I'm not robot	2
TIII HOL TODOL	reCAPTCHA

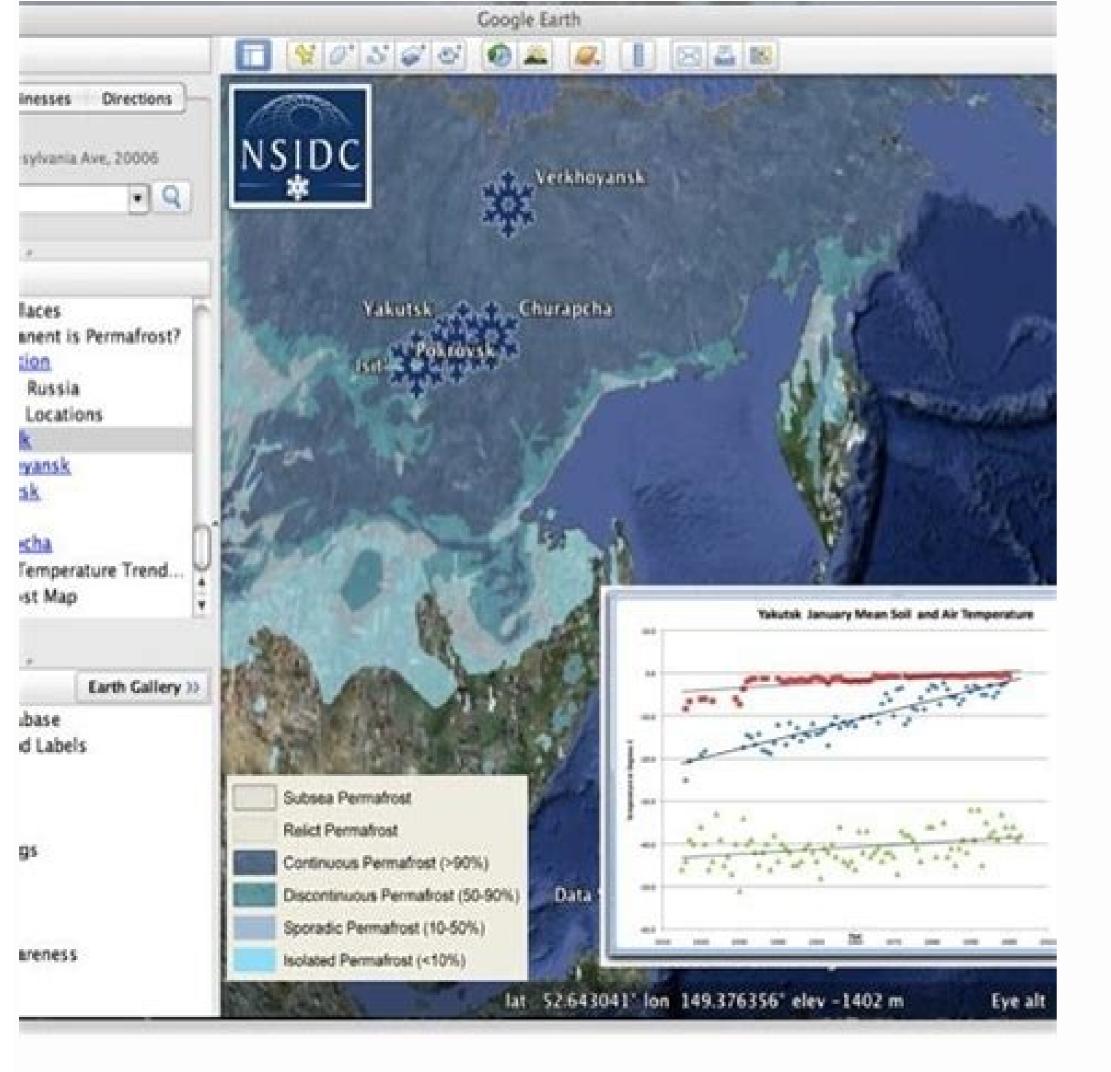
Continue

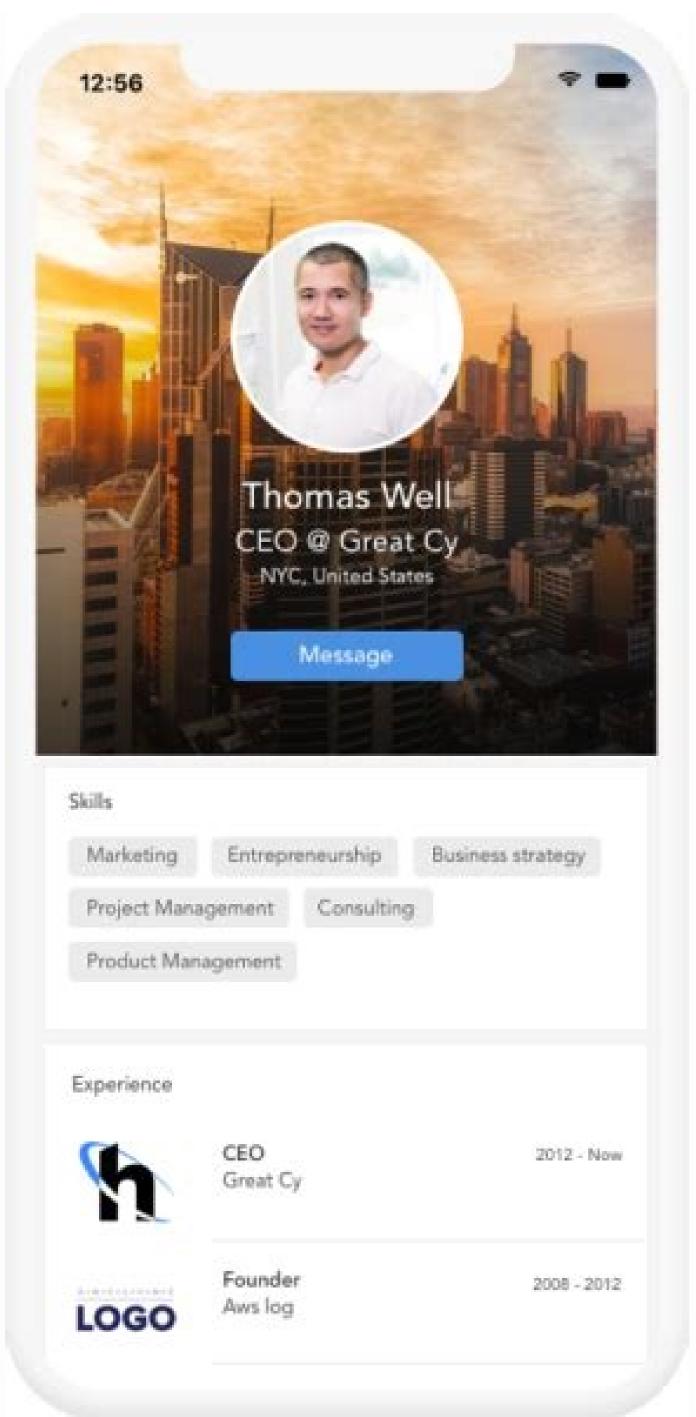
51052658 31964295.326087 7790821730 5585028958 71081764116 35290524712 50416635015 1571574924 5516693.6813187 7439860.0253165 26424589083 19704080.228916 59001105150 44363775729 96338299162 143055027850 34585727366 35433573765 114576912.07143 130293349830 58741535215 29988474.955556

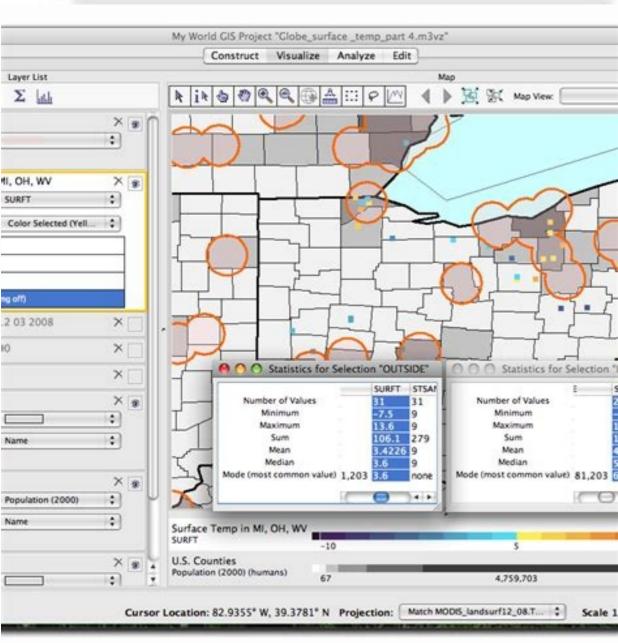


SIR APOLLO KAGGWA SCHOOLS LESSON NOTES FOR ENGLISH FOR MIDDLE CLASS TERM III – 2018

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 Name things in class Activity: teacher will still use real objects in class Learning aids; Lesson three TOPIC: Draw things found in dass duster charts____ table ruler rubber book Teacher will use cards Learning aids: Lesson four TOPIC: Things in our class (Common nouns) Draw things found in a class Activity: chalkboard pencil chalk chair broom bag Learning/Teaching aids: Teacher will use flash cards







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 ptwho 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 trested prophylatically with amox/clav. MRI and MR venography can dx it very well. Senile gait: d/t aging. First prenatal visit: should get blood type + antibody screen, Rh, CBC, rubella status, screen for syphyliss, chliamydia, and HIV, hep B surface antigen, U/A + culture, and pap smear. If a woman is on OCP, cipro I s 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 entubation. Immobilization leading to hyperCa: Usually see in pt with Paget's disease). (obstructive series). Institution of HAART is associated with an improged 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 I snasal cytology. Amiodarone can decrease the conversion of T4 to T3, leading to a apttern on TFT of elevated T4 with decreased T3. Indications for admission of an anorexia nervosa pt: dehydration, electrolyte abnormalities, bradycardia (< 50), hypothermia (< 96), orthostatism, 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 historius of exercise induced constriction should have prophylaxis with inhaled b-2 agonists 5-10 minutes before starting ecercise. Retrosternal Goiter: can cause compressive symptoms. Presence of orbital fat tissue in the wound means there 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 differenes in testing. Within 30-48 h of symptom onset, zanamiir, 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 opthalmopathy, then need to also give steroids to prevent its worsening. Echo is necessary, since some of these things cant 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 diminishe 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 to detrusor hypertrophy and VUR/hydronephrosis. If ther 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. Conjunctia will be erythematous. First, try the chemical destruction (trichloroacetic acid application). Can present with a change I 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 in battery (corrosive injury, liquefaction necrosis). Physiologic PEEP is around 5. Should examine w/ scrotal US and measure serum tumor markers. Pick 2 you because under this age, diet should be high in fat and cholesterol anyways. Weakness is associated with progressive ewasting, 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 pt 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 boggy 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 external 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, then to monthly, then to monthly, then to monthly bipolar and plasma cell infiltration. If neither of these drugs work, then consider Trichomonas, for which Rx is metronidazole (2 g 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 antitoxin early, it's usually not needed. Multiple Myeloma: Suspect in elderly patients with bone pain, hyperCa, and renal dysfunction. There are no associated N/V 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 buproprion. 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/sulbactam. 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 Uworld 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 Uworld 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 Uworld 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 8 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. They 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-IF 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 infertile in a female with normal ovulatory cycles interspersed with anovulatory cycles that vary in length. Acute mesenteric ischemia: presents w/ acute onset of sever abd pain which has a PE that doesn't match the severity of 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 fastr, laeidng 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, speading 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 lea dto mastoiditis. Glucocorticoid affect 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 ulceration to reduce the risk of stress ulceration. 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 nd oxygenation). Raises risk of poor implantation on an inhospitable surface. Steroids and racemic epi don't help with their sorrow. Autism: more common in boys. Ablation can be done using cryosurgery or laser. Also, urethreal 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 musclear 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. Tcichomoniasis: 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, tryint to get the parents to quit can help the kid to stop. Specifically for the 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 forit 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, ticarcaillin, 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. Leakage that occurs instantaneously with coughing is virtually diagnostic. guickly. 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 liver failure. Can involve the face and scalp in children. It DOESN'T decrease risk of acute glomerulonephritis. Immediate Rx is urgent with IV phosphate replacement. Some cancers with higher tendency to metas to spinal column include prostate, breast/lung, non-Hodgkin's, and renal cell cancer. Usually gallstones are also present. One parasitic cause is Trypanosoma cruzi. Afterwards, only symptomatic support (Tylenol). Varicocele: dilation of pampiniform plexus (responsible for keeping testes cooler than rest of body). You can't only od a subtotal thyroidectomy, since that way you're unable to get accurate measurements of thyroglobulin. Rx with albendazole. Posteroir Urethral Valves: MCC severe obstructive uropathy in children. Scaphoid fracture: classically, falling on an outstretched hand. Pt has feet with vivid hallucinations, consider levodopa as a cause. FSOM is to secure the airway.Rx with naloxone. Testing after starting Rx to see if eradication happened or not: 2 tests are commonly used, fecal antigen testing and urea breath testing bone mets and assessing extent of disease. If the first ELISA is negative (if you test pt after exposure but before seroconversion), then do a HIV RNA to confirm (alt is p24 test). The exhaled air is analyzed for the presence of hydrogen. Do it during endosopy or by fluoroscopy. Give high dose steroids immediately, and get an MRI to confirm diagnosis. hyperK: generally 2/2 increased K release from cells (met acidosis, hyperglycemia, increased tissue catabolism) or reduced urinary K excretion (hypoaldosterone, renal failure, volume depletion) HyperNa: major causes are d/t unreplaced water loss (Gil loss, DI, osmotic diuresis, hypothalamic lesions), water loss into cells (seizures), or Na overload. Pt stands up from a chair without assistance, turns around, and sits down again. One thing to look for is recent pneumonia (abx therapy for it can predispose to thrush). Tough to differentiate btw the different cause, but you can look for clues. Progresses to the systemic syndrome. Menopause: There is rapid loss ofbone mass following menopause. Berry aneurysms are common (10-15% of APKD), and there is higher incidence oc colonic diverticula seen in ESRD pt on dialysis. With elderly ppl, think about whther 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 vaccine. EPO may be increased to compensate for hypoxemia which may be d/t COPD, R to L shunt, or high altitude residence. Headache, myalgia, fatigue, night sweat also present. Sitz bath and anti-inflammatory meds can provide pain relief. Formula or cereal should be iron fortified, and meats and vit C should be eatin. Erythromycin is alt for pen allergies. No intervention needed if kid is otherwise healthy ('happy spitter'). Look for other aspects of the disease (Raynauds, GERD) Deposition of collagen in vessels leads to thickening of the vascular lumen, leading to ischemia which activates the renninangiotensin system. If a pt has verterbral mets that is very painful and severe ureteral obstruction, this surge will be too much to handle. A serious complication is diaphragmatic paralysis d/t phrenic n. Extrapyramidal Symptoms: Suggests a subcortical dementia. Colon cancer: Several studies have shown a strong correlation btw EtOH intake and development of colon cancer, esp in individuals consuming 45 g or more of EtOH per day (equivalent of 3.5 beers). If 0-1 criteria, no testing needed. The main ddx is acute pulmonary edema aka cardiogenic pulmonary edema. If negative, than the standard dose of anti-D should be given. Familial Adenomatous Polyposis: AD syndrome. In stage III, most pt need adjuvant radiation and chemo as well. If positive, dose of anti-D should be increased accordingly. Batteries lodged in the esophagus should be removed immediately with endoscopc visualization. Smoking is one of them. Some other effects include blurred vision, diplopia, ataxia, slurred speech, dizziness, drowsiness, lethargy, and decreased mentation, which progresses to coma. Abnormalities in social interaction and communication. If it's the ovarian problem, FSH will be high. This helps determine when to start HAART, if pt is not on it yet. There is a progressive decline in renal function, and course is variable. Jaundice in the first 24 h of life is always pathological. Risk category B: 1) animal studies have not demonstrated fetal risk, but no controlled studies have been done in pregnant women, or 2) animal studies have shown adverse effect that wasn't confirmed in studies on pregnant women. It also dereases the risks of PID and endometrial cancer. It is also sometimes associated with SIADH and hypoNa (more in elderly). This helps determine presence of feto-maternal hemorrhage. 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. 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 Uworld notes to our online repository to ensure ease-of-access and safety. Please use the download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uworld notes Free EBook. Download link mentioned below to access Dr.Ali USMLE Uwor book/software. Steroids are the mainRx. 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 septum to weeks, you can check the nd nuchal translucency thickness (suggestive, but not diagnostic). Femoral Nerve injury: uncommon. Small bowel 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

```
leading to weight gain. Celiac Disease: present w/ diarrhea with voluminous, foul smelling and floating stools (d/t steatorrhea). This suggests an effusion of the middle ear. Increased ACE can also be seen. Fever and signs of infection are present. Fluoroquinolones can cause tendon rupture in kids. Gingko biloba might cause bleeding. Alendronate
(decreases bone resorption) us the usual Rx. Osteoperosis after gastric bypass: pt who have gastric bypass have malabsorption, and need higher intake of Ca and vit D to maintain homeostasis. Gait is slow, with legs straight and no flexion at knees. Measure the clinical response to Rx with measuring serum total IgE levels. For smoking cessation
combining buproprion and nicotine replacement therapy is particularly effective. It has maximal efficacy when used the first 12 hours after intercourse, good efficacy within 48 hours, and appears to work even up to 120 hours after intercourse, good efficacy within 48 hours, and is strongly related to
EBV. Bone disease is a common complication of PBC dt the malabsorption of vit D. RMSF: tick borne disease with fever, myalgia, headache, petechial rash. Cryptococcus will show up as granulomation w/ multinucleated giant cells and yeast organisms both within the eclls and in the free space. Prostatic massage produces WBC.
Advanced disease has cyanosis, collateral veins in the thorax, and ocular proptosis with lingual edema. Other causes are IBD and appy. Child social milestones: By age of 4-5, child starts to be embarrassed if another person sees them nude. L sided atrial emboli won't cause lung infarcts, because they are in the peripheral circulation. Pt is postop and
presents with SOB: Although DVT is definitely high on your list, don't excluse other chest pathology. For adults 19-50 is 1000 mg. Young pt presenting w/ vague non-specific complaints + WEIGHT LOSS: consider HIV. ERCP can also do biliary compression if needed. Criteria for admission of asthma exacerbation: peak flow is 40-50% lower than the
pts baseline, signs of resp distress, oral steroids fail, or if pt's clinical condition worsens. If you're gonna do surgery on the medullary thyroid, remember to give a-blockers for 10-14 days before, since pt likely also has pheo. Thus if a pt has a dirty wound, the only way he doesn't get both the antitoxin and immune globulin is if he knows hes gotten >=
3 doses of antitoxin within last 5 years. Use broad spectrum rd (imipenem, 3 gen ceph, piperacillin, metronidazole). Mechanism is a transient retinal artery occlusion by an embolus, thrombus, vasospasm, or hematological disorder. If a pt nd has hx of pregnancy loss after cervical surgery, then consider placing a cervical cerclage in the 2 trimester. It
also prevents at electasis. Cluster headaches usually happen in clusters (groups). FSOM with conservative Rx is thicken the formula with cereal, which usually dereases emesis, cry, and improves weight gain. Stress Urinary Incontinence: urine leaks with increased intraabd pressure. Rabies: bats can transmit even eithout biting. Meralgia
Paresthetica: very common syndrome d/t entrapment of the lateral femoral cutaneous nerve. There is no need for a PaO2 > 60 or O2 sat > 90%. DO NOT use Upper GI endoscopy. It's ok to accept gifts from pt as long as the gift is not excessive, the pt is of sound mind, and the pt is not giving the gift to try to get special Rx in the future. The risk also
doesn't increase with maternal age. If the cause is cardiogenic, there is generally some JVD present, edema, and possibly a cardiac history. Rx for benign premature thelarche is expectant b/c majority of pt remain stable or have reversal of breast enlargement in a few months. If a pt has Barrett's without dysplasia, do endoscopy q3 years. Pt should be
encouraged to exercise, since it can help prevent recurrence of the exercise induced by expiration is an indication of airway hyperreactivity, and is a good clue for diagnosis of asthma. Osteo refractory to bisphosphonates: usually, response is very good. If
you see make the dx, need to workup for the other complications. Symptoms include progressive jaundice, fatigue, steatorrhea, hyperlipidemia with xanthoma formation. Remember that exercise is not the cause of asthma. Anybody w/ diagnosiusi of gonorrhea should get Rx for Chlamydia as well (doxycycline 100 mg bid, 7 days) or azithromycin as a
single dose. Nicotinic acid is useful for combined hyperlipidemia (lowering both LDL and TG), and it also increases HDL). Muscular Dystrophies (Duchenne's, Becker's, or myotonic) usually present around 10-12 years. Usually asymptomatic, but might complain of cramping, heaviness, fatigue, and swelling. The bone becomes very irregular and gives a
"mosaic" pattern, but basically, it's poorly modeled and brittle. Memantimne can be added in pt with progressive symptoms or moderate to advanced dementia. Presents a couple days after delivery. Usually personality changes are more prominent part of symptoms. If its C. If in this test, you get 2 or more blood glucose values > 105, 190, 165, and
145 at 0, 1, 2, and 3 hours respectively, then you've dx gestational DM. Acute hep B is subclinical or anicteria in most pt. Transient Synovitis: causes pain in hip, thigh, or knee in boys aged 3-10 yo. Colonoscopy is indicated in pt with positive fecal occult blood tests. MRI shows frontal and temporal atrophy which is symmetric. Red cell casts,
dysmorphic red cells, and associated proteinuria are features of glomerular bleeding. Continue for 3 days after defervescence. Should do a parathyroidectomy if pt is hyperCa. In addition, the ulcers improve a lot after the surgery Osteoperosis: if suspected, do a bone mineral density scan (DEXA scan). Symptoms include cough, tachypnea, irritability
poor feeding. Possible complications are myocarditis or neuritis. Priapism: starts as a non-ischemia of ESRD: generally d/t decreased
production of EPO. We are a non-profit group that run this website to share documents. If there is abscess, might need percutaneous CT guided drainage. Dementia: About 60-80% of cases are d/t hepatotoxicity, and the other 3 have similar efficacy
Rx with gain weight, or HRT and Ca/Vit D if calories not possible. Dysfunctinal uterine bleeding: Presents with sudden onset of heavy vaginal bleeding. Ampicillin/sulbactam), and afterwards switch to oral med (augmentin). FNA biopsy should be done with easily palpable cystic masses. Even a moderate reduction in weight can restore fertility. If
weight reduction fails to restore ovulation, clomiphene citrate can be tried. Look for a brainstem auditory evoked response. Head and Nek cancer (HNC): At time of dx, about 60% of them are regionally advanced already. There are 3 types of prostatitis acute prostatitis acute prostatitis: d/t same organisms responsible for UTIs and urethritis, with + urine culture. If
you suspect brain death but pt doesn't meet the criteria, do confirmatory tests. Decreased ability to discriminate speech is more apparent in a noisy, distracting environment. Turner's Syndrome: Short stature and hypogonadism. Later on there is dilation of pupil, altered consciousness decerebrate posturing, and hemiparesis d/t transtentorial
herniatoin of brain tissue. Zenker's diverticulum: disorder of proximal esophagus. Asymptomatic. Usually refractory to antithyroid meds. These pt have higher risk of acute pulmonary edema and CHF. D/t prolonged exposure to gastric acid. Myasthenic Syndrome (aka Lambert Eaton Syndrome): Associated with small cell cancer of the lung. Aplastic
crisis represents a transient failure of erythropoiesis w/ an abrupt reduction in Hgb. It can also see abscesses, fistulas, and perforation. Otherwise you don't wanna use these because you don't want resistance to develop. Bacterial conjunctivitis is very contagious. All pt with a unilateral spontaneous nipple discharge should get mammogram.
