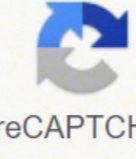


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SIR APOLLO KAGGWA SCHOOLS  
LESSON NOTES FOR ENGLISH FOR MIDDLE CLASS TERM III – 2018

WEEK ONE

Lesson one

TOPIC: Things in the classroom

Activity: Name the things in class



Learning aids: Teacher will use real materials in class.

TOPIC: Things in the classroom

Lesson two

Activity: Name things in class



Learning aids; teacher will still use real objects in class

Lesson three

TOPIC: Draw things found in class

duster \_\_\_\_\_ charts \_\_\_\_\_  
table \_\_\_\_\_ ruler \_\_\_\_\_  
rubber \_\_\_\_\_ book \_\_\_\_\_

Learning aids: Teacher will use cards

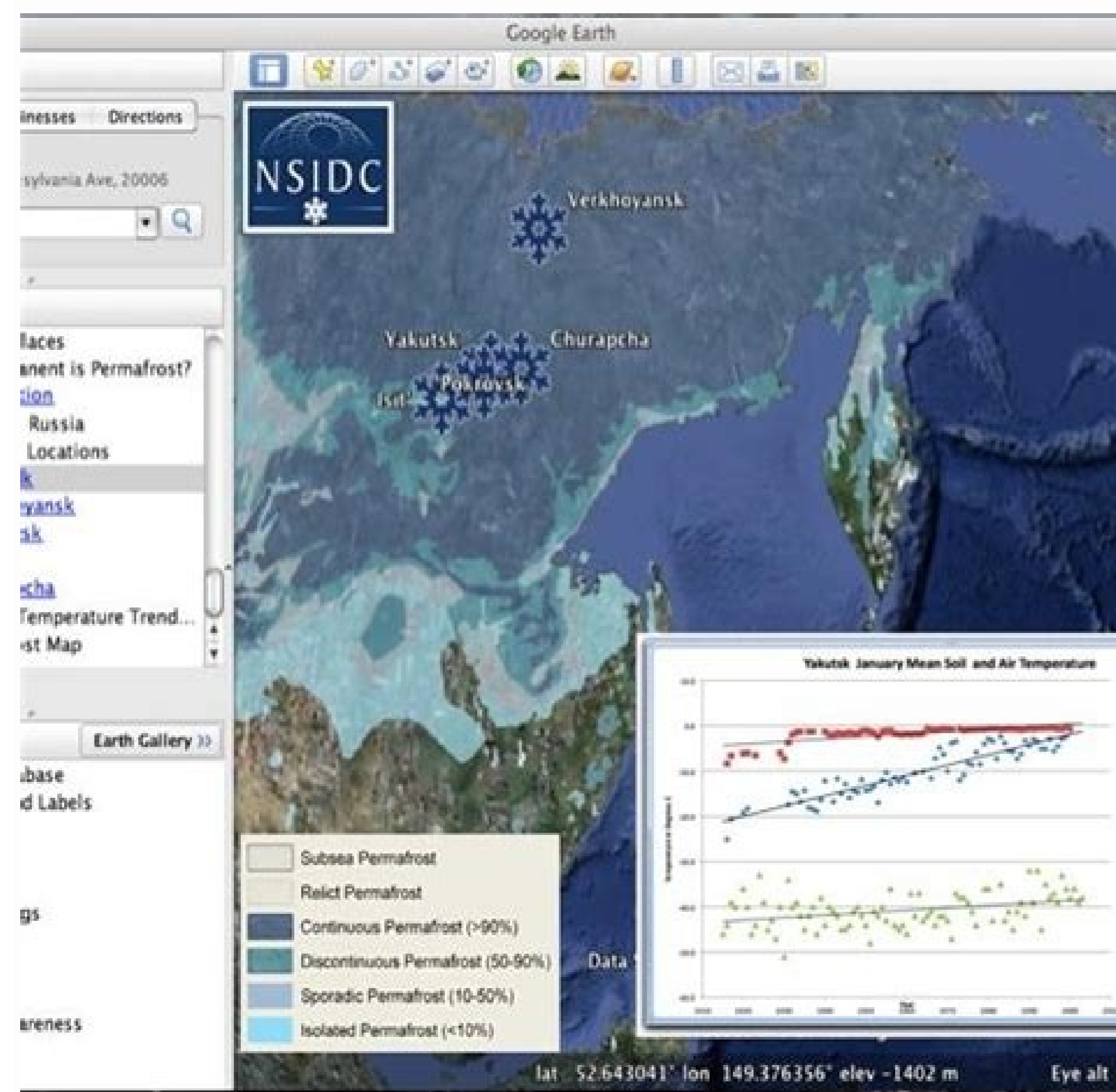
Lesson four

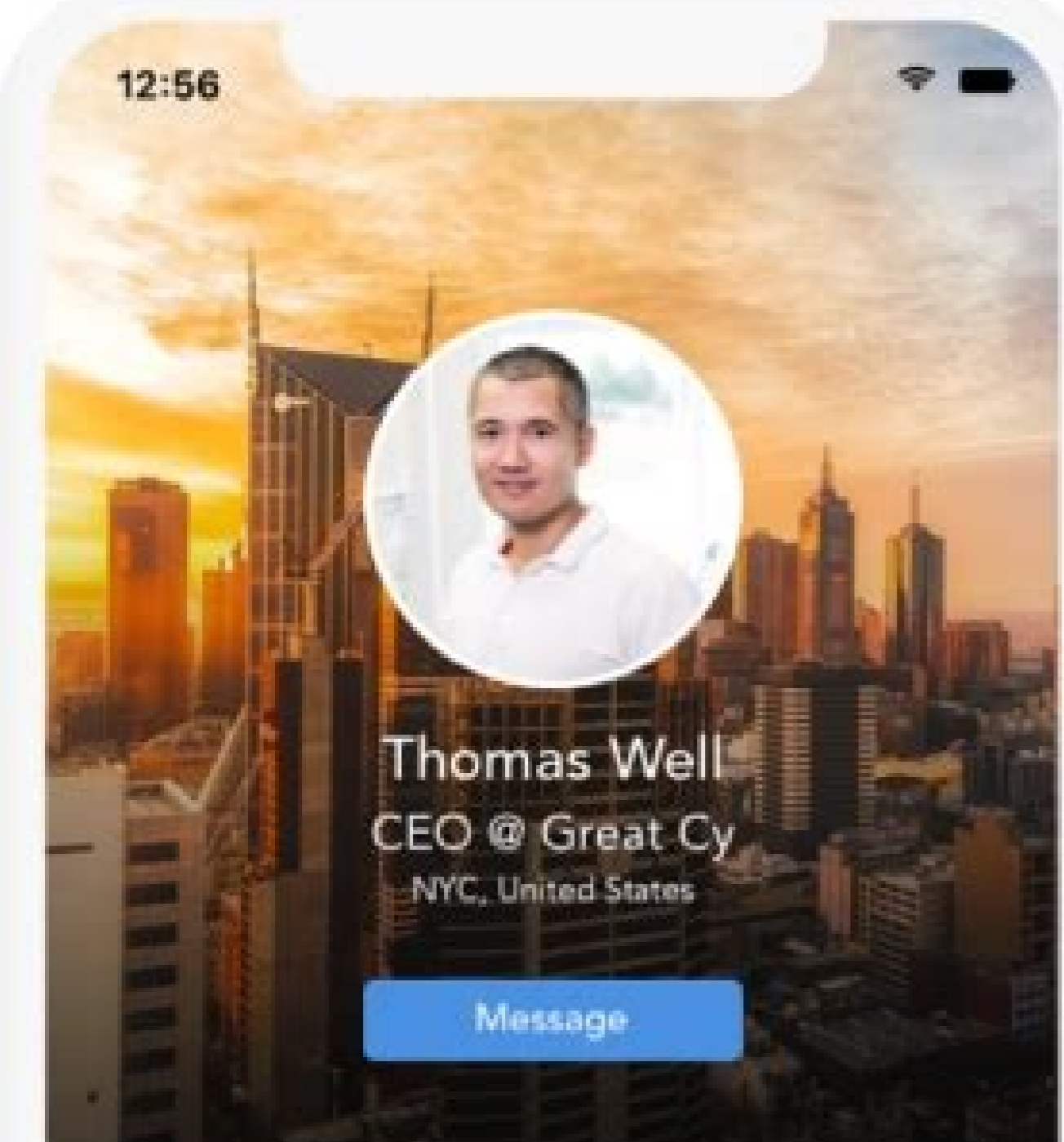
TOPIC: Things in our class (Common nouns)

Activity: Draw things found in a class

chalkboard \_\_\_\_\_ pencil \_\_\_\_\_  
chalk \_\_\_\_\_ chair \_\_\_\_\_  
broom \_\_\_\_\_ bag \_\_\_\_\_

