The most common location of pain is occipital.

D. Women are affected twice as commonly as men.

E. Caffeine is the most effective treatment for an acute attack.

Correct Answer: B

Men are affected by cluster headaches seven to eight times more often than women. Attacks are typically periorbital and may involve the temporal area. Cluster headaches typically occur daily over a 4- to 8-week period followed by pain-

free intervals averaging 1 year. The periodicity of the attacks is often striking, with daily recurrences of pain often at the same hour. Pathogenesis is thought to be due to abnormal serotonergic neurotransmission. One hundred percent oxygen inhalation is most effective acutely. Drugs used to prevent cluster attacks include lithium, ergotamine, sodium valproate, and prednisone.

QUESTION 5

The USPSTF made recommendations for screening mammography and clinical breast examination every 12 years for women aged 40 years and older. Which of the following is the best explanation for why routine screening mammography was not recommended for women in the general population under 40 years of age?

A. Screening mammography in women less than 40 is not as sensitive as in those over 40.

B. Screening mammography in women less than 40 is more difficult due to tissue density.

C. Women under the age of 40 are still likely to have high estrogen levels.

D. Breast self-examination in the younger group is more sensitive in detecting cancers than mammography.

E. The benefit of detecting cancers in the younger age group was outweighed by the risks screening caused in that age group.

Correct Answer: E

It is true that mammography for detection of breast cancer in older women is technically easier and probably more sensitive than in younger women. However, the burden of cost and mortality resulting from screening women less than 40 was the real reason that screening them was not recommended. For first mammograms of women aged 4049, cancers were diagnosed at half the rate of women aged 50 59 years old, yet twice as many follow-up diagnostic tests were performed. Simply put, the cost in terms of dollars, mortality from testing, and mortality from radiation exposure for women under 40 were not considered to be worth the benefit.

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