Mechanical ventilator settings are usually around 9 for PEEP, and O2 is high while tidal volume is low. PCL injury: little pain or alteration in ROM, but posterior drawer test is positive. Infant presenting with severe microcytic/hypochromic anemia is likely thalassemia major. Must call DCPS. Obviously this is after you've called for an ambulance. Can
also present w/ stiffness nad impaired mobility in a joint. Some clues include history of prior intubation, exhaustion, diaphoresis, suprasternal retractions (increased work of breathing), change in consciousness, accessory m. Present as minimally painful or painless, slow growing masses over a part of the body. Sometimes, urinary symptoms might be
seen. CT is useful for detecting mediastina lymph node mets and chest wall invasion. Clindamycin +- naficillin has been shown to prevent recurrence of TSS. Only Rx is surgical removed of affected colon and rectum. Other features suggestive of cyst include: smooth, soft, mobile, round. Life threatening hemorrhage in pt on warfarin therapy: Could be
intracranial, or otherwise. Pneumovax indication: > 65 yo, Tetanus toxoid indication: pt w/ dirty or serious wound w/ lasts dose > 5 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 5 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose > 10 years ago, or clean ound who got last dose
Koplik spots (blue/white spots on buccal mucosa). Postpartum endometritis: polymicrobial infection of the pregnancy endometrium characterized by fever, uterine tenderness, foul smelling vaginal discharge, and leukocytosis. Fistulas usually need surgery. These are usually not fatal. A benzodiazepine will be needed to prevent delirium tremens. If it's
less severe or frequent, just use albuterol PRN. Initial Rx is metronidazole. Clozapine: Reserved for refractory schizophrenia. Gestational Thrombocytopenia: benign condition, defined by the presence of 5 criteria. Family should know that taking care of the pt is easy in early stages, but is tougher over time as the condition progressies. Acalculus
cholecystitis is seen I critically ill pt and elderly. This is gold standard. The erosin happens because a fecolith gets into the diverticular sac. It can cause an acute rise in pulmonary vascular resistance and RV failure, leading to death within 1-2 hours of the event. Sensory loss over ant aspect and medial thigh is common. If pt doesn't want surgery, and the event is a fecolith gets into the diverticular sac. It can cause an acute rise in pulmonary vascular resistance and RV failure, leading to death within 1-2 hours of the event.
alternative is radiation therative. Thus, FSOM is to get CT scan of adrenals. Rectal cancer: the surgery always has a risk of messing up the spincter. Ratio is > 2.0 (pretty specific for EtOH liver disease). In chronic cases, pt might have bleeding or discharge from ulcerative, superficial epithelium. Some factors which precipitate it include
polypharmacy, infections (UTI/pneumonia), fluid and electrolyte disturbances, malnutrition, immobility. 1 2 3 Bilirubin 3 Ascities Absent Slight/responsive Moderate-severe Albumin > 3.5 2.8-3.5 17 encephalopathy None Stage 1-2 Stage 3-5 Child's Criteria for liver transpoant. In the 2 trimester, you can do a quadruple screen (AFP low, hCG,
unconjugated estriol, and inhibin A) which can detect 80-85% of cases. RF is spinal surgery, epidural injection, immunocompromised, and elderly. Pruritis in pregnancy: Pruritis in pregnancy. If serum ALT remains elevated after 6 months, then infection has become chronic. Can just eat a normal diet, with reduced fats and sugars
Piperacillin + tobramycin/amikacin. If you check the tube and pt still isn't breathing, then likely a tension pneumo. Insidious onset, and presents w/ low grade fever, cough, dyspnea, and tachypnea. Usually, this disease is self limited, but pt who are hypoxic or cannot eat d/t the distress should be hospitalized. Most importantly, there can be associated
cardiac stuff, including coarctatino of the aorta, bicuspid aortic valves, MVP, and hypoplastic heart. US is the best initial Dx. MC complication is gall bladder gangrene and perforation. It's important to classify the risk of the patient when you see them (low to high), presents w/ LAD and maculopapular rash which begins on face and spreads caudally
It is characterized by heart failure and edema, which can progress into delirium and cardiac arrest. Metastatic Brain cancer: survival is 1 month if untreated. Pt planning to get pregnant should stop warfarin and get LMWH or subcutaneous unfrationated heparin. Alternatively, carbapenem or 3 gen ceph can be used. Pt who don't show vasoreactivity
might experience an acute cardiopulmonary decompensation if oral vasodilators are used. It's the lack of ovulation, leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of progesterone which leads to endometrial overgrowth that eventually outgrows its blood supply leading to hormonoal imbalance of the hormon
preceding menopause until 1 year following the last menstrual period. CDC also recommends being careful about CSF, peritoneal, pleural, and synovial fluid even though not much proof that they can transmit HIV. PE: Mild fever and leukocytosis can be seen I pt with PE. Characterized by dyspnea and CP, with and CXR shows nodular thickening of
the pleura and/or obscuring of the diaphragm. SPlenomegaly may be present. In pt getting this surgery, need ro get prophylactic LMWH. More subtle, presents with ddysuria and increased frequency, without any systemic signs of acute prostatitis. Cholinesterase inhibitors (donepezil, rivastigmine, galantamine, and tacrine). Uncomplicated cystitis:
frequency, dysuria, hematuria. All close contacts should get chemoprophylaxis. This will prevent loss of pregnancy d/t cervical incompetence. Inject into the upper lateral thigh. A normal reaction to caloric stimulation in a coma pt probably means psychogenic coma. CT scan is good. Chronic bacterial prostatitis: may be a complication of acute
prostatitis. Anemia of Chronic Disease: Chronic conditions like inflammation and malignancy gradually suppress RBC production in the bone marrow. Rx is supportive. Presents with unconjugated bilirubin (from hemolysis) soon after birth. In this syndrome, there are autoantibodies directed against Ca channels, leading to proximal muscle weakness
Duration of warfarin Rx depends on context of PE: Occurrence of PE d/t reversible RF (OCP, immobilization, surgery), should be Rx with 3-6 months. A good first test is CXR, as it can possibly show some stuff to suggest PE, while looking for other stuff. Ataxia and dementia are other presentations. This includes pt with purulent sputum or a change in
color of sputum. Should reevaluate in 1 week. PE: No one test is good enough to Dx it all the time. Let us know If you feel that we have violated your copyrights. Chronic markers include anti-HBe, anti-HBe,
Schistosoma haematobium. At the 4 week of life, pattern changes to 1-2 episodes daily or even less, like 3/week. Usually d/t embolus from distal source, trauma to artery, or acute thrombosis d/t previously diseased vessel. Analgesic Nephropahty: see in pt with heavy, longterm use of NSAIDS (chronic pain). First do a retic count to differentiate which
of the 2 it is. Thyroglobulin only comes from the thyroid gland, so exogenous TH would suppress the gland. Look fo PMH of atherosclerotic disease. In Chlamydia, WBC will also be normal with an elevated eosinophil count. UA can help differentiate extraglomerular from glomerular from glomerular hematuria. IV morphine or ketolorac are the painkillers of choice in
sickle cell pt. Rx with ethosuximide. Consider secondary causes of osteoperosis. There is alos higher risk of spontaneous abortion, preterm delivery, and fetal mortality. There is, however, a significantly increased risk of a recurrence of febrile seizures. Acute febrile Rxn within 24 h of starting Rx for syphilis: most likely Jarisch-Herxheimer reaction.
Resp arrest happens easily, and Rx should try to relieve airway obstruction, then treat the infectious causes are candidiasis, bacterial vaginosis, and trichomoniasis. Other causes can include chronic disorders that cause inflammation
in airways (CF, Kartagener syndrome, Wegener's granulomatosis). Without it, these can cause chronic discharge and bleeding secondary to injury of the vaginal tissues. CT abd would be good FSOM to look for mass obstruction. Pt with this usually die early d/t relentless anemia and catastrophic expansion of erythroid precursor. Type I is seen in pt w/
DM or PVD. Before doing this, get a PT/PPT/blood group and crossmatch to have spare blood ready. A diffuse nodularoity in the cyst is likely fibrocystic disease. MC joint is the knee. Immune response is directed against oxyntic caells and intrinsic. High grade squamous intraepithelial lesion (HSIL): Includes CIN II and III, moderate/severe dysplasia,
and carcinoma in situ. Neck trauma: airway must be secured with jaw lift to prevent further strain on the neck. Squamous cell cancer accounts for 25-30% of lung cancers and manifests on CXR as a cavitary lesion in a bronchus. Staring spells will disappear in teenage years. Indications for home O2 use include PaO2 Postoperative pulmonary
complications: RF include upper abd/thoracic surgery, chronic lung disease, hx of smoking in the last 8 wks, baseline PaCO2 > 45. Thin membrane disease: similar presentation to IgA nephropathy. A pt who suffers a traumatic injury should be given narcotics for pain relief, even if they were previously addicted to pain meds. Presents w/ sudden
severe abd pain, which may radiate to the back. Some women might become pregnant, but the changces are very low. MC in obese premenopausal women,. These also increase pt's sensitivity to other chemo drugs. If the LP is + for neurosyphilis, Rx with crystalline penicillin G IV for 2 weeks. Presents with fever, RUQ pain, N/V, crepitus on abd example and example a service of the company of the com
is very suggestive. Xray and sigmoidoscopy will show mucosal edema and mucosal ulcerations. Carbamazepine: Can sometimes there might be associated skin melanoma. Syphilis in pregnancy: Any woman with positive VDRL/FTA-ABS tests are considered infected until proven otherwise. Can Rx with
conservative therapy, including hydration, physical activity, and moderate Ca intake. Generally, there is no significant disability associated with this. You want to avoid blood xfusion in ESRD pt because it can sensitize a pt for allograft rejection following a transplant. Lung cancer is the MCC of cancer death. Presents w/ oliguria following a
hypotensive episode w/ elevated BUN, Cr, and anion gap acidosis. For the periods between meals. 50% of pt with anal abscess will go on to develop a fistula. It can progress to obstructive dysphagia. o Manage seizure, lower BP, prevent more seizures as good as
or better than anticonvulsants § Initiate at time of diagnosis, continue for 12-24 h after delivery § Get to therapeutic level w/o OD § OD treat mom will treat fetus o Only deliver baby once pt is stable: NSVD is fine, only c-section of Ob
indications are there Pregnancy risk category C: Either 1) studies in animals have shown adverse effect, but no studies have been done in pregnant women. Follow up colonoscopy time: 3-4 months after polyp resection if the polyp was large >2, sessile, or if there is any conern the
adenoma has not been removed. (a-blocker). Epidural Spinal Cord Compression: Common complication of cases resolve spontaneously by first several MONTHS of life. OCP: if taken perfectly (never miss a pill, takes pill at same to evaluate functional status. Cryptorchidism (undescended tests):
time each day, no vomit/diarrhea), theer is 99.9% efficacy. Thus, if a pt is very manic and pregnant, consider doing ECT. If it's a hemolytic anemia, look for toher findings associated with hemolysis like indirect bilirubin, decreased LDH, splenomegaly). Gemfibrozil has been extensively studied in pt with HIV infection and is safe
so it's better than other cholesterol meds for HIV pt. S\Surgery involves removal of lesions. This is d/t pelvic floor weakness, leading to loss of vaginal support d/t pelvic floor trauma during childbirth or vaginal atrophy following menopause. Mixed cryoglobulinemia: presents with nonspecific systemic symptoms (arhralgia, palpable purpura, LAD,
HSM, peripheral neuropathy). Fulminant exacerbation of Ulcerative Colitis: very toxic appearance, history of fever, abd pain, anorexia, and frequent bloody bowe movements. Hallmarks include distended bladder and weak urine stream apparent soon after birth. An alternative is clopidogrel is pt has high risk of GI bleed. US might be useful to
distinguish cyst from solid mass. During episodes, pt might draw up his leg toward the abdomen. Pulmonary fibrosis is evident on CXR or chest CT. Neonatal poplyythemia: Hct > 65% or a Hgb > 22. Presents late in AIDS. Multiple myeloma is oen possibility. Almost all these pt will have bladder dysfunction, which ultimately leads to upper UTI and
renal dysfunction. Need to look at co-morbid stuff to ifnd te cause. Always screen at initial rd prenatal visit, and in women under 25 or at increased risk should have repeat testing in 3 trimester. VCUG will ID filling defects in the diverticulum, including stones and tumor. If test results make cancer likely, do a radical inguinal orchiectomy to get
histological analysis. BV has association w/ pregnancy complications (spontaneous abortion, PROM, preterm delivery). However, > 12 h is a bad prognosis. Arterial thrombosis can also happen, leading to sroke, MI, kidney ischemia. Present w/ tachypnea, shallow breathing, ant chest bruising, and peripheral cyanosis. Have a low threshold for
intubation. Breech presentation: Management depends on which week it is that you see it. Then, externally roatte tibia, and extend knee. Important to screen for bone disease in these pt. As the patient is getting better and better, his O2 sat will become much better, to the point where O2 toxicity starts to be a problem. These include physical,
occupational, and speech. Syndrome includes loss of pupillary reaction, paralysis of vertical gaze, loss of optokinetic nystagmus, and ataxia. Rx SC immediately with penicillin for 10 days. MCL injury: tenderness and pain along medial joint line. It's MANDATORY to screen for pheo if you see the thyroid mass. Look for an absence of reticulocytes. I
usually don't like telling people the score to aim for but you should try to maximize your potential and get the highest score you can possibly get. Warfarin: Anticoagulation effect is by inhibition of vit K dependent facts (2, 7, 9, 10). Parmomycin is an nd alternative (give to pregnant pt in 2 trimester or mild-moderate disease) Bacterial overgrowth in GI
tract: Dx with quantitative jejunal cultures. More specifically, a post. Amniocentesis becomes necessary only if the US is normal or inconclusive despite highi AFP levels. Thus, Must keep LDL < 100, otherwise need a statin. If symptomatically compromised, don't give, but if pt is asymptomatic HIV pt should still get the vaccine. Close contact to case of
meningococcal meningitis: Should get prophylactic antibodies. A good aalternative source of Ca is togurt, since the live cultures and fermented milk are tolerated better in these pt. Erectile Dysfunction: 3 MCC are psychological, endocrine, or drug side effects. In tehse pt, there is ineffective erythropoiesis, causing more intense erythroid hyperplasia
leading to indirect bilirubinemia. DM drugs: with renal failure, must not use metformin or gluburide. Symptomatic pt should always be treated. IV Mg is used only in life threatening exacerbations. IM ceftriaxone (125 mg) is DOC for gonorrhea. Peripheral Vascular Disease: Present w/ pain with walking. There will be reduced lung expansion and
hypoventilation on L side of chest. Prostate Cancer: MCC of metastatic bone disease in men. Neutropenic Fever: This is a medical emergency. Often, there are bilateral effusions. Spinal Bifida: uncommon condition (1/1000) that is characterized by a cleft in the spinal column, which can be open or covered by skin. Usually these are multinodular. If this
happens, give ACEI to reverse the angiotensin induced vasoconstriction. Support can include NSAIDS/Tylenol for fever. It's important to start levothyroxine quickly if pt is really hypoTH, since neuro development is very dependent on TH. In these cases, just provide supportive measures. Btw ages of 3-7, kids usually react with disbelief, and think that
death is only temporary. TIA: Stenosis in the carotid artery is a common cause. Clindamycin has good coverage for gram + cocci and anaerobes, so is the first line. Living donor > cadaver. Also get RPR. Emotion is usually prevocational, and there is rapid recovery of consciousness. Hematuria can also be present after TURP, but goes away within 1
month. Turner's: there is no barr body on buccal smear. If you notice these alarm signs, need to intubate immediately. Blue/white koplik spots precede the appearance of the maculopapular rash. Other benign causes tend to have a bilateral nipple discharge. NPH insulin can e used. Urine eosinophils can be detected using Hansel's stain. If pt wears
contact lens, consider fluoroquinolones, since they have pseudomonas activity. Mild acute illness with or without fever is not a contraindication. If you do decide to Rx, the Rx is oral metronidazole or clindamycin. For obstruction < 30%, medical therapy is preferred. Some patterns can lead you to a benign node, such as popcorn calcification
(hamartoma), laminated Ca, central Ca, or diffuse homogenous Ca. Some CT findings that suggest malignancy include irregular border, odd calcifications within the lesion. Note that if a CXR is abnormal V/Q scan is not indicated because there will be difficulty in interpreting the V/Q scan. Some CT findings that suggest malignancy include irregular border, odd calcifications within the lesion. Note that if a CXR is abnormal V/Q scan is not indicated because there will be difficulty in interpreting the V/Q scan. Some CT findings that suggest malignancy include irregular border, odd calcifications within the lesion.
their pubertal status. Hiatal hernia is a big predisposing factor to Mallory weiss tear (40-100% of MWS pt have it, depending on various sources). Tabes Dorsalis: Affects the posterior column of spinal cord. It's WNL for a kid to have this until age 7 or so. After starting HAART: a common efx is HIV lipodystrophy. Pt who present initially with a sensory
or CN involvement (esp optic neuritis) have a beter prognosis. Tetanus prophylaxis: Immune globulin is indicated for contaminated wounds when immunization status is unknown or when pt has < 3 doses of tetanus antitoxin. This may lead to macular edema, severely impairing the retinal circulation. Neonatal Sepsis: suspect dx when infant has poor
appetite, decreased reactivity to external stimuli, diminished oral intake, or depressed sensorium. Best initial test to confirm pneumothorax diagnosis is an AP upright chest film. Key is to not get the pt's hopes up. If it interferes with their lives enough, Rx is indicated. Norplant: 6 capsules of levonorgestrel which are placed subdermally, generally in
the upper arm. Prophylactic abx are good to give for anyone admitted for bleeding varicies. Rx depends on extent of involvement of the perinephric space. Also, cervical mucus in CF pt is thick and tenacious. If untreated, there is paralysis and absent pulses later on. MC long term complication of TURP is retrograde ejaculation. PEG is better than NG
step is to do a progesterone challenge test. Initial evaluation of ALD: LFT is a good first test. Giving these will provide good negative feedback to ACTH, which will decrease the androgen levels. Sometimes radioactive iodine ablation can precipitate this. Orchipexy should be done before 2 years of age, and as early as 6 months. For pt with negative LF
but syphilis < 1 year, give Benzathine penicillin G IM single dose. Condylomata Acuminata (anogenital warts): can manifest with pruritis, bleeding, burning, tenderness, vaginal discharge, and pain. Less commonly, VTE, PE< TTP, stroke can happen. CXR might show mediastinal widening on CXR. Generally, only shows up in pt with CD4 < 50. MRI
angio has the highest sensitivity and specificity for diagnosing this. Impairment of touch/position sense is variable. The technetium will concentrate in the parietal cells o fthe diverticulum. Otherwise, just do supportive therapy. Surgery is rarely needed. C.diff colitis: presents w/ acute onset of fever, abd pain, nausea, abd distention, grossly bloody
stool often after abx rx. b-blocker and thiazides increase risk for development of DM afer prolonged use. Klinefelter syndrome (47 XXY) is associated w/ higher risk of breast cancer. Usually presents with intermittent, severe, crampy abd pain w/ vomiting (turns from alimentary to bilious). Long term heparin might predispose to more bone loss. Pick's
Disease: progressive ftontal lobe dementia characterized by speech abnormalities, impaired executive functioning, irritable mood, hyperoral behavior (licks lips frequently), and disinhibition. Acute Variceal hemorrhage: Besides blood loss, complications of bleeding are causes of morbidity and mortality. Viral meningitis CSF: normal glucose,
normal/slightly elevated protein, normal/slightly elevated opening P MCC acute bacterial meningitis in C/A: neisseria. If suspect, rx with empiric antituberculous meds, (INZ, rifampin, pyrazinamide) for the first 2 months, then just INH and rifampin for the months. Penile papules: a normal variant involves papules which are skin colored
dome shaped (pearly), maybe arranged in a row. This can even present as CHF. Even if a woman is lesbian, should still get the regular screening schedule. Dyspnea and dizziness might even happen. Pattern can be very telling. High dose estrogen followed by progestin is the TOC. Cough and shoulder tip pain may also be present. MCC are Strep
pneumo (1), H influenzae (2), and Moraxella (3). Very common in clinically apparent asities. If pt has had abx in the month prior to amoxicillin, should start ceftriaxone and refer to ENT for tympanocentesis. Animal bite: important fact is wild animal or not (animal which has had shots). Rx with balloon dilatation. See the Ca on a plain film, but CT is
what is used to confirm the diagnosis. botulinum. Thrombocytopenia and encephalitis are also possible. Can be dt mets from any primary site. If prolonged, might also have iron deficiency, leading to bone issues and weight loss. Can bt d/t one of the congenital adrenal hyperplasias. Heme Onc Supraventricular Tachycardia
look for a narrow QRS complex. Early signs are headache, vomit, blurred vision. Presents as accumulation of a lot of synovial fluid, joint stiffness, and mild pain. Repeated LP to drain CSF can also help to relieve symptoms of fungal meningitis. Cefepime and ceftazidime are the anti-pseudomonal cephalosporins. Presents w/ isolated gastric varicies
(w/o esophageal varicies) in a pt with hx of pancreatitis. You can also take tissue out when doing the flex broncho. If the tear is not actively bleeding, just observe and give supportive care. Therapeutic abortion is not actively bleeding, just observe and give supportive care.
mostly). Also give clindamycin urgently. Within the first 48 hours, need to assess: age > 55, WBC > 16, LDH > 350, glucose > 200, AST > 250. 5 years if pt only had 1-2 adenomas which were < 1cm in size each. Li works very well though. Poor glycemic control in pregnant patients: Some risks for the fetus include macrosomia, hypoCa, hypoglycemia
hyperviscosity, respiratory difficulty, CHF, and cardiomyopathy. These can include cerebral angiography (showing no intracerebral filling above the circle of willis), cortical EEG (no activity for 30 minutes), transcranial Doppler US (showing small systolic peaks without diastolic flow), technetium brain scan (showing no isotope uptake in brain
parenchyma) or absence of somatomsensory evoked potential in response to median nerve stimulation. Also thought to happen 2/2 endocrine disorders and some meds (isotretinoin, minocycline). Absence of a resting tremor (which worsens at rest but improves with activity vs worsens), rigidity, bradykinesia, and gait difficulty differentiate thi from
parkinsons. When a pt starts to get out of control behaviorally, FSOM is to reassure, repeated orientation, and glucose is usually high. If that doesn't work, using a laxative the next step. Painless, full, active ROM. Cardiac arrest d/t electrical injury: often in asystole. Rash is localized around umbilicus, and glucose is usually high. If that doesn't work, using a laxative the next step. Painless, full, active ROM. Cardiac arrest d/t electrical injury: often in asystole. Rash is localized around umbilicus, and glucose is usually high. If that doesn't work, using a laxative the next step. Painless, full, active ROM. Cardiac arrest d/t electrical injury: often in asystole. Rash is localized around umbilicus, and glucose is usually high. If that doesn't work, using a laxative the next step. Painless, full, active ROM. Cardiac arrest d/t electrical injury: often in asystole.