Learning/Teaching aids: Teacher will use flash cards



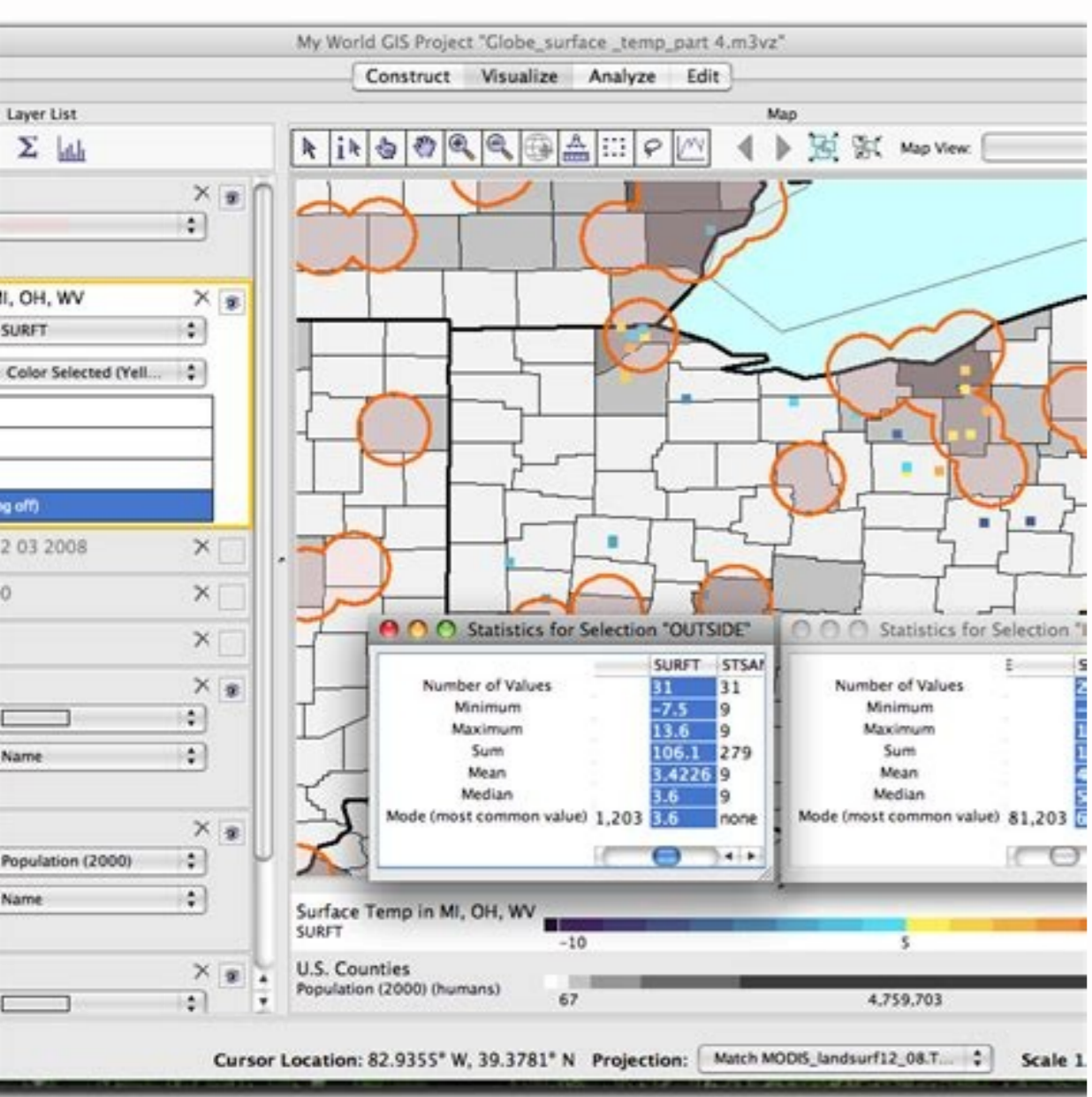


**Skills**

- Marketing
- Entrepreneurship
- Business strategy
- Project Management
- Consulting
- Product Management

**Experience**

- CEO** Great Cy 2012 - Now
- Founder** Aws log 2008 - 2012



Uworld step 3 notes. Uworld step 3 notes pdf.