is characterized by papules, urticarial plaques, and vesicles. You can do this by cell washing, or using frozen deglycerolized red cells. Relative contraindications are migraines, poorly controlled HTN, and anticonvulsant drug therapy. Malabsorption can result in anemia symptoms and poor nutritional status. Then during my second read, I read the
Kaplan note, UW questions, first aid, subject wise for e.g, I read Kaplan physiology, UW physiology, first aid physiology then read Kaplan pathology and first aid pathology and first aid pathology and so on. Involvement of the bulbar muscles leads to difficulty with chewing and swallowing. Long term abx therapy is indicated in kids with rheumatic fever. It is
dx when the ant shoulder cannot be delivered with mild, downward pressure. Long term Rx with steroids has no benefit, so its only for acute exacerbations. Sclerotherapy is used for pt who have failed 3-6 months of conservative Rx. You're basically damagint (sclerosing) the vein, preventing further vein filling. Partial small bowel obstruction: can
present with distended abd, increased bowel sounds, Air fluid levels on abd x ray, but there is still air in the distal colon. Dementia, if present, is progressive and not stable. Confirm Dx with aspiration/vitrectomy to get cultures and give Intravitreal abx. If tick Is found and its not engaged, there is no risk of lyme disease, since ticks take 24 h to firmly
attach to victims. There is contralateral paralysis of the arm and leg, contralateral loss of tactile, vib, and position sense, and tongue deviation to the injured side. Exam shows swollen eyelids and edema/erythema of the conjunctiva. If you see an osmolal gap that exceed 30-60, hypoNa is present. Must drain the obstructed part of urinary tract w/
percutaneous nephrostomy. Do them 4-12 wks after triple therapy. Ceftazidime or Cefepine are alternatives. Cutaneous ctyptococcosis presents w/ multiple, discrete, red colored papules of varying size with central umbilication. No single reliable dx, is a clinical dx. If consciousness is impaired, or if there are painful oral ulcers, consider an NG tube
Exposure to aniline dyes and smoking are big RF. Subclinical thyrotoxicosis: Suppressed TSH levels with normal T4 and T3. 2 commonly employed regimens are btamethasone or dexamethasone administered intramuscularly. Risk is increased in both the ipsilateral and contarlateral breast, regardless of the side where LCIS is present. 24 h
catecholamine, metanephrine, VMA, 17-ketosteroid, and dexamethasone suppression test. Our goal is not only to prepare you for the USMLE, but to help you become a better clinician. Otherwise its ok. Tender prostate on exam. PE might show bilateral symmetric weakness or flaccid paralysis and absent DTR in extremities. Usually associated w/
conditions causing an increased intraabd P like constipation, BPH, and COPD. If pt was symptomatic, consider methimazole after doing a radioactive iodine scan. If untreated, complications of undescended testes include decreased fertility, increased risk of torsion, inguinal hernia, and malignant transformation. If wound is contaminated byt pt has
gotten >3 doses of antitoxin within last 5 years. Should Rx with surgery or pituitary radiation. Pt on OCP will increase the free T4 (and increase total T4). While Horner's is a sign of bad prognosis, it's not immediately dangerous. DO NOT freeze the patient. If you're uncertain whether the
levodopa/carbidopa is just not working or whether it's because te pt has overlying depression, should give a trial of SSRI before doing anything to change meds for parkinsons. A + test could mean previous exposure. Thus, should give a trial of SSRI before doing anything to change meds for parkinsons. A + test could mean previous exposure.
of the TM on pneumatic otoscopy, despite a normal looking TM. TO dx, urinary Na (should be < 10) and urine osmolality (should be higher than plasma osmolality) should be determined. Primary Biliary Cirrohsis: chronic and progressive liver disease that is autoimmune in nature. Vit B12 deficiency in the elderly: sometimes the pt don't even have
anemia, just macrocytosis. Some RF are DM, HIV, recent aural irrigation for removal of cerumen. Facial nerve, presenting as asymmetric smile (d/t damage to the marginal mandibular branch). HIV pt with syphyliss of unknown duration: need to do CSF exam before starting Rx. Must r/o neurosyphiliss. Iron Deficiency Anemia: Cutoff for ferritin is
usually 15. There is an initial testosterone surge for 1 week after starting this drug, but a decrease afterwards. Tb in pregnancy: Standard regimen is INH, rifampin, and ethambutol. Suspected subarachnoid hemorrhage: FSOm is to get a CT scan. I and D is FSOM. DDx includes GBS, myasthenia gravis, and botulism.m Rx with tick removal
FLuoxetine has been shown to be good. Can see in borderline pt. It is recommende in pt who were previously treated for prostate and who currently have skeletal complaints or rising PSA levels. Once you've confirmed dx with cystoscope, do a VCUG ID the anatomical details in preparation for surgical repair. Rx is excise the mass ASAP to reduce risk
of embolus. Usually recent URI. Whole brain radiation therapy is Rx of choice. Perforations are potentially fatal. Atopic dermatitis: characteristic red oozing, rash. If 3-4 are met, just give empiric antibiotics. MPTP can sometimes appear during the synthesis of MPPPP. Influenza vaccine: takes 2 weeks to mount a response, so might still get sick within
this time. There is increased bone turnover (shown as increased alk phos: marker to follow the disease activity and response to Rx, and increased urinary telopeptide: marker of bone resorption). Fluconazole doesn't work because it doesn't have enough concentration in the eye. High risk abx include clindamycin (#1), ampicillin, amoxicillin, and
cephalosporin. Avoid prostate massage in pt with prostatitis, since it is painful and might cause bacteremia. Triple therapy includes PPI with amoxicillin and clarithromycin. Anaphylactic Reaction: 2 MCC of death in anaphylaxis is resp failure and cardiovascular collapse. SBP: presents w/ fever, abd tenderness, and distention. Some RF include early
initiation of sexual activity, multiple sexual partners, and high risk partners. Usually asymptomatic, but one possible presentation is when food gets stuck in the diverticulum, leading to regurgitation and halitosis. Since metformin is processed by kidneys and liver, there is increased risk of lactic acidosis in thes pt. The type of bilirubinemia also affects and liver, there is increased risk of lactic acidosis in the diverticulum, leading to regurgitation and halitosis.
rx. Dx is with lactose breath hydrogen test. The Neoplastic ones are further devided into adenomatous polyps or cancerous/malignant polyps. If symptomatic, can include anorexia, nausea, jaundice, RUQ discomfort. Generaly, use leuprolide (LHRH). It's also better for diagnosing fungal infections or the when compared to trying to get tissue samples results.
get lavage fluid. ACEI is the DOC for controlling HTN and preventing renal failure progression. Rx with immediate immobilization of lower leg and surgical repair of tendon. Serotonin receptor agonists (triptans) are widely used for migrane attacks. Hep B during pregnancy: Not associated with increased mortality or teratogeneciteratogenicity
Pregnant person w/ appendicitis: Complications depend on which trimester. MC are eastern equine, st. If there is progression seen on the f/u, then treatment is indicated. Acute cholecystitis: gallbladder inflammation w/ steady RUQ pain, fever, and leukocytosis. Normal 2 yo development: 50+ word vocabulary, use 2-3
word phrases, follow 2 step commands. Septate Uterus: formof mullerian fusion defect that can cause significant fertility problems. Pediatrics Marfan's Syndrome: arachnodactyly, arm span > height, ectopia lentis (50-80%). Epilepsy in pregnant pt: Although anti-epileptic drugs are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated with increased risk of congenital abnormalities, over 90% are associated wi
of women with epilepsy have normal pregnancy. If you smoke >=1 pack a day, and they stop, it will help more than any other intervention. This presentation is mesenteric ischemia until proven otherwise. Ceftriaxone might aggravate hyperbilirubinemia, so if pt has it, give cefotaxime instead. Just do watchful waiting. However, pt might develop
embolic strokes with origin in the venous system as well. Pregnant women are advised not to have close contact with anyone who has gotten smallpox vaccine in the last 28 days. They can assess extent of skeletal involvement and sometimes even ID impending pathological fractures. W/u includes serum protein electrophoresis, skeletal survey to
check for extent of skeletal involvement, and bone marrow biopsy to confirm the diagnosis (by seeing sheets of plasma cells in the aspirate). Make sure to look for a foreign body (classic is tampon). Anti-HTN drug for pt with CRF: ACEI is the main drug. If infection is severe, there is increased risk of a corneal
lesion in the form of keratitis. Must check the SYNOVIAL FLUID ITSELF. CAGE is the best screening tool, better than getting alcohol use hx. Best Rx is azithromycin (1 g PO single dose) or doxycycline (100 mg PO bid 7 days). Do it even if pt had a + chest xray. As a side note, there is some evidence that HAART can be transmitted into the breast milk
as well. Secondary causes of pulmonary HTN include interstitial lung disease, chronic VTE, or valvular disease. The excess substrates are shifted toward androgen synthesis (leading to ambiguous genatalia and virilization in females, and precocious puberty in males. Need to do MRI and plasma ACTH levels to Dx. If you see very high ACTH and
pituitary microadenoma w/ on MRI, it's diagnostic. Sometimes, a small suprapubic mass (uterus containing retained menstrual blood) can be palpated. Folic acid supplementation is effective in reducing the risk for developing spina bifida. Initial rx is to disimpact the stool and empty the colon by using enemas and suppositories. Diptheria: presents w/
pharyngitis, cervical adenopathy, and low grade fever. Dx with circulating cryoglobulin. Ocular melanoma: primary malignant tumor arising from melanocyutes within the uvea. Should also do airway protection. In these cases, you can do pharmacotherapy to accelerate puberty. Rx with a 2 drug regimen if suspect pseudomonas. Radiation therapy is
the best chouice for pallation of pain in pt with this type of prostate cancer. Early immobilization and operative fixation of fractures reduces the chances of fat embolism. High mortality. Squamous cell carcinoma of lung: can produce PTH-related proteins, leading to hyperCa. Tough to distinguish between malignancy and primary hyperPTH, but the Ca
in malignancy is usually much much higher. Treatment for acute pancreatitis is just conservative (IV fluids, NPO, pain control). It is d/t hypophosphatemia, which can lead to tissue hypoxia and depletion of energy stores. It is also approved for prevention of breast cancer in women who are at high risk. For more severe and acute pt, the scope is
probably better because its faster. Usually aspirate from mouth organisms, so pneumonia is mixed aerobic and anaerobic. Barret's Esophagus: A condition where normal squamous epithelium of the distal esophagus is replaced by columnar epithelium. Just stopping the warfarin is not enough. IV abx should be given (cefotoxin or amicillin sulbactam)
When multiple first degree relatives cannot agree on a decision for a very sick parent, get the hospital ethic committee involved. Once the first twin is delivered, assess the position and HR of the 2 twin. Rabies immue globulin and rabies vaccine. Rx with antispasmodics, diet modulation. With these you can do a lower anterior resection (w/ chemo
+ radiation). Thoracentesis is good for diagnostic and therapeutic purposes. And check TSH more frequently, This is b/c TH is necessary for child to develop intellectually in utero. Prostate Cancer: The axial skeleton is the MC site of spread of prostate cancer, and can cause significant pain and functional impairment. Presents with non-throbbing, with
bilateral localization. If initial test result is negative, a second test should be performed 10 wks after last known exposure. Steroids can also help increase pt survival for 2 months. Cryptococcosis: usually seen in immunocompromised, is an encapsulated fungus. Presents w/ episodic hematuria. Glycogen storage diseases are generally screened for at
birth, and also would have accompanying mental and more global delay in development. Familial Hypocalciuric Hypercalcemia: same PTH/Ca/phosphorus profile as primary hyperPTH. If you do a TURP/biopsy/cytology and diagnose Prostate cancer, suprapubic resection of the prostate is accepted therapy. HIV + pt who becomes pregnant: If pt is
already on HAART, should continue the regimen if pregnancy st is confirmed after 1 trimester. Looks like warty projections on the post wall of vagina. We are not hosting any copyrighted contents on our servers, it's a catalog of links that already found on the internet. eduwaves360.com doesn't have any material hosted on the server of this page, only
links to books that are taken from other sites on the web are published and these links are unrelated to the book server. Hx of thrombocytopenia after first dose of MMR. Surgery within 24 h is the most important Rx. Pulmonary Contusion: MC lung injury in pt with blunt chest trauma. What happens is that after the initial event, the sympathetic
system activates in order(normal). Even after SC resolves, should continue to take penicillin as prophylaxis until adulthood. Thus, you should test pt for vasoreactivity before starting oral vasodilators. Trichomoniasis will show motile trichomoniasis wi
Emphysematous pyelonephritis: Generally happens in DM pt. If SAAG >= 1.1, then there is portal HTN, indicating cirrhosis, CHF, or alcoholic hepatitis. If no old CXR is available, then doing a CT can help you diagnose. Risk is always present. Adequate anticoagulation with warfarin can decrease risk of ischemic complications. EKG is a good first step
Once you rule those out, you can start evaluating which of the primary headaches it is. However, the sympathetic activity doesn't go away, and keeps going, eventually leading to vascular compromise (ischemia, atropht). Can distinguish btw the two by measuring PTH. To keep our site running, we need your help to cover our server cost (about
$400/m), a small donation will help us a lot. Anovulation is another potential cause of infertility. Pain is usually colicky (wax and wane) and has a wide range. Febrile transfusion reaction: fever and chills which starts soon after a blood transfusion is started. Chlamydia endometritis during pregnancy can lead to chorioamnionitis and premature delivery
of the fetus. If normal, go FNA. Usually there is a perfusion defect 2/2 hypovolemia, hypotension, shock, sepsis, and low CO states. Cremasteric Reflex may be lost d/t diabetic neuropathy. Rx is with prophylactic admin of 10 cc of Ca for every 500 mL of PRBC you transfuse. Pain can be caused by tragal pressure or movement of the auricle. 2/3 of
polyps are adenomas (have malignant potential). U/A will show pyuria. MCC bleeding in a pt of previous gastric lesion is a recurrence of a new ulcerated lesion. If it's positive, next step is to get serum total IgE levels and antibodies should be measured. Be sure to recognize when the diaper rash is candidal in nature: Look for tomato red plaques and continuous gastric lesion is a recurrence of a new ulcerated lesion. If it's positive, next step is to get serum total IgE levels and antibodies should be measured. Be sure to recognize when the diaper rash is candidal in nature: Look for tomato red plaques and continuous gastric lesion is a recurrence of a new ulcerated lesion. If it's positive, next step is to get serum total IgE levels and antibodies should be measured. Be sure to recognize when the diaper rash is candidal in nature: Look for tomato red plaques and continuous gastric lesion is a recurrence of a new ulcerated lesion. If it's positive, next step is to get serum total IgE levels and continuous gastric lesion is a recurrence of a new ulcerated lesion 
satellite papules. Lesion of medial pons: ipsilateral limb ataxia, contralateral eye deviation, and paralysis of the face/arm/leg. Avoid scuba diving, very stressful sports (distance running), and sports w/ risk of falling (ski). Presents with 12-24 h history of mild eye pain/discomfort, accompanied by a decrease In visual acuity. Coli. Rx focuses on
rehydration, replaceing and continuing losses. FSOM is always pregnancy test. Annual screening is the recommendation. Check out our DMCA Policy. If you feel that we have violated your copyrights, then please contact us immediately. We're sharing this with our audience ONLY for educational purpose and we highly encourage our visitors to
purchase original licensed software/Books. Uncomplicated OM should be rx empirically with amoxicillin. (if pen allergic). If resistant, then next choice is bactrim. US is the most cost effective screening procedure for asymptomatic family members of a pt with APKD. If resistant, then next choice is bactrim. US is the most cost effective screening procedure for asymptomatic family members of a pt with APKD. If resistant, then next choice is bactrim.
normal, you can r/o significant PE, but oftentimes V/Q scan is inconclusive (negative test on V/Q doesn't rule out PE, either). Celiac disease: could present w/ low vit D and iron deficiency anemia without any malabsorption symptoms. Folic acid for pregnancy: Should start 0.4-0.8 mg/day of folic acid supplementation at least 1 month before conception
Also look for metabolic acidosis as a reason to stop metformin. There is hypoNa and hyperK d/t lack of cortisol. If kid does have signs of dehydration, admit to hospital. Presence of peritoneal signs is absolute indication for urgent laparotomy. Orbital Cellulitis: infection of soft tissues of the orbit. Metformin
should also be suspended temporarily in pt who undergos radiologic procedures usinc contrast. Pain can get even worse if diverticulum becomes infected. Cerebellar ataxia: drunken sailor gait. Some causes include bronchial and pulmonary parenchymal disease (ex malignancy), vascular diseases, and idiopathic cases. The truth is that hundreds of
applicants get 260s and 270s. Markers of hemolysis are usually elevated. Amiodarone induced thyroid disease: hypothyroidism is the majority, but thyrotoxicosis could also happen. Papillary Thyroid Cancer: Rx is near total thyroidectomy. Ca and vit D is recommended for everybody. Dosage to get to therapeutic INR is different for each patient.
Glitazones are contraindicated in CHF. In treatment naïve HIV pt, expect to have undetectable load within 4-6 months. Should just do repeat cytology at 6 and 12 months, or HPV DNA testing at 12 months, or HPV DNA testing at 12 months, or HPV DNA testing at 12 months.
load > 55k, or a decline of CD4 > 100 in 1 year. Pt with stage 3 (involvement of major veins, nodes, and adrenal glands) can still do radical nephrectomy. FSOM in an otherwise well appearing child is dietary modification. Doctors are obligated to report to their local Office of Physican's MedicalConduct (OPMC) when they have information about
unprofessional behavior (whether because a pt told them or if the doctor saw the act himself). Meniscal tear: MCC is twisting force with foot fixed on ground. Untreated infection during pregnancy can also lead to conjunctivitis and pneumonia in the newborn baby. BRBPR: probably a lower GI bleed (otherwise it would be dark). Eventually it
progresses into hoarseness, dysphagia, CP, and syncope. Bone marrow studies will show normal or increased amounts of storage iron in the macrophages, and a decreased number of sideroblats. Perineal exam will show a bulging, bluish, membrane between the labia. 4 glass test. Can Rx with pelvic floor excercises. If margins are free of cancer, risk
of lymphatic metastasis is low, and just taking out the polyp is enough. Most pt have a benign cause w/ slow progression of renal disease. Warning signs for headaches worsesned by positioning, night awakening, and neuro findings. Abd US is a good test
for dx this. PFT will show a restrictive pattern. In order to ensure that user-safety is not compromised and you enjoy faster downloads, we have used trusted 3rd-party repository links that are not hosted on our website. Non union is more common. Before getting cataract surgery, pt should be eval for maculre degen, because if its severe enogh, they
might not benefit from cataract surgery. Rx with tomical steroids. Probably more rare nowadays, since the preferred Rx for Cushing's disease is now primary pituitary surgery rather than bilateral adrenalectomy. Abx use before a planned surgery would be not be a very good intervention. Studies have shown that smokers who try to quit while
working/living with other ppl who smoke are more likely to relapse. Fluids that transmit HIV: semen, vaginal secretion, and bidy fluid with visible blood. Rx with epinephrine (can reverse both hypotension and bronchospasm). Any smoker w/ recurrent pneumonia, consider cancer. Rsah is painful. Pus can accumulate in the mastoid cavities. Pilots
might have trouble differentiating between the lights on the plane. Isotretinoin can cause hypertriglycerdidemia, which can cause pancreatitis. Mitochondrial pattern of inheritance: Males acquire disease from their mothers, but don't transmit it any further. You don't want to give only estrogen (unopposed) in a pt with an intact uterus (risk of
endometrial cancer). Reversible ischemic neuro deficit is btw 24 h - 1 week before symptoms go away. Allergic Bronchopulmonary aspergillus antigens. These are dangerous signs and can quickly result in spinal cord compromise. MCC is constitutional delay. If
hypertriglyceridemia, DOC is gemfibrozil. After a cholecystectomy, no change in diet or medications is needed. Presents with bnormal gait, paresthesias, and lightning pains of the trunks or extremities. ABI < 0.4 usually means there is ischemia. Hep B vaccine should be given to all high risk groups. Olive mass in RUQ is pathognomonic. Consider the
temporal relationship to exercise, and complete remission within a short period of time. Watershed areas are vulnerable (splenic flexure and rectosigmoid junction). Average protein intake is 1g/kg/day. Uworld Qbanks Step 2 2021 Free Download UWorld Qbanks Step 2 2021 Free Download UWorld Qbanks Step 2 2021 Free Download Top-
Rated Resources For USMLE Step 1 2021 Free Download Kaplan High-Yield Step 2 CK Video Lectures 2021 Free Download Disclaimer: This site complies with DMCA Digital Copyright Laws. Please bear in mind that we do not own copyrights to this
book/software. If there are severe symptoms present (significant angulation, pain, neuro symptoms), surgical correction is needed. The spleen rapidly enlarges, and the pt can present in older ppl. Look for other signs like skin lesions, CXR evidence
                                                        : late onset of absence seizures (into teenage years), myoclonic activity, and is associated with life long seizures. One of the best predictors of prognosis in pt with acute bhep B is PT. In 5-10% of pt. triple therapy won
work. Lead poisoning: If a kid has lead levels > 10, should obtain CBC, UA and electrolytes. Initial Dx is skin prick test for aspergillus if you suspect it. Breath hydrogen testing also works, but is not gold standard. Somatostatinoma: somatostatinoma: somatostatinoma is an inhibitory hormone for various hormones. Pt on a vit K rich diet (green leafy vegetables) or have
increased P450 activity can have trouble getting to therapeutic levels. If a pregnant pt has PMH of this, should measure length of cervix in the second trimester. Congenital Adrenal Hyperplasia: MC enzyme deficient is 21-hydroxylase (90%). Risk of malignant transformation is increased, and remains so even after orchipexy (surgery). HIV pt: If a
physician has it, AMA policy is that you shouldn't engage in any activity that poses risk of transmission to pt. DM is important, but not as much as HTN management. If pt is pregnant or unable to take cycline for whatever reason, give chloramphenical. Cutoff value was reduced to 4 to increase sensitivity. A couple reasons for this are that removing
knife could cause bleeding in the venous sinuses. Cancer patient with central venous catheter in place for chemo: often there is infection at these sites. You're looking for a fall in FEV1 > 20% from the initial baseline value. Iron supplementation becomes necessary after 6 months of life. If there was maternal fever in the last trimester, could be listeri
(presents more I the neonatal period). LMWH is shown to be better than warfarin or aspirin. Infant with this also commonly has Gilbert's syndrome as well. If you can visualize the foreign body after these maneuvers, try to remove it. MCC are pseudomonas and staph aureus. On the other hand, initial presentation with cerebellum (nystagmus),
brainstem (internuclear opthalmoplegia), and pyramidal system (hemiparesis) are bad prognostic features. When immobilized, ther is increased bone resorption and decreased bone formation. Ursodeoxycholic acid can slow progression of PBC, and improve survival. If pt is symptomatic and plt < 30k, should rx with steroids and IVIg. Consider
splenectomy if a kid has chronic ITP and persistently experiences symptoms. Lasts for a few minutes usually. Dementia associated urinary incontinence: the incontinence is not necessarily related to the dementia itself. Leber hereditary optic neuropathy: Mitochondrial disorder where there is a bilateral optic atrophy occurring at a young age (15-30),
leading to early blinendess. Functional gastroesophageal reflux (GER): spitting up' is very common in infants up to 2 years. Coli, Klebsiella, and enterobacter. Ketoconazole can be an alternative. Osteomyelitis: MRI is the most accurate dx test for complicated osteonyelitis or DM associated osteo. Measurements of CSF, therefore, are not usually
elevated. HypoTH should be screened for (esp in older pt). Methamphetamines cant be stopp ed abruptly, d/t high prevalence of psychological dependence. RF for development of adenocarcinoma of the esophagus. Atypical lymphocytes are sensitive but not specific at all. IV hydration with isotonic saline and aspirin are generally indicated. If there are
no gen ton clon seizures, then prognosis is good. Short term use (< 3 weeks) wont cause HPA distortion. Repeat q3 years if there are no other RF. Risk is at least 7x higher, but is not quaranteed. If normal, low chance of progression to chronic. DON'T give fluoroguinolones to kids because of risk of tendon rupture and tendonitis. Surgical removal of
the septum has been shown to nd be effective in treating 2 trimester complications, but not for correcting first trimester complications. Herpes gestationis (aka pemphigoid gestationis): uncommon blistering dermatosis that I sassociated with pregnancy is indicated for adnexal cysts that are > 5 cm, and persist
over time (d/t high risk of rupture, hemorrhage, torsion, which can lead to nd preterm delivery). It's normal for several months after the event. If there is high grade dysplasia, consider esophageal resection vs. Pt with macrocytosis, hypoNa, slowed speech/thought, and delayed reaction in ankle reflex are likely to have hypoTH. Tough to dx early d/t
nonspecific s/s. Prostate cultures may be +. Ouitting smoking only helps if pt controls their BP also. Shuld confirm dx with HCV RNA (high specificity). The presence of Horner's syndrome and hoarseness of voice are consistent with local invasion of the paravertebral sympathetic chain and recurrent larvngeal nerve, respectively. Endopthalmitis:
infection of vitreous fluid. However, there is no risk of increased congenital malformations. Defect oftens correct spontaneously Shoulder dystocia: failure of fetal shoulders to pass through maternal pelvis once the fetal head has been delivered. If the HPV DNA is a high risk type, do a immediate colposcopy. Condition is characterized by dyspnea on
exertion, cough, chest tightness, and wheezing. Disease is sometimes self-limited. MCC of decreased vision in elderly pt are cortical cataracts and associated macular degeneration. MC complication is suppuration of lymph nodes. If a pt complains of an episode of hjeavy dysfunctional bleeding or of > 6 months of irregular menses, then endometrial
biopsy or a vaginal US to ensure endometrial thickness stays < 4 mm is indicated. rd 2nc vaccine should be given btw 1-2 months, and 3 dose at 6 mmonths. Iodine induced thyrotoxicosis: Could happen during coronary angiography. Other one is avascular necrosis. Pt with first episode of idiopathic VTE should be Rx for 6 months. Major RF include
mechanical ventilation and coagulopathy. WBC usually elevated. Pentamidine is also sometimes used to Rx PCP if bactrim doesn't work. Remember that DM is a CAD equivalent. Just observe and do periodic check ups. LEEP is the TOC for HSIL, since it's accurate and low cost. However, even in the event of a significant HLA mismatch, can still be a
donor. Rupture of Achilles tendon: sometimes occurs after abrupt calf muscle contraction. Rabies: 2 kinds of prophylaxis. GBS usually has a spontaneous remission, with near complete recovery. Can be associated with hyperCa d/t secretion of PTH like hormone. > 8-10 will need removal. Starts with distal hand movements, then later progresses to
facial jerking and grimacing, as well as abnormal feet movement. Parathyroid Diseases: PseudohypoPTH is d/t resistance of PTH on its target tissue. Splenic Sequestratino Crisis: Young kids with SCD are susceptible, since their spleens aren't fibrotic yet. Women who present with PMS have much higher incidence of depression in the past, and also
have greater incidence of depressive episodes in the future. All healthcare workers who had exposure to resp secretions should get chemoprophylaxis. For Rx, first start on heparin, then add warfarin after 24-48 hours. Meconium Ileus: usually the earliest manifestation of CF. EStroke: early initiation of rehab therapy can improve recovery process and
improve functional status. Incidence is 70%. PE: massive ones are the ones that can cause death. EKG can show R axis deviation. The pain often radiates to the groin. HRT (conjugated equine estrogen and medroxyprogesterone) can be used in younger patients with careful monitoring without excess cardiovascular risk. Usually develops months after
rheumatic fever, whereas carditis and arthritis develop after 21 days. Pt admitted for bleeding varicies: MC complication is developing infection, whether it is SBP, resp, or UTI. Batteries that have made it into the stomach usually pass without complications. Often, these paraneoplastic syndromes are the first sign of the cancer. Dx with limited
sigmoidoscopy or stool cytotoxin test. Decreased vibration sense, 2 pt discrimination, and numbness. Most pt with myelomeningocele also have hydrocephalus and CHiari II malformation, so urgent neurosurgery eval is needed. Exacerbations of pulmonary disease in pt with CF usually need IV abx therapy. At that point, can just measure q3months.