Dysmorphic RBC in the urine are very suggestive of a glomerular problem. These cysts have a high chance of being infected. Dysphagia: if progressive, it is highly likely to be mechanical obstruction. ACTH levels are also elevated, which in turn leads to hyperplasia of the adrenal glands. 30% of ptw are hospitalized with severe RSV infection will subsequently develop reactive airway disease later in childhood. In this case need to do bladder decompression quickly to alleviate pain and avoid further renal damage. Cat/dog bites can be treated prophylactically with amox/clav. MRI and MR venography can dx it very well. Senile gait: dx aging. First prenatal visit: should get blood type + antibody screen, Rh, CBC, rubella status, screen for syphilis, chlamydia, and HIV, hep B surface antigen, U/A + culture, and pap smear. If a woman is on OCP, cipro 1 is a better choice over rifampin. Presents as unable to extend the knee against resistance. SIF pt is having severe and progressive disease, plasmapheresis or IVIg should be given. Also there might be repeated vomiting. Use an NG tube to aspirate their gastric contents so that there is no further pancreatic solution. If there are >=3 of these criteria, prognosis is very bad. Splenic infarction is a much more acute event, needing vascular occlusion to happen (ischemic events in general aren't that common ex acute coronary syndrome during an acute chest syndrome). Pseudoephrine is a good choice. If pt is unresponsive, consider endotracheal intubation. Immobilization leading to hyperCa: Usually see in pt with high bone turnover rate (adolescents and older pt with Paget's disease), (obstructive series). Institution of HAART is associated with an improved prognosis, because the degree of immunosuppression seems to be the major determinant of a pt's survival if they get this. Rhinitis: If after H and P, you still cant figure out a cause, the next step is snasal cytology. Amiodarone can decrease the conversion of T4 to T3, leading to a aptern on TFT of elevated T4 with decreased T3. Indications for admission of an anorexia nervosa pt: dehydration, electrolyte abnormalities, bradycardia (< 50), hypotension (< 80/50), hypothermia (< 96), orthostatic, cardiac arrhythmia, malnutrition (wt < 75% of her age's average). You give 50 gm of glucose, then check levels 1 hour after. Check the margins. The excess citrate (which cannot be processed) binds Ca, leading to hypoCa. The measured Ca may still be normal despite this. Technetium scan will ID the diverticulum, usually in RLQ (near ileocecal valve). If needed, can give ciprofloxacin. First make sure pt is hemodynamically stable from the blood loss. However, post cervical nodes are uncommon. Atelectasis: The alveoli are collapsed, so if you can get the PEEP high enough to prevent those alveoli from collapsing, they could be used for gas exchange. Need to observe animal for signs of rabies. Usually pt have excellent prognosis if Rx started within 6 h of onset of symptoms of perforation. Pt with well controlled asthma and history of exercise induced constriction should have prophylaxis with inhaled b-2 agonists 5-10 minutes before starting exercise. Retrosternal Goiter: can cause compressive symptoms. Presence of orbital fat tissue in the wound means there's a possibility the levator muscle is injured. It can increase 5 year survival, as well as make some inoperable HNC operable after Rx. Secondary Polycythemia: Pt presents with high serum EPO levels, MAT Differentiating btw aortic dissection and MI in the acute setting: very similar presentation, but some differences in testing. Within 30-48 h of symptom onset, zanamir, amantadine, and rimantadine can be used. Statins are used mainly for LDL levels. Other causes are an aplastic crisis and a hyperhemolytic crisis. Determining prognosis in pt w/ acute pancreatitis: Ranson's criteria. It lowers SBP, but also has renal protective effects by lowering intraglomerular P and reducing proteinuria. Classically, it presents as recurrent episodes of wheezing, dyspnea, and cough/chest tightness, especially in night time and early morning hours. If there is already ophthalmopathy, then need to also give steroids to prevent its worsening. Echo is necessary, since some of these things can be seen on PE. First line meds include injection of a-agonist like phenylephrine or epi q5 min until detumescence is achieved. Guillain-Barre Syndrome: Acute inflammatory demyelinating ascending polyneuropathy characterized by progressive flaccid paralysis and areflexia. Exogenous thyroid: In pt who are hyperTH d/t exogenous source, their thyroglobulin will be undetectable. Recent administration of immunoglobulins can diminish efficacy of MMR, so should delay the vaccine. If you confirm isolated HbC antibody with a second test, should do an anti-HbC IgM titer to see if there is acute infection. Locally invasive, so only causes local complications. CAP and influenza coinfection is one of the leading causes of death in USA. Dx with tissue biopsy. Abnormal development of valves in utero can obstruct urinary flow, leading to detrusor hypertrophy and VUR/hydronephrosis. If there is still no bleeding with the estrogen/progesterone challenge, then should r/o outflow tract obstruction. Indication for Rx is bone pain, hyperCa, neuro symptom, heart failure, involvement of weight bearing bones. Rx is to maintain hip in the flexed, abducted position for 1-2 months. Febrile reaction is caused by a reaction of antibodies in pt's plasma to donor leukocytes. Conjunctiva will be erythematous. First, try the chemical destruction (trichloroacetic acid application). Can present with a change 1 voice. Usually give amp + gent for broad coverage. All other masses can be followed w/ serial abd imaging, and remove if indicated. In the 2, there can be premature delivery. No need for abx in the solution. Sudden onset of symptoms in asymptomatic pt is likely embolus. Blood smear will have atypical lymphocytes, but this is not sensitive or specific. ENT Battery ingestion: can lead to mechanical damage, but more concerning is tissue damage d/t chemicals (corrosive injury, liquefaction necrosis). Physiologic PEEP is around 5. Should examine w/ scrotal US and measure serum tumor markers. Pick 2 yo because under this age, diet should be high in fat and cholesterol anyways. Weakness is associated with progressive wasting, muscle atrophy, and spontaneous twitching or fasciculations of motor units. FiO2 and PEEP are used to regulate PO2. There