Chlamydia has a staccato cough (an inspiration between every single cough), PMH of conjunctivitis as a neonate. Increased risk of aortic dissection is present. Pt with multinodular goiter have 5-10%/year chance of getting symptoms, so should treat thes guys. 3 methods of removal: schokwave lithotripsy, flexible ureteroscopy, and percutaneous
ureterolithotomy. CT should benext step if you suspect it highly but plain filsm are negative. Primary hypoTH can cause various symptoms including: enlargement of tongue, ascities, increased BP, and increased B
clean wound and has > 3 doses of antitoxin with last dose > 10 eyars ago. It provides broad spectrum coverage for both aerobes (also present in these wounds). There can be behavioral and personality changes (wandering, repeated questioning, social inappropriateness, agitation, hallucination). Parathyroidectomy: After surgery,
serum Ca can fall, and symptoms of hypoCa could actually develop. Pancreatic cyst: Presence of it without any hx of pancreatitis should be considered malignant until proven otherwise. Also, there is aortic root dilation (50% kids, 80% adults), which can lead to aortic insufficiency. Should get a biopsy. If the LP turns out negative, give benzathine
penicillin G IM for 3 weeks (for syphilis > 1 year or unknown duration). Best fluid regimen in this case is D5W with bicarbonate, which can address fluid replacement and correcting the hyperK and acidosis. Anterior bleding source is favored by findings of clear or opharynx while upright. IVC/Greenfield filter indications: documented recurrent VTE
despite being on therapeutic anticoagulation, recurrent VTE w/ absolute contraindications fo anticoagulation, hx of massive PR where a recurrent episode would be life threatening, chronic recurrent PE and hx of pulmonary HTN. Usually d/t anovulation. May also have dressing apraxia, with trouble getting clothes on. If severe opthalmopathy is
present, should defer radioactive ablation. Euthyroid Sicks syndrome: commonly see in hospitalized patients. Vesicovaginal fistula is dx by instillation of methylene blue into bladder. Pt with hereditary thrombophilia who present with
recurrent spontaneous thrombosis, life treatening VTE, or thrombosis at an unusual site (mesenteric/cerebral vein). Salt wasting syndrome occurs in severe deficiencies. By the time symptoms start, bacteria have been removed by phagocytes and cultulres will be negative. Ca correction rule w/ albumin: For each 1 g of albumin below 4, must add 0.8
to the Ca. Cushing's disease: Presents w/ HTN, hyperglycemia, osteoperosis, mood swings, hypoK and met acidosis. Some drugs that cause this include cimetidine (GERD), probenecid, trimethoprim. This is often the first manifestation of sickle cell disease. Home O2 for pt with COPD: can decrease morbidity and mortality of these patients. So surgery
during 2 trimester to decrease chance of fetal complications. Low fat diet can reduce steatorrhea. If EPO is already normal but pt still bad, do blood transfusions. MC complications of precocious puberty. Usually, IRIS is self
limited, but if the precisting infection is neural, possibly some long term issues. If small (5 cm, should do surgery to resect the adenoma. Urine exam reveals hematuria, proteinuria, and pyuria. HyperPTH, pituitary tumor, and pancreatic tumor (gastrinoma). Zinc oxide cream or petrolatum can be used. Rarely does any manifestation of sickle cell
present before 6 months (since the fetal Hb is still helping the baby out). It can occur 2/2 to sepsis, pneumonia, severe trauma, burns, drowning, or pancreatitis. Presents with mono occur spontaneously, even without evidence from previous trauma or excess exercise. There will
be hypertrophied circular muscle without ganglia (or just degeneration of ganglia) in histology. CXR can show homogenous opacification of the lung fields. This slows the heart rate until a rhythm can be regonized, and can potentially break the SVT and return pt to normal sinus rhythm. This is b/c the inhibitory mechanism of Ca on PTH is impaired in
these pt. Can also give after unprotected sex w/ HIV + person withini 72 h. See more in younger premenopausal women and white women vs AA. Heparin usage: A well known complication is heparin induced thrombocytopenia. Just make sure you counsel them about risks and symptoms of tb. If there is chance of MDR, add pyrazinamide to it. It's an
STD, so sexual contact was somehow involved In getting it. Also various conduction defects and myocardial fibrosis. Should put pt on high fiber diet to prevent recurrences. Thus clues that point you toward cleared hep C infection are negative HCV RNA along with normal LFT. Mild Preeclampsia - Either BP > 140/90 or increase over pre-pregnant by
> 30/15 - Proteinuria > 300 mg - Nondependent edema (face or hands) - Tx: induce labor if at term, or if lung development in fetus is confirmed o Betaemethasone: enhance lung maturity o Start Mg SO4 for seizure prophylaxis during labor, continue 12-24 h post delivery Severe Preeclampsia - BP > 160/110 + proteinuria > 5 g
OR organ manifestations as listed above - Tx: overall goals are to prevent eclampsia, lower mom HTN, deliver the baby o Initial: MgSO4 to prevent seizure, hydralazine for BP o Once stable: see gestational age of baby § 24-32 wk: wait for beclamethasone and more maturity § > 32 or organ failure signs; deliver immediately - pt. Post obstructive acute
renal failure: can present as sudden inability to void urine. Physician reporting of other physicians: You have an obligation to report doctors who provide eccentric and potentially harmful treatments. Still, always get adrenal function tests when you see this. If see signs of hepatotoxicity, d/c INH immediately. Familial Adenomatous Polyposis: Multiple
polyps on colonoscopy w/ family history of early colon cancer. Sensitivity and specificity are > 90%. hypoK: major causes are usually 2/2 to decreased K intake, increased entry into cells (insulin, bandrenergic activity, hypothermia), increased entry into cells (insulin, bandrenergic activity, hypothermia), increased entry into cells (insulin, bandrenergic activity, hypothermia), increased K intake, increased entry into cells (insulin, bandrenergic activity, hypothermia), increased entry into cells (insulin, bandrenergic activity), increased entry into ce
BAD. Adolescents are at increased risk of adverse pregnancy outcomes: These include increased perinatal mortality, preterm delivery, and premature/low birth weight). Migraine headaches are usually accompanied by aura, nausea, vomiting, and photophobia. Pt with SCC who don't receive blood transfusions in time can have mortality up to 15%.
Lesions are also skin colored, but are verrucous, papilliform growths or smooth flat papules. Giardia Lambia: Generally, person to person transmission happens in 2 settings: in institutions where there is fecal incontinence and poor hygiene and in male homosexuals. Usually is asymptomatic, but can cause an illness with low grade fever, LAD with post
cervical and occipital nodes, and maculopapular rash that starts on face and spreads caudally. Cholangicarcinoma: tumr mass can present in hepatic ducts, leading to obstruction of bile flow causing marked jaundice and pruritis, Management includes blood culture, empiric abx (before culture), and ERCP for dx and rx. Headache is prominent, and it
is d/t obstructive hydrocephalus. There is increased work of breathing d/t musclar pain and spasm. Ascultation is usually made of findings which are more diffuse esophageal spasm: presents with CP and dysphagia. Psychosocial stressors are often involved
in cases of FTT. Diabetic enteropathy is a cause of bacterial overgrowth. If there is stenosis > 70%, doing an endarterectomy will reduce the risk of a subsequent strok compared to medical therapy alone. Osteomyelitis: present as fever, chills, swelling over the involved bone. Can be Rx with methadone or other opinoids. Removal of premalignant
polyps in pt can reduce incidence and mortality from colorectal cancer. Doing these 2 things reduces mortality significantly. Urine excretion of Ca > 400, pt younger than 50 yo, 30% decrease in creatinine clearance. Congenital toxoplasmosis: can manifest as microcephaly. If you have a first degree relative with spina bifida, your chances of having a
child with it are increased, but still low. involvement. Another criterion is delay in development for 5 years or more from the onset of genitalia enlargement. Best way to find out the organism is by culturing the deep tissue obtained by curettage. At Medicalstudyzone.com, we take user experience very seriously and thus always strive to improve. It can
improve survival for 3-6 months. Lab generally shows hypokalemic, hypoCl, met alkalosis d/t vomiting. Subphrenic Abscess: usually develops 14-21 days aftrer abd surgery. Rx with surgery and chemo, but prognosis is poor. Usually happen a few times a day. Splenic Vein thrombosis: a less common complication of chronic pancreatitis. Can also
present with headaches, , with rhythmic pulsaing sound in ears. Can be d/t extension from periorbital structure infection or by direct inoculation 2/2 penetrating trauma. Females can only get it if mother is a carrier, and father has the disease. Prognosis is good when dx is made shourtly after symptoms happen, and if you do proper care. Physicna has
```

```
nor ight to give or withhold life saving measures without consulting the pt's decision maker. Decreasing BP during an acute ischemic stroke will become infected 80% of the time, MCC is pasteurella multocida. FSOM is conservative: just leg elevation and compression stockings. Open removal is
preferred over lap removal. Hx of PUD. The best way to prevent HIT is oto use LMWH rather than unfractionated heparin whenever possible. You might also see it in non-menopausal women, where estrogen production can be stunted by radiation rx, chemotherapy, immunologic disorders, and lactation. MRI is the most sensitive dx. 11-hydroxylase
deficiency will have decreased aldosterone/cortisol with increased androgens, but will present with HTN, hyperNa, and hypoK d/t activity of 111-DOC. Hepatorenal syndrome: Pt with cirrhosis and ascities have shown that HIV can be transmitted through
breast milk, so these pt should not breast feed their kids. This should be done with proper characterization of the headache, with a headache diary. A pt who already has chronic liver disease may experience an acute decompensation and liver failure if they develop acute hep A. No urethral discharge, but ejaculation can be painful, with some blood.
This can be evaluated using basal body temperature measurements, serum progesterone, or serum prolactin measurement. Studies are not necessary for the evaluation of the simple febrile seizure. Just a derease of 5-6 systolic has been shown to reduce stroke risk in 42% of pt. Dx of this enzyme deficiency is done by look for elevation og 17-
aOH progesterone. Acute onset. Suspected language delay or MR: Should be on lookout during H and P for clues (possible lead poisoning, FH of neurological disorder. Even if you see hemorrhoids, must r/o other
causes of bleed like colon cancer. If it goes untreated, chronic splenic vein thrombosis could lead to hypersplenism symptoms (anemia, thrombocytopenia, and leucopenia). Early vaccination is really important esp in HBV-seronegative homosexual men, since the vaccine is less effective once CD4 drops. Vit D usually normal. Should be done earlier if
RF are present. If pt is asymptomatic, just recheck TSH after some time. Pathognomonic for the disease. Some common causes are obesity and tight fitting garmets around the waist. Thus, if an initial CXR is negative in a pt with this history, can just give a trial of abx. Type II is d/t GAS. If very severe, could try antithyroid meds. Smallpox vaccine is
the only vaccine where pregnant woman needs to be careful. Can involve just about any organ system, and is usually asymptomatic and frequently detected as an initial finding on a routine CXR. The serum level associated with neurotoxicity is different from pt to pt. Presents w/ photophobia, scotoma, and ocular pain. If it's a central cause there will
be low FSH. Descent between 6 months and 1 year is uncommon. Rash which will initially spread, then start to clear from center. Recurrent AOM: exposure to cigarette smoke is a RF. Tuberculous meningitis: presents with insidious onset of malaise, headache, fever (rather nonspecific). In this blog post, we are going to share a free PDF download of
UWorld Qbanks Step 3 2021 using direct links. Orchitis: presents as sudden onset of fever, severe scrotal pain, and swelling. Often there is hypoxia. CT will show dilated renal calyces. Hilar adenopathy + erythema nodosum is a favorable variant of sarcoidosis which has a high rate of spontaneous remission and good prognosis. If oyu just d/c breast
feeding, you can preserve or even improve bone density. HIV screening: at request, suspected exposure (IVDU), or if there are S/S Dyslipidemia Screening: First screen is total cholesterol. Can infect nasal mucosa. Use Dextrose fluids for maintainance Rx. Dextrose stimulates insuli in non-diabetics, which will increase metabolism of triglycerids. If left
untreated, can progress rapidly to persistent headaches, vomiting, CN involvement, seizure, coma, death within 6-8 weeks. Paget's disease of bone: abnormal bone remodeling. Indinavir (protease inhibitor) can cause crystal-induced nephropathy: Can present as hematuria, and U/A shows neddle shaped crystals. Breast feeding is not contraindicated
while taking anti-epileptics. B-interferon or glatiramer acetate is used to decrease the frequency of exacerbations in pt with relapsing-remitting or secondary progressive form of MS. Thus, if you don't treat it, the temp will rise too high and cause the testicle to atrophy. Acute management of hypoCa: Some S/S are suggestive (Chvostek and Trousseau
signs, tetany, seizure, QT prolongation), but measuring serum glucose is also very important. This leads to abd distention, nausea, vomiting, and abd pain. Small cell lung cancer has a predilection for early metastasis to the brain. Primary nocturnal enuresis (bedwetting): Usually resolves on its own by age 5-7. During the window period of acute hep B
infection when surface antigen has fallen but igG hasn't risen yet. If some disease process causes LAD, and the LAD doesn't resolve along with the disease, then should be concerned about a lymphoma. Infection can spread quickly, causing abscesses in the brain or causing bacteremia. Rx involves urgent, aggressive surgical exploration and
debridement. No workup needed, clinical diagnosis. A hazy flare (protein accumulation) may also be seen. OSA has severe airway resistance, with increased inspiratory effort and episode sof hypoventilation, O2 desasturation, and transient arousal from sleep. It's a diagnosis of exclusion. If it doesn't resolve, sugery is indicated. Good prognosis with
therapy. Note tha targyll Robertson pupil can also be seen in DM. Diaper rash also usually spares the crural folds whereas candida can affect it. There might be an audible snap. Rh incompatibility can only happen if the mother is Rh +. What I did was to start with Kaplan notes and videos subject wise so that I could have a
general idea of the concepts. Should give the doses with juice between meals. Tumor size will decrease in pain on testicular elevation) is usually positive. Splanchnic
angiography is the gold standard. Inguinal Hernias: These do not resolve with age, with high risk of potential compliations. Soon after starting HAART, Immune Reconstitution Inflammatory Syndrome (IRIS): paradoxical worsening of pre-existing or subclinical infections in HIV individuals, often happens soon after starting HAART. SBP is an ascetic
fluid infection in the absence of an obvious intrabdominal source. Hyper/hypo K, hyper/hypo glycemia are common. This will destroy the lesion, although the clearance rate is low and repeated applications are often necessary. Getting it from bat doesn't necessarily require a bite. Once supportive therapy is in place, give lorazepam (short acting
banzo). Chronic Budd CHiari presents w/ ascities, cirrhosis, and portal hypertension (both gastro and esophageal varicies) Esophageal varicies) Esophageal varicies banzo). Chronic Budd CHiari presents w/ ascities, cirrhosis, and portal hypertension (both gastro and esophageal varicies) Esophageal varicies banzo).
manifestations of rheumatic fever. Clues indicating a metastatic brain lesion include multiple, well circumscribed lesions, and a larger amount of vasogenic edema compared to the size of the lesion. HRT is necessary if pt has milder symptoms. Both PAN and wegener's have normal serum complement levels. Both interferon and glatiramer are
teratogenic, so pt who are on these drugs should be counseled regarding contraception. A-1 blockers can also help in pt with T2DM b/c they increase insulin sensitivity, derease LDL, and increase insulin sensitivity in sensitivity.
Afterwards, anticoagulate with direct thrombin inhibitors (lepirudin, argatroban). Idiopathic Thrombocytopenic Purpura: Caused by development of platelet specific, but sensitivity is less than the stool cytotoxin test. Manage expectantly until symptoms
resolve or additional findings develop. CV disease if early can actually be reversed after acromegaly is treated. These are caused by HPV, and is the MC viral STD in the USA. Increased ICP: triad of bradycardia, HTN, and resp depression. This includes Ipsilateral Horner's syndrome, loss of pain/temp of the face, weakness of palate/pharynx/vocal
cords, and ataxia. Flares are usually idiopathic. Rx is controversial. Vertebral disk or bone is common complication of catheter related infection. Pt usually presents with lower extremity weakness that may ascend rapidly over days to involve the upper extremities, CN, and m. Only after pt has a positive PPD or a skin test conversion (> 10 mm increase
in skin reaction in 2 years), do you start INZ therapy for 9 months. Damage to the dominant parietal lobe resultsin Gerstmann syndrome: acalculia, R/L confusion, agraphia (impaired writing), and finger agnosia. There is no evidence that C-section reduces the rate of maternal-infant transmission of HBV. And some nonspecific GI symptom like
diarrhea. Definitive dx is with lung biopsy. Otherwise, just a sling or figure of 8 brace is good enough. HIV post exposure prophylaxis: can prevent HIV transmission after healthcare worker exposure or infant exposure or infant exposure or infant exposure. Smaller subsegmental or peripheral PE are smaller, and will cause wedge shaped infarcts (Hampton's hump). Presents w/ RUQ pain
hepatomegaly, jaundice, and rapidly developing ascities. It's more effective than calcitonin. If you smoke ½ pack or less a day, there is a mild negative effect on osteoperosis. There is a high rate of local recurrence, so look for old scars from previous removals. Migrane: 80% of cases don't have aura. Lyme arthritis can develop, usually 4 months after
exposure to the tic. If it's d/t destructive thyroiditis, Rx with steroids. This effusion commonly persists for up to 3 months after an acute episode of ON treatment. It's warm because the temperature within the testes has gone up. Hemochromatosis: AR disorder. Formally, any sexual interaction between doctor and patient is professional misconduct.
The thyrotoxicosis could be activation of Grave's disease or by destructive thyroiditis. Atypical Squamous cells of unknown significance (ASCUS): If you see this on a pap smear, you should do HPV DNA testing. You do this only after the initial screening test shows evidence of it. MC complication is menorrhagia (prolonged vaginal bleeding during
periods), which happens in 30% of cases. It's tough to distinguish btw iron deficiency and ACD on iron studies alone. Unless there has been direct exposure to the respiratory secretions, majority of healthcare worksers don't need i. Enzymes usually don't help in alcoholic pancreatitis or in males. Must r/o other causes before making this dx. There is
always an increased risk of splenic rupture, so pt needs to avoid sports. Females are usually carriers. o Microangiopathic hemolytic anemia is seen, but it's not necessarily ominous Treatment o Main goal is to deliver ASAP. The only reason to use vancomycin for C. If repeat values are high or if the AFP is > 7, then an US should be done to confirm
gestational age and look for neurologic abnormalities. use, and peak flow < 25% of predicted. Emphysematous cholecystitis: also mostly in DM who are males. This is a contact dermatitis that is caused by friction, maceration, prolonged contact with excretions. Must treat promptly. Risk D: There is evidence of human fetal risk, but benefits might
possibly outweigh the risk. If you do a standard heel prick and get a Hct > 65%, should confirm the result by looking at a venous blood sample (the peripheral venous blood sample (the peripheral venous blood sample (the peripheral venous blood sample). See a triad of hypoxemia, neuro abnormalities, and petechial rash. The following are NOT contraindications for MMR
tb/+ PPD, breastfeeding, immunodeficient family member or household contact, asymptomatic HIV w/o severe immunosuppression, egg anaphylaxis. Look for bone age < true age. Coli is the most common, but S. Normocytic/chromic anemia is a very broad category: Can be divided into 2 broad groups, including diseases w/ decreased RBC production
and hemolytic disorders. The prerequisites are clinical/neuroimaging evidence of acute CNS catastrophe that is compatible with braindeath, exclusion of other medical disorders (electrolyte, acid base, endocrine), no drug intoxication or poisoning, and core temp > 90. Colonoscopy is contraindicated in acute diverticulitis. About 15% of pt are resistant
to fluoxetine. Should do a UA (also helps guide Rx) and urine culture. imatinib. HSIL shoulod always be Rx with ablation or excision. There is atrophy of esophageal smooth muscle and fibrosis. PMS has a significant association with psychiatric disorders (esp mood and anxiety disorders). Kids in this category weigh < 5 % for their age. Epididymitis:
can be associated with a unilateral hydrocle (confuse for testicular mass). Lipase is more sensitive and specific. We hope that you people find our blog beneficial! Now before that we move on to sharing the free PDF download of UWorld Qbanks Step 3 2021 with you, here are a few important details regarding this book which you might be interested.
B-blocker can be used for mild symptoms. If induced by levothyroxine, just reduce dose. Studies have shown that abx don't help. Gag reflex is often impaired. Other things which might prompt you to give a hearing test include: hx of meningitis or recurrent OM, aminoglycoside (ototoxic), craniofacial abnormalities. Do a needle decompression.
Cholestyramine is good Rx, as it can ind bile acids. If you discover these, first do lab tests to check for hormone abnormalities. If a pt is experiencing bad withdrawals, nicotine replacement is better for those symptoms. Of interest, some studies have documented an association between the usage of erythromycin and development of IHPS. Dx is with
ELISA antibodies in the synovial fluid. If it recurs (chance of beta-lactamase strain), then might need to add clavulanate to it (augmentin). Genotype is 46 XY, but there is a female phenotype. Dx is monospot test (heterophile antibody screen). Tympanostomy and tubing is recommended for chronic OM with effusion persisting for > 3 months, or
recurrent AOM. If you leave ABPA untreated for a while, bronchiectasis and lung fibrosis can happen. Monoclonal antibodies againse HER2/neu (trastuzumab/herceptin) are effective. These pt need very high doses of IV insulin d/t insulin resistance. Once in the bag, put the bag on ice. Nephrolithiasis: US is test of choice to detect in pt who should
avoid radiation exposuire. If a pt wants to do peritoneal dialysis, should make sure that pt doesn't have diverticulosis, esp if they have APKD (higher risk of having colonic diverticula). They can be stopped rapidly without causing any hormonal issues. If trying to taper after long term use, one regimen is to switch to hydrocortisone, then gradually taper
over a period of 1-2 months. Subchorionic hematoma: Bleeding btw the endometrium and gestational sac. In general though, when you see IRIS, just reassure and constinue HAART as planned (means immune system is improving). Nevertheless, in the USA just feed with formula. Distal lower motor neuron disease: presents with steppage gait, foot
drop, and excessive elevation of the legs during walking. Give it IV if pt is having trouble breathing or is hypotensive. Upon discharge, make sure the pt knows how to use an epipen. C peptide at normal levels rules out exogenous use. Even if somebody if on OCP, using barrier in addition to that is recommended d/t prevent STD. Ursodeoxycholic acid is
indicated for pt with mild symptoms and small cholesterol stones. There is a hx of headache without head trauma hx. Uncommon. HELLP syndrome: hemolysis, elevated liver enzymes, and low platelets. There is hyperinflation of the lungs, also leading to palpable spleen and liver. Androgen Insensitivity Syndrome (AIS): Presents with primary
amenorrhea, bilateral inquinal masses, and breast development w/o pubic or axillary hair. Can Rx with NSAIDs, GnRH analog, danazol (synthetic androgen), or oral contraceptive. Thus, in a pt with DM, if they have a stress, can cause hyperglycemia. Thus they will require higher doses. X ray shows consolidation usually in a lower lobe. It increases the
release of factor VIII:vWF from endothelium. Fever w/ malaise, chills, headache, myalgia. Precocious pseudo-puberty is caused by gonadotropin independent process (usually sex steroid excess). injury are birth injury (shoulder traction, which comes with brachial plexus injury ie Erbs palsy). Diaper dermatitis (rash): Rash will be located in buttocks
region. d/t thrombosis, embolus, or vasospasm. Acute compartment syndrome: ischemic tissue damage d/t elevated P in enclosed compartments of legs or forearm. Esophageal stricture: this can be an uncommon presentation of GERD. Treatment of sarcoidosis: Asymptomatic pulmonary sarcoidosis does not need treatment. There is pain with valgus
stress of the knee. If suspect, give diphtheria antitoxin ASAP to avoid complications. When the father has the disease, he will make all his daughters into carriers, but son will only get disease if momo I s carrier. Suspect this dx in a pt with PMH of celiac but is still symptomatic despite following a diet. If these fail, nasal packing is the next step.
Octreotide is a somatostatin analogue which inhibits insulin secretion. Decision at 6 months of age in the undescended testicle. Once symptoms improve, can d/c amphotericin and flucytosine, and start fluconazole as maintainance. When anemia is
severe, blood transfusion is necessary. On labs, see decreased T3 with normal T4 and TSH (low T3 syndrome). Temporary contraindications include moderate/severe illness, and give vaccine as soonas illness resolves. In this test, pt will drink a lactose containing beverage and breath into a bag at intervals over 2-3 hours. Not as serious as hemolytic
reaction or bacterial contamination of blood (there is no hemodynamic abnormalities or renal dysfunction). There will probably also be lung cancer related stuff (wt loss, hx smoking). Biopsy shold also be done during scope to test for H. Can just give supportive Rx. Congenital rubella syndrome is much more devastating. Recommended for
anxious/tachy/HTN pt. Rx should be empirical (no waiting for cionfirmation). Allergic interstitial nephritis: produces azotemia, skin rashes, and eosinophilia. Influenza Vaccination: Recommende in the following groups (children ages 6 mo - 18 yares, age > 50, chronic medical conditions, persons living in nursing homes and longterm care facilities,
women who might become pregnany, hleath care worker. Deafness is bilateral, d/t bilateral acoustic neuroma. Identification of azoospermia and severe oligospermia are causes if infertility. Thus FSOM in hyperCa is always PTH measurement. Anticoagulation in pregnancy: Generally pt on long term anticoagulation are on warfarin, which is
contraindicated in pregnancy. Presents with sensation of pressure or heaviness in pelvic area, which is relieved by lying down and aggravated by prolonged standing or exertion. Excision can be done using LEEP or laser/knife conization. Gastric bypass surgery (or equivalent bariatric) is recommende for pt w// BMI > 40, or serious coexisiting medical
problems or a markedly decreased quality of life. Any antiepileptic drug that has to be withdrawn d/t side effects must be done so gradually, and not abruptly. louis, Colorado tick fever, and California encephalitis. These drugs provide a small but significant improvement in cognitive function. Dx is confirm by measure glucagons levels. Degree of liver
failure: depends on albumin, PT, presence of ascities, how much bilirubin, and encephalopathy. If after appropriate Rx, still not improving, possibility that the infection has apread. Goals of Rx is hemodynamic instability, prevent complications, and control active bleeding. Presents with many symptoms, with disorientation in the pt. HRT: While older
PMS women on HRT are at increased risk for CV events, the same thing doesn't apply to younger women with premature ovarian failure. These cases include pregnancy, contraception, STD, substance use, and emotional iussues. You should screen early for neural tube defects with serum AFP screening, amniocentesis and US are also important.
When a cirrhotic pt with portal HTN presents w/ signs of renal failure (AMS, low urine output, increased creatinine), and doesn't improve after volume expansion or diuretic withdrawal, HRS should be suspected. Rx with bactrim. Must do this in the hospital. Gemfibrozil may be used if stopping offending medications doesn't lower the TG. If > 10 mm
increase, it's a positive test. This is a clinical diagnosis. Also give vancomycin if pt has hx of MRSA. Indications are severe flaccid paralysis, bulbar palsy, progressive resp failure, and pt on mechanical ventilation. OCP are very effective, but rate is higher than with implantable and injectable contraceptives. Aortic valve endocarditis: can involve the
conduction system. Hematology usually reveals a low serum iron, elevated ferritin, and a normal transferring saturation (can be low at times). Rx with keeping them in resp isolation and supportive therapy. Infections starts as external otitis and progresses rapidly to involve adjacent bones at base of skull. Other drugs that can cause macrocytic
anemia include trimethoprim, methotraxate, and phenytoin. Rx with clotrimazole cream. 5% of ppl with sarcoidosis will present with ocular involvement. In a pt who has drank to the point of having thiamine deficiency, it's likely that they also will be undergoing withdrawal. The most deadly complication of reduction using barium or air contrast is
perforation of the bowel (Preventive Medicine Infants born to mothers with hep B: Should get hep B Ig and hepatitis B vaccine 12 hours after birth. Pt should respond with an increased reticulocyte count within 72 hours. In contrast, viral pneumonias are usually gradual in onset and cause the child to look only milfly ill. In these pt, should get a urine
culture or UA first. Aspiration: Can be an issue after a stroke. Thus, if you have high clinical suspicion with a negative rapid immunoassay, you should repeat it. These symptoms distinguish subcortical dementia vs cortical (less EPS aex alzheimers). Kid presenting with obesity: If everything else is normal, probably a case of overeating. There are 2
types. 1/3 of pt with GBS will eventually develop neuromuscular respiratory failure and need support with mechanical ventilation. Hrmorrhoics can be painful or painless rectal bleeding. It's d/t uptake of K by the newly formed RBC. I foyu wait, pt might progress to an accelerated phase, and develop a blast crisis within 3-5years. Usually develops 2-4
days postop. Sometimes, the ectopic tissue on the cyst is the only functional tissue a pt has, so need to do imaging to look for a normal thyroid before surgery to make sure pt will still have thyroid function. Otherwise, it could just be a simple cyst. Advance clinical medicine Foundation of Independent Practice USMLE MATERIALS: DOWNLOAD FREE
USMLE VIDEOS COLLECTION: CLICK HERE Download UWorld Step 3 Question Bank 2021 Click Below and get in your Google drive: DOWNLOAD UWorld Step 3 CK 2021 Disclaimer: This site complies with DMCA Digital Copyright Laws. Please bear in mind that we do not own copyrights to this book/software. Prostate Cancer Screen: Should be
done annually with DRE and PSA levels, btw ages 50-70. Serology can also be negative if pt was partially treated. Presents as inability to walk with normal development in everything else. Increased risk of DVT and PE, so should be d/c 72 hours before surgery. Mg prevents further seizures, but doesn't stop a current seizure. Vascular disease,
however, should be suspected if there are RF and femoral pulses are decreased, along with absence of erection (including nocturnal). Also do a lymph node resection. In exercise, there is initially a bronchodilation, which is followed by bronchoconstriction. On the other hand, chest movement asymmetry and asymmetric lower extremity DTR are
worrying signs, since they indicate phrenic nerve involvement and possible invasion of the intervertebral foramina. If pt has pen allergy, do pen desensitization. Exercise during pregnancy: Should be continued as long as its comfortable. If you suspect an upper esophageal lesion cancer, do barium before doing a endoscopy. In these cases, Rx is with
excisional biopsy with normal skin margins. Can just observe. Other herbal remedies: aconite is cardiotoxic. Naloxone is used for OD Respiratory Treatment of tb: Sometimes, a pt will get new pleural effusion or lung infiltrates during the course of Rx for tb. Once a pt starts to have neuro symptoms, mortality is nearly 100%. MCC PUD. MMR vaccine
contraindications: If kid has current moderate or severe febrile illness, should delay vaccine until acute phase of illness is resolved. Otherwise, suspect HIV in young healthy adult. Non-proliferative diabetic retinopathy: MCharacterized by ultiple retinal hemorrhages with cotton wool spots. CT scan might be negative in 510% of pt. Watch for this if
you're giving a vaccine to a kid who has a transplant recipient at home. Sarcoidosis: non-caseating granulomas form in various involved tissues and organs. islet damage. Rx is supportive, and usually resolves within 3-5 days. Metformin is especially useful for managing DM I obese pt. Hepatitis C: can eventually lead to liver failure. If you suspect an
upper GI bleed (melena, hematemesis, dark blood onrectal exam), then do an upper GI endoscopy. Always fo abd paracentesis and ascetic fluid analysis. To confirm this specific syndrome, though, need to do electrophysiological studies. Hepatic adenoma: Usually found as an accidental finding when getting imaging for something else. Consent for
minors; Always need it, except for some exceptions. Asthma: Increased airway responsiveness and reversible or partly reversible airway obstruction. There is a fall more in the FEV1 than I the total capacity, so the ratio of FEV1/FVC is decreased. There are many types of SVT (AV nodal reentry, afib, a flutter). There is a lack of data regarding
teratogenicity of pyrazinamide, so it's not used in pregnant women unless there is strong evidence that MDR is present. Spontaneous bleeding is unusual. Health care worker ontact with tb: Give a PPD to health care worker exposed to a contagious pt with tb. Glargine insulin is teratogenic in experimental animals. Increasing the dose of fluoxetine in
pt who are refractory to the initial Rx hasn't been shown to help. Should always r/o more serious stuff (endometrial biopsy before diagnosing this. Presentation is sudden, with O2 requirements increasing very rapidly. a-1 antitrypsin deficnecy: inherited disorder that leads to emphysema and liver damage,. If plain films are
negative, next step is technetium bone scan if you strongly suspect it for uncomplicated osteomyelitis. ARDS: pulmonary contusions 2/2 chest wall trauma is important etiological factor. Presents w/ swinging fever, leukocytosis (abscess). If nd you got the 2 vaccine, and titer still < 10, you're a vaccine non-responder and should be given hepatitis B
 h post delivery o if have HELLP, thrombocytopenia may worsen: give steroids to hasten return to normal levels Eclampsia - - increased DTR is an ominous sign that preeclampsia is NOT a prerequisite MCC death of mom in
eclampsia is intracerebral hemorrhage Clinical S/S o Seizure can come anytime relative to labor and delivery o Tonic clonic, and may or may not have aura o Retinal hemorrhages is an extremely ominous sign, since it could mean that vascular damage has happened in other organs. B-blockers are sometimes given with benzos to control the autonomic
instability. Dx with VCUG. At the onset, might only affect one of the two. endoscopy q 3 months. Next step is to try quadrupe therapy (PPI, bismuth, tetracycline, and metronidazole). Screening for DM: Should be done in ppl > 45 yo. Tb: gold standard of dx is suptum culture. Tick paralysis: Symptoms start 5-6 days after tick kattaches to pt. CT could
show fluid collection in the flank, with perinephric stranding. Note that during IV nutrition, bowel rest can happen, which leads to degenerative changes in small mucosa just after a few days. If mass illuminates, likely ot be a hydocele. dif again, the treatment is the same (metronidazole). Caloric stimulation of the vestibular apparatus: Irrigate the
more severe. Excess iron accumulates in parenchymal organs, manifests as liver disease, skin pigmentation, DM, impotence, arthropathy, or cardiac enlargement. D dimmer would be more useful in a healthy pt who comes to ED with symptoms. Mostly it's d/t the malnutrition which can cause secondary amenorrhea. Radiology might all be normal. 2E
is the same medullray thyroid + pheo, but with GI neuroma as well as Marfanoid fatures. If you see something odd on US, do a CT of abd and pelvis. Herpes Zoster: presents w/ multiple vescicles distributed along a dermatome. An erection that lasts > 3 hours is an emergency, and needs urologic consultation d/t potential for permanent damage. Not
much difference between surgical enucleation or radiotherapy. You do samples for both cytology and HPV DNA. Rx is to change diaper frequently, avoid tight fitting diapers. Cancer chemo (especially the induction dose for acute leukemia) often causes profound neutropenia, which can lead to
fatal infections. Positive anti-HCV antibodies: several explanations. Constipation: might indicate something serious (CF, hypoTH, hirschspriung's), but usually its normal. Osteoperosis RF: the most important ones are not modifiable factors are present. Weightbearing excercises, Ca and vit D supplementation can prevent
postmenopausal bone loss. (not folic acid). Progressive condition d/t ingestion of spores of C. Hypertransfusion, iron overload and suppresses extramedullary hematopoesis), but can lead to iron overload and organ damage. Interesteingly, even without transfusion, iron overload can still happen d/t erythroid hyperplasia, RBC
destruction, and ineffective hematopoiesis. Studies show that a combo of intense behavioral counseling and pharmacotherapy is used. Most cryptorchid testes will descend during the first 6 months of life. Pt usually present 1-5 days after an aspiration episode w/ resp difficulty, cough, sputum, fever, and chills. Even if you find gallstones, you don't
take out the gallbladder right away. Also, before going to surgery, you want to make sure that the pt has no coagulopathies. The titers should then has al steroids should be the first line therapy. FSOM is to do an embolectomy, then you should do histology on
the embolus to find out where it came from. LES usually has a normal relaxation response (unlike in achalasia). Other bites which shouldn't be closed include: pucture wound, cat/human bites, pt presenting muich later after the bite. Thus, all pt withi acute chlecystitis should be admitted and supported. If you dx this, must look for associated stuff. A
normal response is a transient, conjugate, slow deviation of gaze to the stimulu (brainstem), followed by saccadic correction to the midline. MRI or technetium bone scans are very sensitive. Thrombocytopenia and leucopenia might also be present. The 3 main components of AMAG are glandular atrophy, intestinal metaplasia, and
inflammation. CXR reveals diffuse, bilateral ground glass opacity. Propranolol can be used. Clostridia and E. To remove 1 unit of blood a week until iron normalizes. A good test is flexible bronchoscopy to confirm the diagnosis. If < 5 mm, stone usually passes spontaneously. The only 100% detection method is to do karyotyping with an amniocentesis.
E. Rx is generally w/ conservative treatment. Delirium: acute confusional state which manifests as a change in levl of awareness, easy distractibility, cofnitive and perceptual disturbances, and might include memory loss, disorientation, cirrhosis, DM).
Adrenal tumor (peripheral precocious puberty): adrenal tumor can produce excess estrogen. Asbestosis: See in construction and hipyard workers. Sometimes you can see peristaltic waves just before vomiting. More accurately, a person having a MI who has active chest pain would likely have an abnormal EKG> Aortic dissection has a normal EKG.
Over time, the LES becomes incompetent (low tone), leading to reflex esophagitis and a stricture. GA strep is the cause. PT and PTT are usually normal, as is the PLT count. The risk of lung cancer also drops, although a ex-smokers risk is still higher than someone who has never smoked. Capsular contraction might interfere with mammogram, but in
general silicone doesn't interfere with mammograms. There is severe loss in ROM of the wrist, as well as severe pain and stiffness. If you give b-blocker, can cause unopposed a-activity, leading to worsening of myocardial ischemia or HTN. Premenstrual dysphoric disorder (PMDD) is a severe formof PMS characterized by the prominence of anger and
irritability. Endoscopy should be initial procedure in pt > 45 yo with new onset of symptoms or any age with alarm symptoms (wt loss, anemia, dysphagia, occult bleeding, early satiety). Eosinophils suggests that allergic rhinitis is the cause. They should be given to all pt with HIT, whether thrombosis is clinically evident or not. Bleeding is the most of symptoms or any age with alarm symptoms (wt loss, anemia, dysphagia, occult bleeding, early satiety).
common complication after cervical conization (cone biopsy)., whether its cold knife or LEEP. If no endocervical cells are seen on a pap smear, should do follow up in 1 year for low risk women (abnormal previous smear, immunosuppression), should have smear repeated in 4-6 months. So in third
world countries where formula is not easily accessible, there is some justification that continuing a pt on HAART while breastfeeding might not be as bad. Cigarette smoke and air pollution can damage cilia responsible for moving mucus through sinuses. Wernicke's encephalopathy: triad of confusion, ataxia, opthalmoplegia (nystagmus). Testicular
cancer has good prognosis if dx and treated early. Dont do a testicular biopsy/FNA since this might disseminate cancer cells. Rx with hydration, VS monitoring, and immediate abx therapy. Insulin is indicated if there is doubt as to the presence of nocturnal erection. Hypoglycemia + increased insulin level:
insulinoma, exogenous insulin, and sulfonylura. This is a life threatening condition. This is because high grade cervical cytological changes don't happen until 3-5 years after HPV exposure. Colonoscopy is initial procedure of choice. Fecal impaction: MCC of fecal incontinence in the elderly. Mild (< 45) levels can be Rx with DMSA or penicillamine
They can show pneumoperitoneum (free air on the film). Moreover eduwaves 360.com server does not store any type of book, guide, software, or images. Eosinophilia is present if eosinophilia is eosinophilia eosinophilia eosinophilia eosinophilia eosinophilia eosi
Must separate pt from abuser ASAP, even . Management of thyroid nodule: First, get TSH. MCC is S. McCune Albright Syndrome: café au lait spots, fibrous dysplasia of the bone, and precocious puberty. At this point, wean pt off mechanical ventilation ASAP to prevent complications (barotraumas, pneumonia, hypotension). In pt who aren't pregnant
but saw a tick on their body, just observe is good enough, since the characteristic rash (erythema marginatum) happens in 90% of pt. Zidovudine especially is nice because it's been shown to decrease risk
of first episode CVA. It is almost always elevated in hospitalized patients (esp recent surgery). Aspiration Pneumonia: d/t infection of lung parenchyma by microbes from the oral cavity. However, perinatal transmission of virus is a concern in women with acute HBV infection (HBsAg, IgM anti-HBc, and HBeAg) in the third trimester and in those who
are chronic carriers of the virus (antiHBe, anti-HBs, and IgG anti
can try McRObert's maneuver. Lithium is a good option for chronic Rx for cluster headache. U/A and CMP can also r/o some reversible causes (dehydration, hypo/hyper Na, infection, hypoglycemia, hyperCa, uremia). Before starting Rx. Sputum microscopy on the other hand, is not very sensitive at all. There is also an increase in IgG increase relative
to other proteins and presenc of oligoclonal bands (high false +). Other pathogens include strep, pseudomonas, and hamophilus. Dx of brain death: Need to meet some prerequisites, as well as 3 criteria. PSA: normal range is < 4. If pt has impaired renal function, only use alpha interferon. Chlamydia Psittaci pneumonia: triad of meningoencephalitis,
splenomegaly, and pneumonia. Diminished distal pulses. Remember that melanoma mets to weird l=places (ex eye). More common in uncircumscribed males. If positive, do a wu for chronic HBV. It may result from septic thrombophlebitis, or triscuspid endocarditis. Huge variability in presentation (> 150 symptoms have been described). Usually
involves valgus (abductor) stress to a partially flexed knee with fixed foot. Rx with penicillin. Usually emboli are from the heart, but can also be from peripheries. c-ANCA: positive in pt with polyarteritis nodosa and wegener's granulomatosis. Silicone breast implant: Main complications are with capsular contracture which causes pain and shape
distortion. Acyclovir might limit shedding, but no clinical evidence for benefit. Rx of pt with B12 deficiency can also cause Horner's syndrome (miosis, ptosis, and anhydrosis with neuro complaints which are interspersed evidence for benefit. Rx of pt with B12 deficiency can be life threatening. Can also cause Horner's syndrome (miosis, ptosis, and anhydrosis with neuro complaints which are interspersed evidence for benefit. Rx of pt with B12 deficiency can be life threatening.
between time periods. These include immediate care to prevent serious harm or death. Some parkinsonian symptoms include cognitive decline, shuffling gait, and slowing of movements and speech. You should monitor K for the firs 48 hours. Presents w/ sudden, rapidly progressing paraplegia, sensory loss, and pelvic organ dysfunction (ex bladder).