is no associated risk of infertility. Also look for other s/s of GERD (chest pain). Must interview pts alone. Agalactiae can also be present. Give them after fluids are started. Main therapy is zidovudine (increases platelet production in HIV, and also protects against Kaposi's sarcoma/Start at 600 mg/day. Cases of absence status epilepticus were described when pt tried to use benzos. You should give suprapubic pressure after repositioning. Severly manic pregnant pt: Lithium and Valproic acid are both teratogenic. Rabies: Presents w/ non specific prodrome (fever and pharyngitis). Compression of this fullness may cause blood or pus discharge from urethra. No need for levothyroxine, just repeat TFT in some weeks since should resolve spontaneously. Benign cysts are most prominent just before the start of a menstrual cycle, and regress after menstrual period is over. DRE shows tender and bony prostate. If you give glucose to somebody before they get thiamine, you can precipitate Korsakoff's psychosis. 2 MC types of esophageal cancer are squamous cell and adenocarcinoma. Acute otitis externa: presents w/ inflamed erythematous ear canal and a normal TM. If WBC is still normal at this time, you can slowly reduce the frequency of WBC draws to bimonthly, then to monthly. ABI < 0.9 is a good cutoff for clinically significant PVD. It's good choice for kids. Dx with small intestinal biopsy, which will reveal villus blunting with lymphocytic and plasma cell infiltration. If neither of these drugs work, then consider Trichomonas, for which Rx is metronidazole (2 q single dose) followed by erythromycin (500 mg q6h, 7 days) Indication for annual influenza vaccination: > 50 yo, chronic cardiac or respiratory condition, immunosuppressed, long term facility resident, pregnant, health care worker. Intubation might be needed at some point but generally if you give the antioxin early, it's usually not needed. Multiple Myeloma: Suspect in elderly patients with bone pain, hyperCa, and renal dysfunction. There are no associated NV/ or vision. Current recommendations for a pt with a history of relapse in an attempt to quit are to use a combination of intense behavioral counseling along with nicotine replacement or bupropion. Resp distress happens 2-5 h after an event, but no features of infection are present. Sarcoidosis: Can involve the nerves. Symptoms include fever, chills, dyuria, pelvic pain, cloudy urine. Note that giving packed RBC, platelets or cryoprecipitate have not been shown to improve outcomes. It's not an indication of future neuro dysfunction or disease. An elevated AFP (> 2-2.5) is present in open spina bifida and anencephaly. Rx the human bite w/ ampicillin/subactam. Environmental and behavioral interventions are crucial in pt with lead intoxication. Toxic nodule: present w/ S/S of hyperTH, along w/ increased focal uptake in the thyroid. This explains the need to get a very good score. Dr. Ali USMLE World Notes Download PDFYou may also be interested in: In this part of the article, you will be able to access the .pdf file of Dr. Ali USMLE World notes PDF Free Ebook by using our direct links. Budd-Chiari syndrome: thrombosis of hepatic veins or the IVC near the liver. AF might also be d/t TIA in the ipsilateral ICA stenosis. Epiglottitis: d/t H. Pt needs to fast for 6 hours before taking the test. Some triggers include nocturnal hypoxemia, cold, infection, stress, alcohol, dehydration. Anti-seizure medications lower efficacy of OCP by induction of P450. This also often coexist. In these pt, MRI shows abnormal enhancement of the mamillary bodies and thalamus (diencephalons). T1a means its confined to one vocal cord. MCC of this is postop adhesions. It also doesn't increase any risk of anything with breast feeding. Two major autoantibodies you can test for are anti-H antibody and anti-parietal antibody. The most common one is hyperlipidemia. Initial Rx is with inhaled b-2 agonists and O2. MPTP damages the nigrostriatal DA neurons, leading to parkinsonian symptoms like tremors, rigidity, postural instability. CF causing infertility: 20% chance of being infertile in a female with CF. Sometimes a cast can be causing a compartment syndrome. This state is associated with normal urinary cycles interspersed with anovulatory cycles that vary in length. Acute mesenteric ischemia: presents w/ acute onset of severe abd pain which has a PE that doesn't match the severity of the pain. Look for a pt presenting with one of those conditions who starts having seizures, muscle spasms of the face/UE, and hand contracture after a blood transfusion. Dumping syndrome: After gastrectomy, food and liquid passes through the stomach into the jejunum too fast, leading to abd pain, diarrhea, N/V after eating. Prolactinoma: First line Rx is dopaminergic receptor agonist, regardless of how but the tumor is. FTT: not a diagnosis, rather its just a term used to describe failure to gain weight in children younger th than 2 yo. Dx is clinical, so just start med if you think its there. VZV is highly contagious, spreading by droplets and close contact. Other complications are neuroretinitis and encephalopathy. It has a high mortality (40%). Whn the inflammatory response during AOM results in mucosla response of the mastoid air cells, and the response doesn't clear, can lead to mastoiditis. Glucocorticoid effect on normal HPA regulation: using > 3 weeks will likely start suppressing HPA axia, leading to tertiary adrenal insufficiency. ICU pt have high risk of stress ulceration: Overall risk of stress ulcer leading to GI bleed is 1.5-15%. Up to 3 L of fluid can enter circulation via prostatic veins. They have been shown to reduce the risk of rebleeding in pt with history of variceal bleed. Dx by demonstrating the parasite eggs in the stool or urine. (mortality of 40% if not diagnosed) Best dx is with esophagogram. With hand bites, however, there is high risk of subsequent wound infection, so don't close those right away, and leave them open to drain and observe. Location of the tumor is a big part of whether sphincter can be saved. Blood smear will show microcytic/hypochromic anemia with anisocytosis. It looks like walking on ice. Presents with bleeding that wont stop. Rubella: usually see in non-immunized foreign born ppl. Has high sensitivity and specificity. Pt must not transfer an individual with an emergency medical condition that has not been stabilized. Once these prerequisites are met, see if pt meets the 3 criteria, which are deep coma