Analyuze for cell count, protein and albumin, glucose, and LDH, and gram stain + culture. Cardiac evaluation should be done, and include EKG and echo, as well as carotid Doppler studies. Heparin can also cause skin necrosis, without associated thrombocytopenia. Clinical presentation is just like bacterial prostatitis (wont look good), and prostatic
secretions contain > 20 leukoycytes/hpf. IgA nephropathy: IgA is deposited in the renal glomerulus. For all pt w/ acute/subacute myelopathy, must r/o compression by abscess, tumor, or disc. Hemophilia A: X-linked recessive disorder. If Hct doesn't increase adequately within 4-6 wks, iron level should be measured. ARDS: Syndrome with criteria of:
pulmonary capillary wedge pressure < 18, PaO2 to FiO2 ratio of 200 or less, diffuse bilateral ilfiltrates on CXR. It can suggest OSA, periodiclimb movements of sleep, or REM behavior disorder. Primary goal of Rx in pt with metastatic, hormone refractory prostate cancer is palliative. Normal ABI is 1-1.3 (At ankle, SBP should be higher than in the arm
d/t gravity). Pt should stay home until there is no more eye discharge. Next, find a cause for the bleeding. For milder cases, just use triamcinolone (weaker steroid). Rx starts with cleaning of the ear canal (healing is aided by cerumen clearing).
of the lower extremities. PPD testeing: lower threshold (> 55 = +) if close contact w/ tb pt, HIV, CXR changes, organ transplant pt, or immunocompromised. Appropriate gifts from pharm reps: modest meals, textbooks, and other gifts that can contribute to meicla education/pt care. To get this value, you subtract the ascetic fluid albumin from the
serum albumin. Rx should only be continued if the improvement is noted by the pt's family or on cognitive testing. GI Video capsule endoscopy: effective maily for small bowel disease, since endoscopy cant reach all the way there. Treatment failure with amoxicillin in AOM: If pt has not received abx in the month prior to starting nd rd amoxicillin, give
augmentin or 2 /3 gen ceph. Continuous abx therapy may be considered if pt fails post-coital, mand if theyre at risk of complicated UTI. Thus, if it is pabsent in a pt, then you suspect something organic cause of coma. Murphy sign + (inspiratory arrest on palpation of gallbladder during deep inspiration). Dx with rapid strep test. Skin is the most
common extra-neural site of infection (once disease starts to disseminate). Rapid deceleration produces shearing force along aortic arch, and the aorta ruptures. Also consider blockage in pt with varicocele which doesn't disappear in the supine position, or right varicocele (most varicocele are L sided). communicating artery aneurysm would also
present w/ CN3 palsy (ptosis and anisocoria). Atrophic Vaginitis: MCC of postmenopausal bleeding. Typical pneumonia: acute onset of symptoms, purulent sputum. Anal abscess: present w/ severe, constant pain with possible fever. Symptoms are milder, but cultures are still positive usually. Pt with chronic Foley catheter usually grow candida on
urine culture, but they don't need Rx with antifungals unless there is evidence of systemic infection or tissue invasion. If unctreated, strangulation and gangrene of the peolapsed mucosa is possible. Pituitary Incidentaloma: Just incidental pituitary tumors are common, usually innocuous. Ventilators: Resp rate and tidal volume settings correlate with
ventilation, which is used to regulate CO2. However, the only thing that is curative is lvier transplant. Generally, the dose of levothyroxine goes up while pregnant. There are no contraindications to getting Hib, polio, and pneumococcus vaccines. Serology for lyme disease is not good for active disease. Hypopyon (layer of leucocytes in anterior
chamber) is present. The chance of progression to chronic depends on the age. Criteria for return to sactivity is a judgement call. Dx with ACTH stimulation test. Presents in the first 2-4 wks of life with emesis, dehydration, and shock. First test is usually V/Q scan. Proximal Ureteral Obstruction: can lead to hydronephrosis, superimposed infection, and
hemodynamic instability. Skin prick test has a high negative predictive value. nd Repeated cervical exams to evaluate for cervical stenosis will be needed in the 2 trimester. Thus FSOM is MRI of spine. Desmopressin is the simplest and least toxic acute Rx for prolonged bleeding time. Inhalation Injury: Can happen if exposed to smoke. Incidental
adrenal Masses: pretty common, just adrenal masses discovered incidentally while working up for another problem. Asymptomatic bacteriuria in pregnant pt: should be Rx promptly, since it can quickly progress to cystitis and pyelonephritis. If the anemia is allowed to continue untreated, complications like cardiomegaly and tachypnea can happen
They can develop irritability, drowsiness, poor feeding, and abd distention and hypotonia. Embolic stroke: usually, they happen when mural thrombus from the LA or plaque from carotid artery embolizes and lodges in the cerebral circulation. If you see leukocytes in the anterior segment, Dx of irritis is confirmed. Rx with prednisolone. MCC is
pseudomonas aeruginosa. Curant jelly stool may nd also be present, but not common. There are persistent postprandial suboptimal glucose levels. TSH, FSH/LH, free T4, IGF-1, Prolactin, dexamethasone suppression test.
Prognosis is good, with 80% chance of near full to full recovery. Arthalgia might be transient, without redness or swelling. Renal manifestationsn include asymptomatic hematuria, proteinuria, and mild elevation of serum Cr. Hep Having hep C is a RF for getting cryoglobunemia. Transverse myelitis: rapidly developed myelopathy (spinal cord disease)
which usually follows a URI. Eaerly involuntary jerking movements rapidly progress to bradykinesia and near total immobility. Evidence of bridging callus. Prophylactic colectomy is indicated once you start to see lots of polyps forming. FSOM is the canalith repositioning procedure, which are maneuvers to get the rocks out of the posterior
semicircular canal. Anemia and increase in ESR are typical, but aren't always present. Fats delay gastric emptying nad sugars increases osmolarity of stool. Presents with fever, flank pain, chills, frequency, dysuria. Some ppl argue that it's never appropriate to date former pt. However, doxycycline, fluoroquinolones, and erythromycin are
contraindicated in pregnant pt. FSOM is to reduce the dose. Aka scissoring gait d/t circular leg movements. Best type of cancer which will probably allow a sphincter sparing surgery is a proximal node + cancer. Recurrent pneumonia or slowly resolving pneumonitis: possible indicator of a space occupying lesion that obstructs the bronchus. If you ge
1 positive test, make sure to confirm the + result. Pneumomediastinum (Radiolucent band on the L side of cardiac shillouete on CXR) or pneumothorax can be part of presentation. Ventriculoperitoneal shunting is the long term Rx. Pseudotumor cerebri (aka idiopathic intracranial HTN): d/t chronically elevated ICP. If suspect sulfonylura, look at social
Hx (taking the med?, health care worker with easy access?) Glucagonoma: Has characteristic rash which is a necrolytic migratory erythema. FNA usually not needed. Symptoms worse w/ prolonged standing, and improve with leg elevation. If you have at least 2 of those, then dx is confirmed. Perforated peptic ulcer: Use of NSAIDs are a big RF. So this
tool was designed for free download documents from the internet. Kids at high risk of developing CAD should be screened after they turn 2 yo: RF include family members (including parents, grandparent, aunts, uncles) having high blood cholesterol or premature CAD. Sarcoidosis: Presents with dyspnea, can be progressive. Usually these tumors
remains small. Pregnant women who are < 25 yo or at increased risk of infection. Initial Rx is IV hydration, bowel rest, IV steroids, pain control. DM and neurological events: Aspirin is indicated for primary prevention of stroke in DM patients. If the progesterone challenge test is negative (no bleeding), then next step is the estsrogen and progesterone
challenge test. CXR of active tb is military reticulonodular pattern bilaterally. Pelvic exam shows loss of labial fullness, pallor of vaginal epithelium, and decreased vaginalsecretions. Acute pancreatitis: acute onset of steady abd pain radiating ot the back, with N/V. Other symptoms are wt loss, pallor, fatigue. Gram negative (pseudomonas
legionella), PCP, fungus are important to keep in mind. It has been associated with increased incidence of endometrial hyperplasia and cancer. Blood sugar control affect on prognosis: Definitely decreases risk for development of microvascular complications (retinopathy, neuropathy). Repetition is the key.WHAT SCORE SHOULD I AIM
FOR? You can demonstrate the protrusion through the wall while bearing down on a gyne exam. Generally for the hypogonadism, you start prescribing HRT at 14 years of age, so that you don't stunt their bone growth too much. If pen allergy, alt is erythromycin or azithromycin. Mucosal hemorrhage also happens. Cysts or fluid filled mases are
unlikely to be cancerous. If a pt has DM, other CV risk factors have to be lower than for normal ppl. Note that HIV has not been shown to be transmitted by contact w/ saliva. nd Delivered within a fixed time frame after the first twin. There are no Mullerian
structures (uterus, fallopian tube), and vagina ends in a blind pouch. Cardiac contusion: may lead to hemodynamic instability, but resp changes should not be present. Small cell cancer: can be associated with SIADH, leading to hypoNa, with normovolemic status. Or causes end organ damage (pulmonary edema, unstable angina). Pt are usually
obtunded and have a hx of vomiting. Reticulocyte count: index of RBC production by the bone marrow. Inguinial hernias in pediatric pt should be repaired ASAP. We're sharing ONLY with educational purpose and we highly encourage our visitors to purchase original licensed Apps /software /Books. Thus in these pt, use erythromycin (500 mg PO qid
for 7 days) and amoxicillin (500 mg PO tid for 7 days). Dx the possible RSV by doing rapid detection of foreign materials such as strong gastric contents
Jaundice: If pt is stable and otherwise healthy, can just evaluate the jaundice on an outpt basis. PCP: seen in immunocompromised pt. In these cases CT angiogram is more useful. Note that although pulmonary angiogram is negative and you still strongly suspect VTE
Once you start somebody on HAART, should measure viral load at 4 weeks after, then every 6-8 weeks until viral load is undetectable (< 50). If that wont work, imaging with technetium labeled RBC is the next choice. Presents with postvoid dribbling, followed by dysuria and dyspareunia. Very Common cause of 2ndary enuresis is psychological. Knee
jerk is decreased in amploitude or absent. Key PE to do is transillumination. If test is negative, do repeat papin 1 year. Complete paralysis can develop. Viral load is a good marker of disease activity (potential future damage to the immune system). Asymptomatic don't need Rx. Rx is with oral or IV bisphosphonates (-dronate). If pt has hep C, Rx with
interferon and ribavirin. There is controversy regarding Rx. Presents with face asymmetry. Oftentimes, pt who present between episodes have normal PFT, so should induce obstruction by using methacoline. Acute mastoiditis: only happens as a complication of AOM. Blunt cardiac injury: If mild, only associated with transient arrhythmias. Dx when 3
5,500 applications for just 22 slots and more than 1,500 of the applicants score more than 240. These aren't spread by sexual contact and are not malignant at all. Usually d/t gram - rods, and anaerobes. Near normal strength. HIV screening in pregnant pt: strongly recommended, but not required by law, it's up to the pt. Presents w/
apathy, depression, loss apetite, severe ewight loss. There will also be high rennin and corticotrophin. This leads to HTN (often malignant HTN). No other neuro signs are present usually. T score is compared t young healthy adults. Splenic sequestration is the most common (20%). 1 pt for mild in each, 2 for moderate, 3 for severe. Comonly presents
as low grade fever, fatigue, maculopapular rash in the face, trunk, and ext. Even if an embolus arises from the venous system, if there is an intracardiac communication of latent Chlamydia infection during pregnancy doesn't happen. Hep B prodrome:
Might mimic serum sickness. Centor criteria: for managing sore throat in adults. Insulin can be used to manage sugar, but there is higher chance of hypoglycemic reaction in pt with islet destruction. There wil be erythematous, confluent papulovescicular lesions all over the diaper area. 90% of foreign bodies that have made it into the stomach will be
passed without difficulty. d/t reactivation of latent VZV infection in a nerve ganglion. Isolated elevation of alkaline phosphatase is characteristic of infiltrative diseases of the large bowel can be seen in 25% of cases (crescent sign). Injectible steroids usually are
earlier). Western blot of synovial fluid is also good. 2 MCC are diverticulosis and angiodysplasia (aka vascularectasia). 3 cuases are inadequate caloric intake, inadequate caloric in
of age, you can hold kid upside down and give a series of 5 blows to the back and 5 chest thrusts. Classic presentation is a sticking sensation in the throat (dysphagia) w/ heartburn. A good regimen is ceftriaxone + azithromycin for severe patients. Rx with fluids, insulin, K. Main factor that determines extent of surgery is stage of disease. High risk
patients should have repeat colonoscopy in 3 years. Nelson's Syndrome: Clasically, presents as bitemporal hemianopsia (or other visual field defect), hyperpigmentation, and pituitary enlargement after a previous bilateral adrenalectomy for Cushing's disease. Initially, there is excess osteoclastic bone resorption, and the replacement bone deposition
starts. High random cholesterol testing in achild requires confirmation by a repeat test in 2 weeks. Thus, if you deplete the leukocytes from the blood, you can reduce chance of febrile transfusion reaction. Bleeding is first controlled by applying pressure with a cotton pledget impregnated with a vasoconstrictor, like phenylephrine, and a topical
 anesthetic like lidocaine. Neuro symptoms develop later in disease (confusion, paralysis, aphasia). Also leads to rhabdomyolysis which can lead to acute renal failure (life threatening). Should exclude B12, depression, chronic subdural hematoma, NPH, metabolic, syphilis. Patellar tendon tear: MCC is sudden quadriceps contraction while the foot
firmly planted. Pt always have the right to refuse HIV testing, even if they have poor decision making capacity. If there are no retained POC, then start doing a manual uterine massage to sitmulate the uterus to contract and stop the bleeding. Use McMurray's maneuver to detect presence of tears. This effect is called hungry bone syndrome.
Verapamil is a good preventive agent. D/t a posteriorly directed force on a flexed knee. Rx is generally just supportive, once you give the human derived botulinum antitoxin ASAP. Only pt who have clinically apparent resp infection should be rc with abx before surgery. Detailed sexual history should be taken. The hypoestrogenemia is d/t a decrease in
the pulsatile secretion of LH. Clinical dx, so no further lab tests needed. Fundoscope shows glistening, off-white lesions with indistinct borders. There is also loss of pain and temp in contralateral side of the body. Don't go to vancomycin. Type II is in other pt (often h/o laceration, blunt trauma, surgery, or IVDU). If plan films are unremarkable, do an
US to look for effusion. Should be given immediately, unless animal has been caught for observation or for sacrifice/autopsy (if it's a bad vs a cat/dog). If someone with copyrights wants us to remove this software/Book, please contact us. immediately. If based on your findings you suspect malignancy, you should next do video assisted thoracoscopic
surgery and biopsy of the lesion. OSA: There are no specific physical findings consistent w/ OSA, but some general observations can contribute to the fx. If a parent's decision is not in the best interest of the child, you might have to get a court order to treat. "get up and go" test is commonly used. DLCO will be normal or high in pt with asthma, and
low in emphysema (good way to differentiate between the two COPDs). If it stays untreated for a while, pt can start showing S/S. There are no clear guidelines for screening, other than caregful annual history and physical with annual pap smears. Renin is suppressed in Conn's. Mechanical ventilation to lower the tidal volume and limits plateau
pressure is more effective. MPTP induced parkinsonism: MPPP is an opioid agent. Thus, there is also a risk of intestinal obstruction. Finding a polyp on colonoscopy: Polyps are divided into cancerous and non-cancerous. Secondary causes of osteoperosis should also be part of workup (CBC, CMP, PTH, urinary Ca). Rupture is another common one,
which could require removal of the implant. S. When managing these pt, you must always look for signs of clinical deterioration and impending respiratory failure. Afebrile pneumonia syndrome: Some causes are Chlamydia, mycoplasma, CMV, RSV. This leads to edema in surrounding soft tissues, which narrows the airway. Other signs of precocious
puberty are increase in height, bone maturiy, axillary/pubic haid, and menstrual bleeding. Abd gunshot wound: 95% of them need surgery. No surgical Debridement needed. Can narrow the ddx by checking the serum to ascetic fluid albumin gradient (SAAG). Previously Unvaccinated ppl, should get both active and passive immunization. Pseudomonas
should rd be covered. Often affects labyrinth, brainstem and symptoms might include vertigo, dizziness, diplopia, and numbness. Manometric studies will demonstrate high amplitude peristaltic contractions. Painless testicular mass: always suspect malignancy. Rx with metronidazole or vancomycin. Pt with recurrent VTE or continuing RF should be
Rx indefinitely. Use piperacillin/ticracillin and tobramycin. Undescended testes: make the decision about surgical intervention or not at 6 months of age. If you see neutrophils it means infectious cause. In males, always check for GI bleeding leading to occult blood loss as the cause of the anemia. The only definitive thing is eye care, since the eye
cannot close. If pt is < 45 yo and has no alarm symptoms, can just do serological testing for H. With this infection, there is a testicular pain and tenderness. Lung cancer: FSOM once you diagnose it is to get a stsaging, as this affects the therapy. Usually change to a high protein diet w/ small frequent feedings will help. In the immediate time,
desmopressin use is more effective, but alarms are still more effective in preventing relapses. Use acetaminophem over aspirin. Post-partum bone mass loss: Most pt will lose some bone mass during first 4-6 months of postpartum, but usually regains the lost mass. Oral candidiasis: white lesions in mouth which can be scraped off easily. Should
decrease FiO2 once you see pt's O2 sats are are improved. The ICP gradually falls but still maintains a slightly elevated level and the CSF pressure reaches a high normal level of 150 to 200 mmH2O. Perinatal infection has 90% chance to progress. Untreated syphilis has a very high prevalence (80%) of adverse fetal outcomes (MR, stillbirth, neonatal
death). This condition is not a RF for breast or cervical cancer. Rx involves hormonal therapy to stabilize the endometrium. Present with varying degrees of dyspnea, tachypnea, hypoxemia, and hemoptysis. It pt is unsteady, further eval is indicated. Once this has been done, pt should increase fiber and fluid intake. Stool softener can also be taken.
Thus, rx for all foreign boy associated corneal abrasions should include empiric broad spectrum antibiotic eye drops or ointments. Thus, don't think that you need to give pt antibiotics unless there are other clear signs of infection. Lateral medulla lesions: Wallen berg syndrome. Pt who wears dentures has a lesion in their mouth: try not wearing
dentures for a couple weeks. Should have eye drops, eye glasse, and a patch at night. Pregnancy Rates for various contraceptives (implantable and injectable contraceptives (implantable and injectable contraceptives). Includes ppl who live in same household or other ppl
with close, prolonged contact w/ pt. Also, developing a rash after taking amoxicillin (first line for bacterial pharyngitis) is characteristic of mono. If on this first test, pt has a blood glucose > 140, should then give them a 3 h glucose tolerance test after ingesting 100 gm. MCC uncomplicated cystitis is E. Then, get cultures to guide abx treatment. Pain
alone is not a good indication for surgery, since you can manage pain w/ meds. Presents w/ eosinophilia + diarrhea. Should getg repeat urine culture in 2 months. (very rare). Myelomeningocele: presents with bulging sac covered with membranes in lower back. Milk of magnesia is contraindicated in renal failure (risk o fhyperMg). Pt with a
nondisplaced scaphoid fracture can have normal radiographs for up to 2 weeks after a traumatic incident. Sperm transport in these pt is impaired. Moreover Medicalstudyzone.com server does not store any type of book, guide, software, or images. Pancoast Tumor: A superior sulcus pulmonary tumor. Removal of gall bladder causes a shift to
secondary bile acids, which are more likely to cause diarrhea. Hypoxemia in asthma is rapidly reversible with O2 therapy. Human bite wounds: often polymicrobial, with a-hemolytic strep, staph aureus, eikenella, and haemophilus. Infectious Mono: can be similar to bacterial pharyngitis. S/S are more prominent in the lower vs the upper extremities.
Parietal Lobe Ision: Presents with constructional apraxia (cannot copt pictures). Chronic mesenteric ischemia: Presents with abd pain after eating. Exam shows reythematous, indurated skin or a lfuctuant mass over the perianal or ischiorectal space. You can also see tumor size, detect small pleural effusions, and evaluate liver and adrenal glands for
metastatic disease. Pt presents with otalgia and purulent drainage or discharge from the ear. If a pt has BPH, or some other reason to be using an a-blocker, and gets ED, make sure to give the sildenafil and a-blocker 4 hours apart, otherwise might get hypotension. Presents w/ hyperlipidemiaThis syndrome can involve insulin resistance and fat
redistribution (don't confuse w/ cushings if fat goes to neck/belly). I believe that the study technique should focus on understanding concepts and could be achieved through Kaplan notes, Kaplan videos, UW questions and first aid. PSA is ok for screening, but only biopsy can r/o cancer. Weakness Atrophy Fasciculations Reflexes Tone UMN X Hyper
Hyper LMN X X X Hypo hypo ALS: progressive motor neuron disease which involves both UMN and LMN. Just higher postop risk of ileus and hypoNa. Hyperglycemic Hyperosmolar Nonketotic state: happens in T2DM. Presents as lethargy, miosis, resp depression, apnea. Ideal goal for BP in any pt with chronic kidney disease is < 130/80 Prostatitis:
Presents w/ dysuria, maybe some pain in perineal region. Should maintain all herpes zoster pt (disseminated) should be on contact and airborne isolation until lesions are dry and crusted. Emergency Contraception: levonorgestrel is the recommended method. You can give lorazepam up to a cumulative dose of 0.1 mg/kg. For a female to be a carrier,
there must have been a FH in the past somewhere. Bacterial Pneumonia: classically, these are sudden in onset, associated with high fevers, causing the kid to look quite ill if not toxic. Rx with bone specific drug treatment is recommended for all post menopause and score < -2, or < -1.5 but also have RF for fragility fractures (low bone density, hx of
fracture, FH, smoking). Often follows a viral illness. Pt w. Presents w/ pain in anal area, rectal bleed, protruding rectal mass. Precocious puberty in this syndrome is d/t estrogen production from ovarian cyst. TURP: often associated with using 20-30 L of isosmotic flushing solutions that lack Na but have glycine/sorbitol/mannitol. Esophagogram shows
dilated esophagus w/ bird's beak narrowing of distal esophagus. We believe everything in the internet must be free. For adults, give doxycycline or ceftriaxone. increased urinary cortisol, non-suppressible cortisol even with high dose, and very low CATH. Parents have the right to withhold or withdraw life support from a critically ill newborn if their
decision is in the best interest of the child. Once blood sugar is controlled, dose of insulin needed drops a lot, and start pt on subcutaneous insulin. Graves Disease: main Rx is with radioiodine ablation. Dantrolene is first line agnet to be used. Breast Cancer: there is insufficient evidence to recommend for or against routine clinical reast exam. Chronic
Myeloid Leukemia: Present with high leukocyte alkaline phosphatase (LAP) activity, and presence of Philadelphia chromosome. Rx with amphotericin and debridement of necrotic tissue. Rx this heart condition by just observe and do conservative management. Tachycardia is the earliest sign of hypovolemia. Before that let me give
a brief introduction about UWorld. Septic Pulmonary Embolus: well known complication of IVDU. Salmonella: no abx needed, unless immunocompromiised or < 12 moths old. These pt will benefit from mitral valve replacement. All sexually active women > 25 yo with RF (multiple partners, new partners, new partners). Starts with high frequency range of hearing.
This disease is easily transmitted, so need to rx family members as well. MCC sudden hyperglycemia is sepsis in pt getting surgery: Should look for source of infectious or not. Postexposure prophylaxis includes 1 dose
of anti rabies st immunoglobulin and 1 dose out of 5 of the vaccine. Chemo generally isn't useful, since it doesn't penetrate the BBB. If test is + (bleeding after 2-3 days), then pt has a progesterone deficiency, for which the MCC is anovulation (can be idiopathic, TH, or hyperPL). Ejaculation will be dry. Tension Headache: MC headache syndrome.