with unresponsiveness to deep central pain stimulation (supraorbital pressure, nipple twist), absence of brainstem reflexes, and a positive apnea test (defined as no spontaneous ventilation in response to increase in PaCO2 > 20 above baseline in the presence of adequate and preoxygenation). Raises risk of poor implantation on an inhospitable surface. Steroids and racemic epi don't help with the swelling. Older kids > 7 are aware that death is final, so will be more outgoing with their sorrow. Autism: more common in boys. Ablation can be done using cryosurgery or laser. Also, urethral discharge is usually watery rather than purulent. Also look for FH of delayed puberty. Methamphetamine therapy for ADHD: Associated with decreased height and weight. There will be dorsal feet and hand edema, short webbed neck, and cardiac murmur. If pt has hx of fever or a prodromal illness, tick paralysis is unlikely. While it enters breast milk, no known side effects. FEV1 and FVC are low. Direct hernias are d/t muscular weakness of abd wall, and are rare in infants, more likely seen in elderly age group. Aspirin has been shown in 2 large trials to be effective in improving prognosis. Screening for lung cancer has not been shown to reduce mortality, so its not recommended. Rho D immune globulin (anti-D immune globulin): Give at 28 wks if needed (father unknown status, mom is Rh - with no anti-D antibodies). Spreads by birds. CD4 represents how much immunosuppression is going on (damage which the virus has already done). In the LE, the cause is usually a traumatic event (tibial fracture). Presents w/ lesion of skin or mucous membrane which rapidly worsens, and eventually develops bleeding, ulceration, or necrosis at the site. Once you give this, the D50 can do its job. H1 receptor antagonists, PPI, or cromolyn sodium are part of initial management. Tichoniasis: If symptomatic, characterized by a copious frothy gray-green discharge, fishy odor, vulvar and vaginal pruritis, or dysuria. Sensory is usually affected earlier than motor. High specificity but sensitivity is only 65-90%. Can also present with sudden onset of heart issues (heart failure, afib in a young pt). ACL injury: Usually happens after a cutting movement, non-contact deceleration, or hyperextension. Eventually there will be resp arrest. Thus, if a kid is smoking and the parents smoke, trynt to get the parents to quit can help the kid to stop. Specifically for the neuropathy, the sugar control will decrease risk of occurrence of peripheral neuropathy, but it cannot necessarily reverse damage which is already done. There is increased urine phosphate loss. Rx is surgery. Allergens that may be responsible for asthma include house dust mite allergens (80-90%), cat, dog and cockroach allergens. Babies can be breast fed as normal. Rx is supportive w/ fluid and abx. Viral load has prognostic information regardless of CD4 level. A complication might be an acute arthritis that resolves. Severe Malnutrition: Look for an increase in recently migrated people from developing countries. This is an autoimmune disorder (NOT caused by a virus). If a pt is bedridden, benefit might be minimal. Pessaries should only be used in conjunction with vaginal estrogen. Cause DM by inhibiting insulin secretion. Pt may also be asymptomatic and no PE findings. Thus, Rx should include ciprofloxacin, piperacillin, ticarcillin, or ceftazidime. If EKG is normal in pt with mild/possible blunt cardiac injury, no further treatment is needed. Presence of carditis is diagnostic. Leakage that occurs instantaneously with coughing is virtually diagnostic of stress urinary incontinence. MC source of first trimester bleeding. It's a medical emergency, and needs IV thiamine quickly. Physical findings include edma and erythema of the neck, dilated veins of the arm and neck. Metformin is contra in alcoholics, so be wary of that (esp in chronic pancreatitis). Some pineal tumors may secrete hCG, causing precocious puberty in prepubertal males. For kids, give amoxicillin or ceftriaxone. Hep B if chronic enough, can progress to cirrhosis and eventually liver failure. In elderly ppl, think about whether to take them to surgery or not: If there are no benefits from surgery, don't do it. Urine culture is usually sterile. Contraindications for DTaP vaccination: anaphylaxis within 7 days of admin of a previous DTaP, or encephalopathy within 7 days of admin of previous DTaP. There are lots of CV side effects with HRT, so avoid unless necessary. No illegal copies are made or any copyright © and / or copyright is damaged or infringed since all material is free on the internet. You can check for this by doing a colonoscopy. Rx with oral rifampin 600 mg q 12h for a total of 4 doses. MC complication of tick bites is local inflammation/infection. It is d/t thiamine deficiency, often seen in alcoholics. CSF can diagnose, with low glucose, elevated protein, lymphocytic pleocytosis (bacterial), and staining can reveal acid fast organisms. Exercise induced amenorrhea: Females who maintain a lower weight or BMI may become hypoestrogenic, which causes amenorrhea. As a general rule, for the average sized adult, transfusion of 1 unit of PLT should raise post-transfusion PLT count by 5k. No effective prevention available. Warfarin: Can cause skin necrosis within first few days of taking high doses of warfarin. If pt is symptomatic or has decreased pulmonary function or progressive disease, then you rx with steroids. We have uploaded Dr. Ali USMLE World notes to our online repository to ensure ease-of-access and safety. Please use the download link mentioned below to access Dr. Ali USMLE World notes Free Ebook. Download Here Disclaimer: This site complies with DMCA Digital Copyright Laws. Please bear in mind that we do not own copyrights to this book/software. Steroids are the main Rx. This controls the inflammation and prevents fibrosis from progressing. The MC cardiomyopathy presenting in babies of these mothers is hypertrophic interventricular septum, leading to ventricular outflow obstruction. Some of them include Psyllium, which had minimal adverse effects and is first choice. At 10 weeks, you can check the nd nuchal translucency thickness (suggestive, but not diagnostic). Femoral Nerve injury: uncommon. Small bowel obstruction: Obstruction of intestines leads to dilatation of the stomach and SI proximal to the block. Studies have shown that adolescents in the private practice setting are concerned about the use of OCP