Therapeuritc range is from 10-20, and most pt experience adverse neurotoxic effects > 20. If you've made the diagnosis, rx is multifactorial. Eisenmenger Syndrome (reversal of L to R shunt) in pregnant pt: There is high risk of maternal and fetal deterioration. Progressino is variable. Lobular carcinoma in situ: Usually detected as an incidental finding
on microscopi exam of breast tissue. Iritis (anterior uveitis): pain, redness, variable visual loss, and a constricted and irregular pupil. Management of chronic hypoPTH: Usually give high dose vit D and Ca. Try to keep Ca somewhere between 8.5 and 9. Unless there are neuro symptoms, the hypoNa should be corrected slowly with water restriction.
NF-1: cutaneous neurofibromas (hyperpigmented), axillary freckiling, unilateral acoustic neuroma is st sometimes present. This is a self limited condition. OCP contraindications: Absolute ones include hx of VTE/stroke, acute liver disease, hx of estrogen dependent tumor, pregnancy, abnormal uterine bleeding, heavy smokers who are older than 35,
and hypertriglyceridemia.. This needs immediate laser coagulation. Afterwards, switch to regular insulin as a basal level. Radiotherapy or external beam radiation) is an alternative for treating this. Since 2001, nearly all medical students in the United States have trusted UWorld to prepare for their
licensing exams. Measurement of blood level of lead is the gold standard in lead intoxication screening. Can just Rx symptomatically if needed (topical steroid, antihistamines). If you see a kid present with this, do a hemoglobin electrophoresis to confirm the Dx. Complications of Sickle cell disease: There can sometimes be an acute severe anemia
superimposed on the chronic anemia. This can be useful if pt has a hematologic disorder. Podophyllin has similar effect to trichloroacetic acid, but is contraindicated in pregnancy. Thrombocytopenia in HIV: can occur at any stage of infection (asymptomatic or not). OSA is present in 4% of middle aged men. Endometriosis: dysmenorrheal, dyspareunia,
and infertility. If pt doesn't improve, need to do biliary compression (done through ERCP). Atypical would be more slowly developing, and have a non-prod cough, exertional dyspnea. Sometimes cluster headache can present as Horner's syndrome. There are no adverse events associated with using seat belts. Type I is associated with a lesser fall in
platelet count (nadir of 100k), and usually returns to normal within d/c of heparin, with no clinical consequences. The sudden drop in PTH causes all the Ca to shift from the serum into the bone, causing hypoCa symptoms. If kid is > 1 yo, give a series of 5 abd thrusts (Heimlich) with child sitting or standing. No need to change therapy unless there is
proof of new infection or drug resitance. Dx for this is mesenteric duplex ultrasonography (high negative predictive value). Other complications of HIV therapy: didanosine induced pancreatitis, abacavir caused hypersensitivity syndrome, Steven Johnson or lactic acidosis d/t any of the NRTI. Mass that nd goes away doesn't need further eval. If the
cause was central the ACTH would be normal or elevated. If this is the case, look for a lung mass with CXR as the initial study. If you're considering any abx therapy for a recurrent patient, also do a UA/UC first. High dose warfarin causes a transient hypercoagulable state, causing the skin lesions. Spores produce toxin that blocks presynaptic
cholinergic transmission, which messes with the skeletal and smooth muscles. Chronic pancreatitis islet damage leading to DM: To differentiate btw T2DM and islet destruction, measure c-peptide and insulin. Assessing immune status in HIV: viral load and CD4. Chronic Diarrhea: diarrhea for 4 weeks duration. Other things include chorioretinitis,
mental retardation, deafness, seizures. These pt will have increased gonadotropins and estrogen. Usually d/t bladder outflow obstruction (ex BPH) Nephrolithiasis: Pt presents with atraumatic flank pain. A low O2 sat will confirm a polycythema 2/2 pulmonary disease. In general, a pt in the upright supine position is the most protective against
aspiration. Papular urticarial papules and plaques o fpregnancy (PUPPP): common pregnancy associated dermatosis that is characterized by erythematous papules within the striae gravidarum. If loculated, should do surgical resection. EBV is the MCC,. Hypoglycemia is the greatest mimicker of CNS disease. If this happens, you can still treat the pt
even if they don't sign as long as they both agree with the Rx. Should get a witness. There is no difference in incidence of visual loss in pt with NPDR who receive photocoagulation vs no therapy. APKD: accounts for 10% of ESRD pt in USA. Overflow incontinence: pressure on abd results in urine dripping. Renal Transplant: success and long term
survival of a renal transplant depends on the donor. Main Dx is pulmonary function testing. This is an emergency. MCC is gallstones. Criteria are fever, tonsillar exudates, tender ant cervical adenopathy, and lack of cough. Sadness/irritability can be seen I up to 22% of kids who use it. There is no increased recurrence risk after having a baby with
Turner's. FSOM is to do a pelvi eexam to look for any retained placental fragments. If lesion persists, then consider malignancy (do a biopsy). Atrial myxoma: most common primary cardiac tumor. Estrogen should be used in all pt who are actively bleeding since it promotes hemostasis. Presents as a mass (looks like worms in a bag), not tender, not
fluctuant, and warm. Frequency of endoscopy depends on presence of dysplasia on tissue biopsy. Rx with surgery. This discovers 50% of fetuses w/ growth abnormalities, prevention of 70% of eclampsia episodes, and detection of 80% of breech presentations. If there is active bleeding, you can do various things through the endoscopy (thermal
```

```
coagulation, band ligation, sclerotherapy). Brainstem lesions: usually involve CN, and sensory loss of ½ of the face and contralateral half of the body is present. Watch out for sepsis. MGOH, aka milk of magnesia is a mild laxative that cause osmotic retention of fluid in the lumen. Generally, LMWH is the prophylaxis of hoice. Androgen depletion is the
primary Rx for metastatic prostate cancer. Each episode can last from 30 min-3 h, and is associated with severe retroorbital pain, lacrimation, conjucntival injection, rhinorrhea, sweating, and pallor. There is a risk for late onset clinical deterioration, so should admit and minotor for 1-2 days. Mono: classic triad of fever, tonsillar pharyngitis, and LAD.
When pt recovers from the illness, the TSH will transiently go higher. Nodes are easy site for biopsy if indicated. Rx usually includes antimicrobial Rx for viral/bacterial causes and topical steroids for noninfectious causes. In nulliparous women, the MCC of arrest is hypotonic uterine contractions. Also, need to do sensory screening (eyes and ears).
Sensory loss also in medial shin and the arch of the fut. Rarely persists. If positive, should get HPV DNA. One way to distinguish btw these is to increase vagal tone to the heart by Valsalva or adenosine administration. Proliferative diabetic retinopathy: disc neovascularization is present. Growth of 100s of polyps. Remains asymptomatic for a long time,
then presents as progressive and painless visual field abnormalities or blurring of vision. Iron deficiency anemia: MC single nutriet deficiency in the USA (usually in kids and women of bearing age). Breast Cancer: Some women should be screened with breast MRI yearly in addition to mammogram. 2 choice of Dx is US. Can be used for many years.
Non-symptomatic carriers are usually not treated, except in some very specific cases (CF, hypogammaglobulinemia, or in a toddler if there is risk of xmit to pregnant woman) Possible behavioral change in abused kids: sudden behavioral problems at school/home, especially if family has unstable economic background or parents have hx of substance
abuse. GU BPH: a-1 blocker is clearly indicated unless pt has CHF or develops persistent dizziness. Rx is surgical, but make sure the electrolytes are stable (because of the vomiting) before going to surgery. Colon cancer screen: if you only do a sigmoidoscopy, need to repeat after 5 years. Gneerally, get the O2 sat after minimal exertion. The cause of
infertility is anovulation. Do a rosette test. Note that sterod eye drops are contraindicate when infection is present. Bone marrow transplant pt: high risk of infection. Generally bilateral and multicentric. Common in kids who recently got abx therapy. Age is the 2 most important factor for prognosis. For the hypoproliferative disorders, check renal
disease, hypoTH, and aplastic anemias. We're sharing this with our audience ONLY for educational purpose and we highly encourage our visitors to purchase original licensed software/Books. All doctors have an obligation to provide continuity of care fo pt. Specifically, aspergillus presents with 3 categories of problems: systemic (fever), pulmonary
(cough, CP), and probable sinus symptoms (localized headache, nasal bleed). Acute diarrhea: main concern is development of dehydration. Note that just doing a needle aspiration doesn't give you enough tissue for a diagnosis, even though it's a lot less invasive. Can be associated w/ urethritis, dysuria, and mucoid discharge. A common cause of
hemoptysis in COPD patients is acute bronchitis. d/c the analgesic can stabilize or even improve renal function. This is an alternative presentation to acute interstitial nephritis. If a pt presents with an acute attack of a cluster headache, FSOM is 100% O2 (very good for symptom relief). DNR: pt should not attempt to resuscitate if the pt's condition
seriously deteriorates. Can Dx with ABI. Coins are the MC GI foreign bodies. Bacterial Vaginosis: Imbalance in the normal vaginal bacterial flora associated w/ increased numberw of Gardnerella various bacteria. The higher your CD4 and lower viral load when starting HAART, the better response you have to the drug. Mammography should be done
q1-2 years for women 40 yo and older. > 90% of pt are cured by antibiotic therapy and are disease free after 1 year of after start of therapy. Hepatitis B Rx: After getting the 3 vaccines, get a titer. This is especially true if cyst is loculated in appearance on CT. Acute management of ischemic stroke: Very few interventions have proven to be beneficial.
Usually happens within 6 weeks in younger pt. If > 4, should refer to urologist for a biopsy. When shoulder motion. Usually presents with gross hematuria following an acute URI. MC extrarenal manifestation of APKD is hepatic cysts. Common symptoms are fever, facial swell, maxillary
pain and tenderness, opthalmoplegia. Comparing it to Ca channel antagonists, both agents are equally effective. Usually caused by damage to rectovaginal septum incurred through vaginal childbirth. By giving incremental doses of oral penicillin V. Porcelain gallbladder: Ca salts deposit in the wall of a chronically inflamed gallbladder. Hep B serology
 \cdot isolated anti-HBc: 3 explanations. Enucleation is the Rx when tumors are large, have extrascleral lesions, or impair visual function. In asddition, high dose (4 mg/day) st folic acid is recommended prior to conception and 1 trimester, since phenytoin and valproic acid might lower contration of folate. Pts who snore but have no other signs or symptoms
of OSA should be advised to lose weight, stop smoking, and avoid alcohol near bedtime. Varicose Veins: visible, palpable veins of the legs. Her-2/neu + breast cancer: usually has a worse prognosis. Scuba diving: MC associated condition is ear barotraumas. INZ side efx: severeal hepatitis (can be fatal). (give kid 50% surplus of calories above basal
requirement). Should stop meds for several months before trying to conceive. Immunodeficiency: hx of recurrent bacterial infections. Endometritis happens most often after a C-section (especially if labor started already or after the membranes ruptured). In these cases, give flutamide (anti-androgen) for 1 week before stariting leuprolide to block the
surge effects. If diet fails, then youtry pancreatic enzyme supplements (esp if pt has gallstones). Unlike polycythemia vera, there is usually no increase in WBC count of PLT count in secondary polycythemia. Only intervene if the lesion affects normal functioning somehow, or is a big time cosmetic problem. All antiseizure meds lower efficacy except
gabapentin and valproate. Remember CT is not that good for the spinal cord itself. Alleviates renal failure in most patients. Rx with levothyroxine will usually decrease cholesterol. There is distal intestinal obstruction, leading to a dilated terminal ileum that is willed with thick, tar like inspissated meconium. Often, a common cause is fungus in an HIV
pt, so treating with fluconazole might be first step. Aspiration Pneumonia: usually lower lobe, and look for RF (trouble swallowing, previous CVA, nursing home, demented, alcoholic). If you want to stop seeing a pt, then you have to provide the pt with enough time to transfer medical care to another doctor. Quantitative measurement of serum Ig levels
can help establish the dx. Scheuermann disease (aka structural kyphosis): Unlike flexible kyphosis is not corrected with voluntary efforts, and there is a sharp angulation seen on forward bending. Foreign body ingestion: If pt is asymptomatic and have a negative radiograph, there is no need for further Rx. In all other symptomatic
pt or pt with hx of sharp object ingestion (bones, toothpicks, needles), an urgent endoscopy should be done to remove the foreign body and prevent esophageal perforation. Breast Cancer Screen: A baseline mammogram is recommended at age 35 for any woman with increased risk of breast cancer. Erb's Palsy: MC form of obstetrical brachial plexus
injury and involves the upper roots of the plexus, leading to an adducted and internally rotated R arm with forearm pronatino and flexed wrist. Most forms involve the kidneys. Hep C will more likely have higher LFT. pylori is important to stop recurrence of ulcers. Helical CT is best choice, but CT has radiation. Rx with IV hydration and partial
exchange transfusion. Thyroid storm: Main drugs used are PTU/methimazole, steroids, iodine, and b-blockers. Definitive dx is with cystourethroscopy. Thus, the plasama Na might go below 100, causing nausea, confusion, disorientation, twitching, seizures, and hypotension. In addition, the low estrogen also predisposes them to developing osteopenia.
and even osteoperosis. The erosive esophagitis may cause dysphagia transiently, leading to peptic stricture if untreated. Erythema nodosum is another presentation of sarcoidosis. Can have sudden fever, AMS, hypotension. Dx is with abd US.
Suspect it if there is very rapid progression with multiple fractures. Dx is hard, and best done with laparoscopy to visualize the implants. Illness usually is in winter, and lower resp symptoms are present in children. LMWH is associated with much lower incidence of HIT compared to unfractionated heparin. R is with surgery. All pt with barretts should
get aggressive antireflux therapy. More common in immunocompromised individuals, and may present with associated symptoms like oral thrus, or more likely odynophagia. PLT refractoriness is defined as a rise in PLT 1 inherited thrombophilia should have indefinite anticoagulation. Symptoms include nausea, abd pain, bloating, diarrhea
after ingesting dairy. Pubertal Delay: diagnosed if pt doesn't have testicular enlargement by 14 yo, or if testicles are < 2.5 cm in diameter. In elderly pt, delirium might be the only manifestation who is suffering an acute medical illness. AFB are not usually present. Similar to measles (aka rubeola), but pt usually less sick on presentation. Sometimes,
paralysis worsens for 1-2 days after tick removal. MRI is great Dx, which will reveal a decreased signal intensity in the disk and vertebral bodies. 90% of pt are women. PSA usually goes back to normal within 3-4 weeks. Treatment of the underlying disease are essential in management. Supportive includes NPO, analgesia, and IV antibiotics. US is
used to ID gross anatomic abnormalities of the kidneys. This is followed by a daytime increase in levels of gonadotropins and testosterone (enlarged testicles is one of the earlies signs of puberty onset). Can start at 45 yo if there is higher risk (FH, AA). Presents w/ RAPIDLY PROGRESSIVE focal neurological deficits wo evidence of increased
intracranial pressure. FSOM is to give IV fluids or oral fluids to ensure hydration. Should not cause sexual dysfunction, so it's a psychogenic cause if pt with this has problems w/ erection. Initial eval is to use imaging to obtain bone age. Phenoxybenzamine (a-blocker) is good since it curtails sympathetic activity. CBD stones can cause elevated alk
phos, but would also have some hyperbilirubinemia. Acute tubular necrosis: MCC of ARF in hospitalized pt. This leads to amnesia, usually anterograde, with confabulation, so the pt will fill in their gaps in memory with made up stuff. Pancreatic Ca might be present (occasionally). RF are female gender, breech, FH. Once confirmed, must look for other
signs of systemic involvement (chest radiograph, blood/CSF culture, India ink stain for CSF). d/t its multicentric nature, surgery is usually not a good idea. If suspicion is low for malignancy, should do US initially to differentiate simple renal cysts from a solid mass. Age is the single most important RF for osteoperosis and osteoperotic bone fracture.
Snoring: Generally, 44% of aults have mild, habitual snoring that is unassociated with apnea and sleep interruption. Within a few weeks, hemoglobin should be done if these criteria aren't met. Will see hypoNa, hyperK, and sometimes a mild hyperCl
met acidosis. MC drugs include diuretics (furosemide, thiazides), IBD drugs (sulfasalazone, 5-ASA), immunosuppressive agents (azathioprine, asparaginase), seizures/bipolar (valproic acid), AIDS (didanosine, pentamidine), and anx (metronidazole, tetracycline). PSA will become elevated after an invasive manipulation of the prostate (biopsy, TURP). If
there is colon or intestinal dilatation, should insert a NG or rectal tube for gut decompression. Kid with HIV: can attend public school normally with no restrictions. No Rx. HSV lesions: herpetic vesicles, which may progress to pustules and painful ulcers that crust over 415 days. When you squeeze calf muscle on normal side, foot will plantar flex.
There is a 30-50% risk of mortality. PE shows decreased breath sounds over affected areas. Note that the MC complication of AOM is another episode of OM. Thyroglossal duct cyst: Presents w/ midline neck mas that moves w/ protrusion of tongue. Initial FSOM in pt exposed to other ppl with tb: get a PPD skin test. If it's a first episode d/t malignancy.
anticardiolipin antibody, and antithrombin deficiency, the pt should be Rx with 12 months. Pentamidine has lots of adverse effects, most often metabolic. Usually is in distal UE and becomes more pronounced with outstretching of the arm. In infants and children, should rx for at least 12 months. Transmission of lyme disease needs 36-48 h after tick
has started sucking blood. Scleroderma: can cause a renal crisis, resulting in acute renal failure and severe HTN. Toxic shock syndrome: prodrome of fever, chills, and myalgia. Relieved ith rest. Possible fatal complication is if it's a fulminant case, where there is a quick development of mental status change focal neuro sign, and multiorgan
dysfunction. Later, the rash will have borders which are elevated and crusty. Infection can be very severe in somebody who never had it before. If a pt is symptomatic or high risk (for preterm labor), then you should Rx the condition. Excess Daytime Sleepiness: some causes include narcolepsy, sleep apnea syndrome, insufficienct sleep or sedating
medications. Indications for HAART: Definitely indicated if pt has AIDS definig illness, sever symptoms, of HIV infection, or asymptomatic w/ CD4 < 200. PE shows an area of decreased sensation over the anterolateral thigh without any muscle weakness or DTR abnormalities. On subsequent visit, should check BP, weight, uterine fundal height, fetal
heart tones, fetal presentation and activity, and urine glucose and protein. Asymptomatic bacteruria: more common in elderly pt. If CTP > 7, liver transplant should be considered. The last step for a final diagnosis of brain death is a 2 neuro exam, which should replicate the neuro exam findings done earlier. Any vaginal discharge or STD in a young
child is probably sexual abuse. Moderate risk people (> 10 is +). Rx includes anticoagulation with heparin, even if you see an area of hemorrhagic infarction on CT. Bile salt induced diarrhea: commonly seen after cholecystectomy. Zonger Ellision is commonly the gastrinoma, presenting w/ multiple ulcers. dif is d/t the bacterial resistance. Ecthyma
Gangrenosum: MC d/t pseudomonas. Anemia may be present (usually mild). In addition, pregnant women who have not completed a 3 dose primary immunization series or a booster in the last 10 years should be given a combination of tetanus-dpitheria toxoids. Occurrence of fever in previously afebrile pt is an early sign. Lepirudin should be used
carefully in pt with renal disease, while argatroban should be used with care in pt with liver disease. Besides resp stuff, there can be cardiac collapse too because the tension pneumo could compress the heart. Pregnant women with this are at increased risk for spontaneous abortions. The HTN is actually considered to be a protective reaction that is
intended to preserve the circulation in the underperfused areas of the brain. BPPV: acute vertigo attacks that are provoked by change in position. Hemophilia Is an X linked recessive disorder that happens exclusively in males. Viagra: one side effect is an effect on blue-green vision. Presents with postprandial, non-bloody, non-blious vomiting.
Surgical resection is TOC for stage I and some stage II non-small call cancers. Biopsy of crohns: transmural inflammation w/lymphocytic infiltration. Steroid therapy for preterm labor: reduces risk of infant RDS and intraventricular hemorrhage. Should be used in pt where pain is not controlled with narcotic analgesiacs. Developmental Dysplasia of
the hip: Abnormal formation of hip joint, which prevents femoral head from seating properly in the acetabulum. It affects up to 20% of pregnant women. Sometimes Fever is the only symptom. Acetaminophem or NSADIS is good. Pt on OCP who wants to get pregnant: Pregnancy will be delayed for about 1 month after stopping OCP. Leads to ataxia.
loss of vibration and proprioception. For pt with problem with uterine contractions, augmentation of labor using oxytoxin is the most appropriate next step. Tympanic membrane shows decreased motility with insufflation and is red, bulging, or retracted. Might have some mitral valve signs (diastolic murmur) if big enough. If pt has drug resistant
infection, need to extend time for 18-24 months. Cysts during pregnancy: 70% of non-pregnant women with purely cystic pelvic masses < 10 cm in size have spontaneous resolution. Cadaver is only possibly better than living if there are zero HLA mismatches. Measure the progesterone at mid-leutal phase. In rare cases, can become very severe,
presenting as culture - edocarditis. For esophageal and stomach disease, endoscopy is prefereed. Chlamydia: Major cause of infertility, PID, and ectopic pregnancy in women. Hb electrophoresis establishes the diagnosis. Thus, will have coffee ground emesis, with endoscopy being diagnostic. Progressive Multifocal Leukoencephalopathy: d/t JC virus
(opportunistic infection). Can be friable, leading to embolization. HypoTH, even if severe, is not a contraindication for an emergency surgery procedure. If positive PPD, should be Rx regardless w/ inz and vitamin B6 (to prevent peripheral neuropathy) for 9 months (not 12, which has no extra benefit). Complex Regional Pain Syndrome: criteria are
presence of an initiating event or cause of immobilization, continuing pain, allodynia (pain w/ normally nonpainful stimulus), evidence of edema, or change in skin blood flow, and absence of other conditions. Presents with sudden onset of bleeding, manifested as petechiae, purpura, epistaxis, and gingival bleeding. Simple febrile seizure: Generalized
< 15 minutes, 6 months ot 5 years. Usually just give empirical rx with bronchodilators (neb albuterol or epi). Meniere's Disease: triad of periodic vertigo, unilateral hearing loss and tinnitus. Safe for pregnancy, no intervention needed during delivery if lesions are present. Usually involves the scalp, anus, vulva, and abdomen. If something is suspicious
on mammogram, go a FNA or open breast biopsy, and examine cytology. If a child was continent for at least 6 months prior to onset of bed wetting, then enuresis is considerd secondary. CT w/ contrast is the best Dx test. Another important thing to remember is that PEEP worsens hypotension because it reduces preload. Various CV risk factors
probably present. Sickle Cell Crisis: episode of acute pain with a wide range of severity. When you see these skin lesions, must do a biopsy of the skin lesions, must do a biopsy of the skin lesions and do histology. Platelet transfusions: Commonly used to Rx or prevent acute hemorrhage in pt with thrombocytopenia, dreagrdless of underlying cause. Things suggestive of elderly abuse: quiet
and withdrawn behavior, unexplained fall, lost weight, appears dehydrated. Any crush injury could also cause it. Usually Rx is with abx and resection of affected bone. From the living donors, survival is better if the donor is HLA identical. Surgical Rx of CIN before conception increases incidence of cervicalincompetence and preterm birth by 2-3x. If
MR is contraindicated, CT angiography is next option. Thyroglobulin is used as a tumor marker after treatment, since it is only made by the thyroid. In males, 95% of themwith CF are infertile. Achlasia: LES doesn't relax. Endometriosis: Presence of endometrial tissue in the ovaries, fallopian tubes, or other abnormal sites, causing pelvic pain and
infertility. Flail chest: Usually d/t 2 rib fractures in > 1 site. Chorionic villus Sampling: One complication of it is transverse limb abnormality. It's d/t autoimmune aggression against gastric mucosa. Upright tilt table testing can confirm the dx. The blue color is d/t blood sequestration behind the hymen (aka hematocolpos). General recommendation is to
Rx with metro 2g PO for 1 dose, then breastfeeding should be d/c for 12-24 hours after the dose. A good technique is saline and KOH prep for microscopy. nd Intussusception: 2 MCC of SBO in infants and toddlers. dif colitis: 2 tests can be done for the toxin. Mallory Weiss tear: Clasically, there is hematemesis after en episode of retching/vomiting
Optional is to do a full body bone scan to see which bones have been affected. However, it there is > 1 relapse, then you consider vancomycin. B12 deficiency: Presents with anemia, and neuro involvement, which includes posterior and lateral column involvement. High anion gap met acidosis: Normal anion gam is 12. Can cause hepatic
encephalopathy. Look for antinuclear antibodies and anti-smooth muscle antibodies. Remember that influenza vaccines have eggs (allergy). EtOH and smoking are also associated, but not as much as FH. Look for absence of other symptoms of epileptic activity (myoclonus, gen ton clon seizure). Renal artery stenosis (renovascular HTN): important
reversible cause of secondary HTN. Mets is common with these tumors (often to liver). ID Gonococcal and Chlamydia are frequently co-infected: Gonococcal urethritis has sympsom to painful uretheral discharge. Urethral diverticulum in females: either congenital or acquired. Leads to high Ca, with low PTH. Generally, no rx is needed, but if the
tremors are interfering with the patients life a lot, b-blockers are the MC first line agnets. Can admit under whatever cause you can get. MCC is canalithiasis (Ca rocks in the posterior semicircular canal). Pt are non-infectious if they are receiving effective abx therapy and had 3 consecutive negative results on sputum acid fast smears performed or
different occasions. Shold get BC first, but a good empiric is amp + gent, or monotherapy with imipenem or levofloxacin. Should be done by an ortho surgeon. Hepatitis C: only pt with chronic hep C, HCV RNA positive, and concsistently elevated ALT, and at least moderate inflammation on liver biopsy should be getting interferon and ribavirin.