Use of environmental stimuli, speech abnormality, strange and solitary play. There is often an infection in the weeks leading up to the acute event. In Constipation in the first 2 months of life: Infants normally pass stool 6-8 x daily. Another possibility is that IV infusion of TPN is going too fast. Should call mom to see if you can treat or not. Biopsy of tissue is not required for confirmation of dx in an asymptomatic pt with typical hx and exam findings. Cystoscopy is the gold standard. Truncal obesity and a large neck circumference are common. Ocular motility, sensory, bowel, bladder, and cognitive function is preserved, even with advanced disease. Generally symptoms are mild and nonspecific, until neuro symptoms start to pop up as the N declines. Bone marrow studies are the only definitive diagnosis. All ppl > 15 is +. This is an ominous variant of severe preelcampsia, and is responsible for 20% of cases of thrombocytopenia in pregnancy. Alarms are actually more effective than meds (desmopressin, TCA), especially if combined with behavioral modification (less fluid intake before bed). Usually the infant is in hospital for 1-3 months. While there is no treatment, there is prophylaxis for acute exposures. Periodic acid Schiff and methenamine silver can ID the organism. Quit smoking: Cigarette smoin is the MCC of preventable deaths. CN abnormalities are common. There are no clear guidelines for when to use marrow xplant vs. Diphenhydramine: its sedating, so should be q/c before doing any activity that requires a high level of alertness. Use of nonsedating decongestants before diving reduces incidence of ear and sinus barotraumas by 75%. D50 doesn't work for these pt because the D50 just increases insulin secretion, causing further hypoglycemia. Rx is to supplement with the deficient hormones (glucocorticoids and mineralcorticoids). Squamous is usually in the upper and middle esophagus, while adenocarcinoma is in the distal (usually from Barrett's esophagus). Similar to measles rash, but pt are generally pretty mild except for the rash. However if pt was immunocompromised, should give doxycycline as prevention. Initial Rx includes temperature control (warming), possible infection, dehydration, and feeding. RSV: MCCC of bronchiolitis and pneumonia in kids < 1 yo. Thus, always have epi available when giving the antitoxin. Spermicides if used alone have a high failure rate. Rx is just to d/c antibiotic and observe. Voiding cystourethrogram is recommended, since it can demonstrate vesico ureteral reflux. Rx is with supportive care. Insertion of IV filter is indicated only in pt who have contraindication to anticoagulants with acute VTE or who have recurrent VTE despite being at the therapeutic INR. Radiation therapy alone should be used if there is distant metastasis for palliation. Pt will probably need a endoscopic procedure w/ banding long term. The grief only becomes pathological grief if symptoms persist after several months and don't subside. Semen analysis is the first evaluation. Vasovagal Syncope: In this kind of syncope, there is usually a presyncopal prodrome (lightheadedness, weakness, blurred vision). Usually doesn't cause infection in people. In some pt, the uvula is enlarged. Uterine Prolapse: usually seen in multiparous, aged postmenopausal woman with hx of multiple vagina deliveries. If malnourished, numbers go up to 35-40 cal/kg and 1.5 g/ka. Some signs which are suggestive include lethargic, hypoaactive, wasting, symmetric lower extremity edema. Can be the first clinical sign of a lymphoma. Pick bodies are seen, which are silver staining cytoplasmic inclusions. As a side note, topical steroids are usually the correct choice for answers asking about Rx of pregnancy associated dermatoses. If so, split the cast. Presents w/ fatigue, shakiness, wt loss, palpitations. Can also acutely decompensate (hypotension and shock). Symptoms usually resolve after 1-3 months. Scaly, ry cheeks in the winter are typical. Can present w/ dyspnea on exertion, CXR can show prominent pulmonary arteries and an enlarged heart border. Intestinal parasitosis: look for exposure from other parts of world. Usually resolve within days-1 week. Immunocompromised state, because MMR is a live vaccine. Dx with echo. Start w/ conservative management (IV hydration and pain control). Confirm dx with serology. If the total cholesterol is > 200, do a complete lipid panel. Must make sure tissue is adequately perfused. After you r/o medical conditions, then you can do a sleep study to confirm dx of OSA. Hashimoto's Thyroiditis: high titer of antimicrosomal (anti-TPO) antibodies. Canned honey is classical, but soil contamination is also a common cause. G6PD deficiency: MC red cell problem that can lead to hemolysis. Pt with DM have high risk for ED: risk increases with age and duration of DM. If there is urinary retention, bladder cath should be done to relieve obstruction and prevent kidney damage. Chronic constipation: Main Rx is dietary fiber, hydration, and various different laxatives. An age of > 65 yo or < 18 yo is a relative contraindication to being a kidney donor. Cocaine use/OD: Benzos are first line for pt with cocaine induced CP/HTN. Rx with ferrous sulfate. Pt presenting with more severe pancreatitis (as per Ranson's): prophylactic abx should be used in pt with severe pancreatitis, large fluid collections, or sterile pancreatic necrosis. First thing to do is decrease the dose. Sometimes, pus spreads further and can lead to dangerous complications like neck abscesses. No definitive therapy. If a pt has had >=3 uncomplicated UTI within 1 year, start doing preventive measures. If abscess and gas extend into the perinephric space, an immediate nephrectomy is needed. Hemorrhoids can cause mild BRBPR. Hysterosalpingography is used to detect tubal and uterine abnormalities. Pt w/ previous BCG and a + PPD: should compare to previous results of PPD. For adults > 51 yo is 1200 mg. If it still persists, consider myringotomy and tympanostomy tubes. Look for signs of depression (early morning awakening, p:poor eye contact). These 2 conditions are associated with preterm labor and premature birth. Unrelated to URI. No overt symptoms, maybe some fatigue. If there are no clinical or lab evidence of pituitary dysfunction, can just follow with periodic MRI to make sure doesn't get bigger. Divide the lower extremity SBP by the brachial SBP. Malabsorption may also be present. Generally, can return to activities is ok after pt has achieved the following. EMTALA act: Hospitals have obligation to provide screening to anybody who comes to the ED, and if it is an emergency, hospital must treat them. Plateau pressure should never go over 30, since there is risk of barotraumas (pneumothorax/oneumomediastinum). It can be a d/t pernicious anemia, which is a autoimmune disease, so if the pt has other autoimmune stuff (DM, TH), that can be a clue. Acute arterial occlusion: Limb ischemia will have 5 P's (pallor, pain, pulselessness, paresthesia, paralysis). Often in the LA. Before 28 wks, most breech presentations will become cephalic by the 34-36 weeks. Possibilities include persistent hep C infection, cleared infection, or false +. TIA symptoms go away within 24 hours. The hemorrhagic foci are 2/2 venous HTN, so its ok to give heparin. No neuro abnormalities are present. MC locations include the back, chest, extremities, and abdomen. Some good prognosis for marrow transplant including being < 50 yo, and being in the chronic stable phase. Celiac Sprue is a RF for developing intestinal T cell lymphoma: Tumors which are nodular or ulcerative, and usually affects the jejunum. Workup involves deciding btw malignant vs benign. SBP is dx with PMN leukocyte count of > 250 in the ascetic fluid. Especially be on lookout for it in mumps pt. This can also be present in other fetal abnormalities, like congenital nephrosis, ventral wall defects, etc. Lead toxicity management: If serum lead > 70 or presence of acute encephalopathy is emergency, and needs immediate chelation with dimercaprol and EDTA if needed. Childhood absence seizures: Comprises 80% of seizure disorders. Nippl eDischarge: Usually benign, but you want to know whether the discharge is spontaneous or provoked, and whether it's unilateral or bilateral. Esophagogram is usually normal, although the classic corkscrew esophagus is rarely seen. There may be a visible mass at the introitus. Please help us to share our service with your friends. Associated with excess production of estrogen during puberty. Eventually, a rash develops. MC complication of untreated pulmonary HTN is cor pulmonale (damage to the RV 2/2 pulmonary HTN). Flexible Kyphosis: Presents w/ postural round back which can be corrected by voluntary hyperextension. If pt develops pyelo, then for the remainder of the pregnancy they should be given low dose abx prophylaxis (cephalexin or nitrofurantoin) and get occasional urinary evals. DKA: high AG met acidosis, bicarbonate < 15, hyperglycemia. 1500+ challenging Step 1 questions Real-life clinical scenarios test high-yield basic science concepts Content created by practicing physicians with extensive experience Continuous updates to maintain high standards of excellence Detailed explanations for incorrect options with vivid illustrations to help master the content In-depth explanations Conceptual focus on important topics Detailed explanations for incorrect options Vivid illustrations to help master the content Performance and improvement tracking Exam-like software interface Highlighting of relative strengths and weaknesses Performance gauging with peer-to-peer comparison There are main 2 topics and many of sub topics(clinicals) in that. Barrier methods (diaphragm, cervical cap, male condom) have pregnancy rate of 12-14% mostly d/t inconsistent or incorrect use. Can be associated w/ other disease, like Albright hereditary osteodystrophy (short, round face, short 4 th and 5 metacarpals). Usually, you want of close the laceration quickly, galactacia indicates GDS colonization, which should be Rx with penicillin G or cephalixin. Don't wait for Dx to treat. There is pain w/ activity, which improves with rest. Ppl with porcelain gallbladder have higher risk of gallbladder cancer, so an elective cholecystectomy is recommended. Cervical Pap revealing low grade squamous intraepithelial lesions (LSIL) or low grade cervical intraepithelial neoplasia (CIN1): These usually regress spontaneously, so just do expectant management. Present w/ weakness of the quad. Flt type B. C. Btw 30-70%, therapy remains controversial. Hemoptysis: lots of various causes. Pyruia and positive urine culture are seen in prostatitis. Depot medroxyprogesterone: can help decrease menstrual flow and produces temporal amenorrhea, diminishing episodes of blood loss in the pt. Has a strong allergic component (80-85% of pt have elevated IgE levels), responds well to topical steroids and calcineurin inhibitors (tacrolimus, pimecrolimus). Acute Otitis Media: presents with fever, ear pain, and decreased hearing. Radiation therapy, combined with steroids induces a rapid response but doesn't seem to prolong survival. Antithyroid meds are usually used mainly in elderly pt with thyrotoxicosis, to "cool off" the thyroid gland; since radioactive iodine can temporarily worsen thyrotoxicosis, which elderly cant tolerate. Dx is somatostatin > 160. USC is used if there is any suspected kidney pass. > 7 points means you need transplant. Endoscopy will diagnose it. Conservative management can be adjuvantly (IVF, NG suction, abx), but surgery is a must. Cervical Cancer: HPV is strongly linked. Usually happens in ppl who don't perform exercise regularly. Injury happens with force from a lateral to medial direction. Increased pallor w/ elevation of limb. Anti-mitochondrial antibodies (AMA) have high sensitivity and specificity. Shockwave is preferred for smaller stones < 10. Other things that might cause arrest include pelvic anatomy, fetus size, and fetal presentation. Peptic Ulcer Disease: Initial steps for perso presenting with symptoms highly suggestive of PUD depend on some factors. Thus, if you find a polyp on sigmoidoscopy, must do colonoscopy to get the rest. Triad only happens late in disease when total body iron is > 20. You cannot voluntarily suppress a caloric response. Remember that penicillamine is used for Cu excretion, not iron. Dx of SBP happens if > 250 neutrophils in ascetic fluid. Rx is with jejjunum. Workup involves deciding btw malignant vs benign. SBP is dx with PMN leukocyte count of > 250 in the ascetic fluid. Especially be on lookout for it in mumps pt. 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DKA: high AG met acidosis, bicarbonate < 15, hyperglycemia. 1500+ challenging Step 1 questions Real-life clinical scenarios test high-yield basic science concepts Content created by practicing physicians with extensive experience Continuous updates to maintain high standards of excellence Detailed explanations for incorrect options with vivid illustrations to help master the content In-depth explanations Conceptual focus on important topics Detailed explanations for incorrect options Vivid illustrations to help master the content Performance and improvement tracking Exam-like software interface Highlighting of relative strengths and weaknesses Performance gauging with peer-to-peer comparison There are main 2 topics and many of sub topics(clinicals) in that. Barrier methods (diaphragm, cervical cap, male condom) have pregnancy rate of 12-14% mostly d/t inconsistent or incorrect use. Can be associated w/ other disease, like Albright hereditary osteodystrophy (short, round face, short 4 th and 5 metacarpals). Usually, you want of close the laceration quickly, galactacia indicates GDS colonization, which should be Rx with penicillin G or cephalixin. Don't wait for Dx to treat. There is pain w/ activity, which improves with rest. Ppl with porcelain gallbladder have higher risk of gallbladder cancer, so an elective cholecystectomy is recommended. Cervical Pap revealing low grade squamous intraepithelial lesions (LSIL) or low grade cervical intraepithelial neoplasia (CIN1): These usually regress spontaneously, so just do expectant management. Present w/ weakness of the quad. Flt type B. C. Btw 30-70%, therapy remains controversial. Hemoptysis: lots of various causes. Pyruia and positive urine culture are seen in prostatitis. Depot medroxyprogesterone: can help decrease menstrual flow and produces temporal amenorrhea, diminishing episodes of blood loss in the pt. Has a strong allergic component (80-85% of pt have elevated IgE levels), responds well to topical steroids and calcineurin inhibitors (tacrolimus, pimecrolimus). Acute Otitis Media: presents with fever, ear pain, and decreased hearing. Radiation therapy, combined with steroids induces a rapid response but doesn't seem to prolong survival. Antithyroid meds are usually used mainly in elderly pt with thyrotoxicosis, to "cool off" the thyroid gland; since radioactive iodine can temporarily worsen thyrotoxicosis, which elderly cant tolerate. Dx is somatostatin > 160. USC is used if there is any suspected kidney pass. > 7 points means you need transplant. Endoscopy will diagnose it. Conservative management can be adjuvantly (IVF, NG suction, abx), but surgery is a must. Cervical Cancer: HPV is strongly linked. Usually happens in ppl who don't perform exercise regularly. Injury happens with force from a lateral to medial direction. Increased pallor w/ elevation of limb. Anti-mitochondrial antibodies (AMA) have high sensitivity and specificity. Shockwave is preferred for smaller stones < 10. Other things that might cause arrest include pelvic anatomy, fetus size, and fetal presentation. Peptic Ulcer Disease: Initial steps for perso presenting with symptoms highly suggestive of PUD depend on some factors. Thus, if you find a polyp on sigmoidoscopy, must do colonoscopy to get the rest. Triad only happens late in disease when total body iron is > 20. You cannot voluntarily suppress a caloric response. Remember that penicillamine is used for Cu excretion, not iron. Dx of SBP happens if > 250 neutrophils in ascetic fluid. Rx is with jejjunum. Workup involves deciding btw malignant vs benign. SBP is dx with PMN leukocyte count of > 250 in the ascetic fluid. Especially be on lookout for it in mumps pt. 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