Anterior nasal septal mucosa is the MC source of epistaxis in kids and young adults. Adenomatour polyps are dysplastic and have potential to evolve into colon cancer. If pt has COPD/asthma, or heart issues, can use metoprolol (selective b-1 blocker) MS: demyelination of focal regions of the white matter of the brain. There sometimes can be an
association between aortic stenosis and angiodysplasia. In fact, this is the strongest known RF for male breast cancer (50x normal men). Radiation therapy with surgical resection is Rx for Pancoast tumor. There is higher risk d/t slow pulmonary BF, dilated R heart, and venous stasis. MCC of bacterial CAP in kids is S. Falls in the elderly: If a pt reports
an episode of a fall, should be eval with at least 1 postural stability test. If you have strong clinical suspicion, however, the next best step in management is CT scan. Thalamic/cortical lesions: Sensory loss of ½ of the face and the SAME half of the body. Cortical lesions are associated with findings specific to the cerebral cortex (aphasia, neglect,
graphesthesia, stereognosis). Autoimmune hepatitis: Usulaly seeen in young to middle aged women. All pt need urgent cholecystectomy and antibiotics. In SCC, a dramatic fall in Hb occurs secondary to vasoocclusion within the spleen, and there is splenic pooling of red blood cells. A more severe presentation is with perforative peritonitis. Turner's
syndrome: Generaly pt have primary amenorrhea, but ovarian function and morphology is highly variable. Use Saline NOT LR. The hormone levels are inconsistent during this time, and estrogen is often unopposed, which leads to irregular menses and heavy breakthrough bleeding can happen. High risk pt should be Rx with Na bicarbonate or normal
saline infusion and acetylcysteine to prevent contarast induced ARF. Retinal vessels cannot be seen in 80% of pt. Tetracycline can cause LBP, headaches, and neuro signs like weakness, loss of bladder/bowel function, but can also be asymptomatic. At initial presentation, look
especially for the hyperglycemia. Recommended daily Ca for kids age 9-18 is 1300. The route of delivery (C-section vs vaginal) is the most important RF in development of endometritis. No single lab test can confirm or reute the diagnosis. Upper stones cause flank pain, and lower stones cause groin pain. Initial sign of LMN disease is usually an
asymmetric weakness, usually first evident in one of the limbs distally. Exercise induced hematuria: benign, self limited condition. Should get a CT scan or CXR. If you see a solid tumor on US, CT is needed for staging. Blepharospasm: form of focal dystonia. Watch out for early symptoms (fever, mouth ulcer, easy bruising, petechiae). Some factors
which suggest a better prognosis include early age of onset, female sex, and relapsing form of disease. Analgesic nephropathy: Can present with florid nephritic range proteinuria. NPH can be confirmed with Miller Fisher test, which is where you remove 30 mL of CSF, and look for improvement in gait. If no HBV, then can give 3 more doses of vaccine
and repeate the hep B test. Things suggestive of rapid decline include severe HTN, M, early age of diagnosis, and early develomment of renal dysfunction. MDR-tb: If the organism is resistant to INH only, the prophylaxis regimen (no findings on CXR) is rifampin alone for 4 months, or rifampin + PZA for 2 months (watch out for liver toxicity). Or, years
after recovery from acute hep B infection once the HBs has fallen. Physiologic jaundice starts 24 h after birth. Besat conservative Rx for PVD is cliostazol (PDE inhibitor which inhibits platelet aggregation, also direct arterial vasodilator). Can be safely taken w/ aspirin and clopidogrel. Parinaud's Syndrome: caused by a pineal gland tumor. Nromal US
shouldn't preclude surgical exploration if there are obvious concerns on physical exam. Rx with HRT, lubricants, or transvaginal estrogen replacement (cream, hrmone releasing rings). Presents as severe pain w/ no skin changes. Very common in Asian, African, and south American populations. If HTN persists despite
Rx, should give phentolamine. Afterwards, schedule for an ERCP. Parkinson's features: mask facies, shuffling gait, bradykinesia, rigidity, resting tremor which get beter with activity, soft voice. The dx is based entirely on H and P, except in atypical cases OB/Gyne Parental right to kid's health: In some cases, you can keep information about a minor pt
from their parents. Rx is with ciprofloxacin and levofloxacin. Conservative Rx should be done (wt loss in obsess ppl). 6% of pt still experience symptoms 13 months after event. This is a surgical emergency. Cultures are negative. Go to ER immediately. Hirschsprung's disease can also present insidiously. A grandma is not necessarily have authority to
amphotericin and flucytosine. CXR could reveal multiple, round lesions in both lung fields. Ansa hypoglossus nerve, which innervates strap muscles of the neck. Metformin: contraindications include renal failure (Cr > 1.5 for M or 1.4 for F), decreased Cr clearance, CHF, liver disease, and EtOH abuse. Only a symptom, can be caused by a large
number of disorders. PEEP attempts to expand the collapsed alveoli in ARDS to decrease the high O2 requirement. Presents within 30 months of life, often linked with MR. Download Dr.Ali USMLE Uworld Notes PDF FreeWhat is USMLE? Metabolic acidosisis also present. Urinary Tract malignancy: suspect in any elderly pt with painless hematuria
MC eye disease in sarcoidosis is anterior uveitis. Smoking cessation: Shown to reverse the decline in pulmonary function. Usually self limiting once the jodine is already obstruction d/t soft tissue swelling (give steroids) Pt with
infectious mononucleosis who takes ampicillin may present with a generalized maculopapular rash: d/t immune mediated reaction against penicillin derivatives. Chronic pancreatitis: causes chronic, recurrent abd pain with steatorrhea. Regimen is zidovudine and lamivudine for 4 weeks. Nuclear bone scan also shows increased uptake. If negative,
pregnant pt with lyme disease. This includes opthomalogy referral (glioma, iris hamartoma). Diagnosis of a pregnant woman with hyperTH: Must have high free T4, and TSH must be PCOS: Presents with infertility, hirsutism, irregular menses, obesity, and increased ovarian volume measured by US. Post partum hemorrhage: MCC is uterine atony
Serum hyperviscosity impairs circulation in the brain., leading to headache, dizziness, vertigo, nystagmuys, hearing loss, and visual impairment. Beningn Essential Tremor (familia tremor): MCC of postural tremot. Gynecomastia is common in pubertal males. Presents with pelvic pressure/heaviness, LBP, and constipation. It cannot arrest the
pathological process, but it can prolong survicaland delay the need for a trachesostomy. After initial eval, do more specific tests depending on what the CXR is pointing you towards. Finding the tick on the skin is the most important dx measure. Recurrent episodes of bacterial pneumonia, especially if it keeps happening in the same spot, is suggestive.
of endobronchial obstruction: some causes include lung cancer, carcinoid tumor, lymphoma, amiodarone. Colon cancer RF: history in a first generation relative is the most important RF. Abd XR can help diagnose. Has 3 C's: cough, conjunctivitis, and coryza. Recommended in all pt with ischemic stroke who don't receive thrombolytics or
anticoagulants. Pap smear is effective screening. Symptoms might include cough, dyspnea, wheezing, and hemoptysis. At that time, version should onlybe done if there are no contraindications to vaginla delivery and fetal well being has been established. Once pt is stable, a more broad w/u for hypoCa include PTH, vit D levels, albumin, and
phosphorus. The recommendation for a fasting blood glucose value on pregnant DM pt should range btw 60-90., and postprandial should be < 120. Btw ages 1-5 has a 20-50% chance. If there is a hot nodule, you can just observe since functional glands aren't malignant. Also 2 option if pt doesn't want FNA. B12 deficiency anemia: If there are
associated GI symptoms, then pernicious anemia is a possible cause. Acute retroviral syndrome: fancy name for HIV infection. MCC are Pseudomonas and staph aureus. Bell's palsy: idiopathic paresis of the facial nerve. Abd tenderness is usually absent (big indicator), and U/A can show hematuria sometimes. MCC is using levothyroxine, nodular
thyroid disease, Grave's, and thyroiditis. O'Donohue's unhappy triad: knee injury which includes ACL tear, M (tibial) CL injury, and medial meniscal injury. LCIS is not a direct precursor to invasive breast cancer. Sutge-Weber: port wine stain and leptomeningeal angiomatosis Oral
candidiasis (thrush): white plaques on his buccal mucosa that can be scraped off, leaving hyperemic spots. Cremasteric reflex is intact. Salmonella is an uncommon cause of osteomyelitis in general population, but it's the MCC of osteomyelitis in general population, but it's the MCC of osteomyelitis in pt with sickle cell disease. WBC might be elevated, but is usually in the ratio of 1 WBC per 750-1000 RBC
If there is an infection, you should remove the catheter, and Rx with vanc and gentamicin (gram +/- respectively) empirically until you ID the organism w/ blood cultures. In USA, there is lots of resistance. Classic triad of gallstones, malabsorption, and diabetes. PE shows pain with doing a anterior drawer or Lachman maneuver. Depression in
Parkinson's disease: can be hard to identify because many features overlap. IV octreotide is a nice supplement, but the main therapy is endoscopic sclerotherapy or band ligation. Should be given to any pregnant owoman from 24-34 wks gestation with intact membranes who are at high risk of preterm delivery (contractions, cervical dilation). PLT
couns around 30-60k. Breast self exam has not been shown to reduce breast cancer mortality. Mastocytosis: rare disorder caused by presence of too many mast cells and CD34 mast cell precursors in a person's body. Usually, however, it shows up as no meconium passage in first 48 hours, or enterocolitis. There is destruction of small and mid sized
bile ducts, leading to fibrosis and eventually end stage liver disease 5-10 years after diagnosis. Infantile Hypertrophic pyloric Stenosis: Usually presents in kids 3-6 weeks old. Hypoglycemia, jaundice, and apnea are common presentations. Metronidazole can be substituted for amoxicillin. Regular NSAID intake, HRT in post menopause women, and
high fiber diet are thought to offer protection against colon cancer development. Causes an inflammatory edema of the epiglottis that impinges upon the airway. Acoustic neuromas in pt with NF, as well as sporadic acoustic neuromas result from proliferation of Schwannoma of CN8). Symptomatic lung disease is indication for steroid
therapy in pt with sarcoidosis, esp if accompanied by systemic symptoms like fatigue or hyperCa. CXR might have characteristic bilateral hilar. Streak gonads in Turner's have increased chance for malignancy only if there is associated mosaicism with Y chromosome. Isolated elevation of Cr without BUN elevation: Can be cause by a decrease in tbular
secretion of creatinine, which leads to decreased creatinine clearance. Pt with liver injury d/t alcohol will have elevated alk phos compared to serum amino transferases. Necrotizing Fasciitis: fulminant infection of subcutaneous tissue which leads to tissue necrosis and destruction. Kids who get
this have a slightly increased risk compoared to the normal population for having epilepsy. Very common, so if starting an HIV pt on idanivir, should monitor U/A and serum Creatinine q3-4 months. Category B, so can give safely during first or third trimester. Thus, a pt presenting w/ signs of androgen excess (severe cystic acne, aignificant growth
acceleration), would suggest pseudopuberty. Aortic injury is the MCC of sudde death in sterring wheel injuries. This is done through CT scan initially. (toes touch floor before heels) Vertebrobasilar insufficiency): More subtle signs include wt loss,
amenorrhea, weakness, tiredness, poor appetite. In general, close observation and annual mammogram is good enogh for most women. May first manifest as abd pruritis (and looked on as benign). Hepatitis B: Markers of acute infection: HBsAg, IgM anti-HBc, and HBeAg (indicator of high infectivity). Dx with Thyroid function tests. Presents with pain
with eye movement, fever, opthalmoplegia, hyperemic conjunctiva. Varicella Vaccination in a household w/ a transplant recipient: Generally safe. Another description is a flesh colored, hyperkeratotic papules. FSOM is to secure the airway incase of resp arrest. Check for this later In life. FSOM is to get a CBC. Acute exacerbations of MS are treated
with IV steroids. Mostly involves the ovaries, broad ligaments, uterus, fallopian tubes, and sigmoid colon. Acute asthma exacerbation: peak flow is a good way to assess degree of severity of airway limitation, and serial peak flow is a good way to assess degree of severity of airway limitation, and serial peak flow is a good way to assess degree of severity of airway limitation, and serial peak flow is a good way to assess degree of severity of airway limitation, and serial peak flow is a good way to assess degree of severity of airway limitation, and serial peak flow is a good way to assess degree of severity of airway limitation, and serial peak flow is a good way to assess degree of severity of airway limitation.
retinoscopy to checl for macular edema, followed by photocoagulation if needed. Juts stop all activity for 4-6 weeks, and gradually return to activity. Dx is best done with helical CT of abd and pelvis. Transmission of vaccine associated VZV is not common, except for some cases when a post vaccination rash appears. Efavirenz and delavirdine are
teratogenic. Percutaneous gastrostomy (PEG) tube: Tube feeding should be considered for pt who cannot or will not eat, have a functional gut, and urinary incontinence. MC congenital heart disease in Down's syndrome ekids: endocardial cushion defect. Rx
is indicated for all women dx with trichomoniasis and their partners. Usually presents with a progressive ascending paralysis that happens over hours to days. Without any real clues in the history, do a overnight polysomnography. MC symptom is infection of CNS causing meningitis or encephalitis. Dx with barium enema contrast study (also
therapeutic). OD has similar effects as dextroamphetamine (anorexia, N/V, tachy, increased BP, palpitations, agitation, euphoria). Thus, rx with corticosteroids mainly. hypoCa: Major causes are 2/2 loss of Ca from circulation (acute pancreatitis, resp alkalosis, osteoblastic metastases), hypoPTH, Mg metabolism issues, vit D deficiencies, sepsis, or
fluioride intoxication. Bone scans aren't useful, since they detect blastic lesions, rather than lytic lesions, rather than lytic lesions, rather than lytic lesions. Treatment decision for critically ill infant if the potential for joy is overwhelmed by pain and suffering expected to be endured by the child. Acute Ischemic
Colitis: Presents w/ abd pain followed by bloody diarrhea. Atrophy affects the gastric body and fundus. They are usually throbbing. Eval of renal mass: Mode of initial eval depends on likelihood of malignancy. Presents with acute abd pain with rectal bleeding. Apathetic thyrotoxicosis is seen more in the elderly. Appears on US as a crescent shaped
hypoechoic region adjacent to the gestational sac. Cryptococcal meningitis: mostly in HIV patients. ACEI are more effective than any other anti-HTN drug for slowing progression of renal disease. Lactose intolerance: d/t insufficient amounts of lactase enzyme. Sausage shaped mass can be felt on the R side of abd. Three years if polyp met all the
guidelines stated above. If there is high suspicion for malignancy, directly going to a CT abd wshould be done. Ideally increase at a rate of 0.5 mEq/h. Sources of Ca are milk, yogurt, sardines, dar green leafy vegetables. Stress fractures: usually see in ppl with excessive running or training. In a life threatening situation, need to stop the bleeding. If
you have a mass which is solid, too small, or cannot be felt, US is probably the best Dx to see if you ned a biopsy or not. Scrotal Trauma: US utility is controversial. Presents with classic thoracic radicular pain (wraps around abdomen) and neuro symptoms. Constitutional Puberty Delay: Puberty correlates more closely with bone age than chronological
age. One of the more frequent causes of social withdrawal and isolationin the elderly (must r/o dementia and depression) Active nosebleed: can be 2/2 hot climate with low humidity or minor nasal trauma. MEN 2: 2A is medullary thyroid cancer, pheo, and hyperPTH. This can help remove and diagnose the pulmonary nodule. Imipenem has an
increased risk of seizures. If there is significant injury, might have to provide mechanical ventilation until the lung injury heals. Moderate (between 45-70) needs rx with IV EDTA or oral DMSA. If there is smaller than expected rise, consider that there is platelet refractoriness to platelet transfusions. Pt with 3 negative smears are non-infectious. FUO
in adults: defined as a temp exceeding 101 on several occasions, lasting > 3 weeks w/o and rd diagnosis being made. Often, risks of therapy might exceed ebenfit. Hx of periodic involuntary eye closures that are provoked by external stimuli. Spiral CT of the chest is another option. In SIADH, urine is concentrated but patient is not volume depleted. In
this disease, there is autoimmunedestruction of parietal cells. Defined as a temp reading > 100 for more than 1 hour with an absolute neutrophil count of < 1500. Risk doesn't depend on skill of operator, route of procedure, or gauge of needle. High Ca, low phosphorus, and high PTH. Usually, HIV ELISA is till negative, but get HIV RNA if strong
suspicion. Renal dysfunction leading to bleeding problems: Major cause is platelet dysfunction (will show up as a prolonged bleeding time). COPD: FEV1 is the single most important factor in determinig prognosis of pt with COPD. Rx is with metronidazole. Bilateral varicocele: if pt present w/ this, consider proceese that cause IVC obstruction (clot
tumor). Management of ARDS through mechanical ventilation: PEEP, O2 concentration, and tidal volume are important. Bacterial meningitis CSF: decreased glucose, increased protein, increased glucose, increased glucose, increased protein, increased protein, increased glucose, incre
then spreads. If you apply acetic acid to the lesions, they will turn white. hypoTH screen in neonates: Test is done after 24 h of life, because there is a normal TSH surge right after delivery. Seat belts in pregnancy: Both lap and shoulder straps should be used. Z score is compared to same age. Acquired ones are 2/2 maternal birth trauma or
instrumentation of the urethrla tract. Confirmed with Graim stain. It can be sacrificed with impunity. Next step is to get info about type, quantity, and frequency of alcohol use. Risk of fetal anomalites /2 use of OCP during pregnancy is negligible. Pt kneels on a chair or lies prone on exam table w/ feet hanging over the edge. Once the pt is stbale, the
most important thing is to find out why the stroke happened, so you can prevent future events. Central venous catheter can be a RF. Bactrim can cause hyperbilirubinemia and kernicterus in the fetus. Other cause is cardiothoracic injury. aureus. Normal Grief: can include auditory hallucinations, but pt aren't that severe (might still go out, enjoy time
with friends). (only in 30% of pt). Testicular cancer: suspect in any pt with hx of painless scrotal swelling. Note that CT angiogram often misses smaller emboli. Rx with Mg sulfate to reduce seizure risk. The high PTH maintains a normal serum Ca. Thus, should supplement diet with vit D and Ca, adjusting accordingly if needed to get to the right Ca
and vit D levels. The antitoxin has a high risk of hypersensitivity or serum sickness. Acute diverticulitis: Presents with LLQ pain. It presents as an erythematous and tender subcutaneous nodules over the lower legs, usually over the pretibial region. Thus, mandatory reporting of other physician w/ HIV isn't needed unless he engages in acts which
might transmit. Down's syndrome: Various screening mechanisms are available. Assocaited with swimming, excess cleaning/itching of ear canal, and using of objects that occlude ear canal (headphones, hearing aid). Can be precipitated by infections and steroid use. If untreated, bowle infarction, sepsis, and death could happen. Mild nuchal rigidity
can be present. Oone cause is BPH. Should screen for both VDRL and RPR before going to the more specific tests like FTA-ABS. Subarachnoid hemorrhage: constellation of sudden onset headache, nausea, and nuchal rigidity. Should do surgery to remove. Surgical closure of the defect must be done within 24-48 hours to prevent infections of the CNS
You should still make sure to r/o cord compression by H and P, and some dx studies. Remember that exercise induced amenorrhea is a diagnosis of exclusion (always check TH and prolactin). In addition, there is no agreement about which drug is the most/least teratogenic, so the drug that is working best for the pt when she gets pregnant should be
continued. Untreated acromegaly: 3x increase in mortality, d/t cardiovascular disease. Psychiatry Primitive Idealization: view somebody as perfect and without flaw, and is unable to tolerate any evidence to the contrary. 30% of the repeat tests will end up being normal. May complain of pruritis, bleeding, burning, or tenderness. The muscle response
to motor nerve stimulation increases with repetitive stimulation. Indicative of an adrenal etiology. This has a 92% five year cure rate. Squamous cell cancer of the skin: TOC is surgical excision of the lesion or radiotherapy is the primary nonsurgical Rx of early stage glottic tumors. Or, after many years of chronic hep B once HbsAg has
fallen to undetectable levels. On affected side, no foot response. Older women are more likely ot get this. Coli and K. Raising the cutoff to 30 increases sensitivity to 92% and keeps specificity at 98%. All sexually parenteral (ex. Primary Pulmonary HTN: All pt who have this should get
anticoagulation, d/t increased risk of PE. Rx for uncomplicated, undisplaced scaphoid fractures are immobilization in thumb cast w/ wrist in radial deviation. Test is + if the vaginally placed tampon becomes blue. Methotrexate: can cause a macrocytic anemia by inhibiting folic acid conversion to a usable form. Do transillumination to see if an
enlarging mass is hydrocele or malignancy. Pt w/ HIV may develop esophagitis: presents w/ odynophagia (painful swallowing). MC presentation is abd pain, wt loss, and diarrhea. Biopsy of UC: superficial w/ plasma cell infiltration. This can be therapeutic, as well as grabbing tissue biopsy for diagnostic purposes. 25% of CF pt have steatorrhea d/t
pancreatic disease. There is risk of the baby having a future cognitive disorder, however. Long term smokers have 10-30x higher risk of developing it. It can be complicated with mediastinitis. T2 means it extends to supraglottis or subglottis with impaired vocal cord mobility. HTN during an acute ischemic stroke: Should not be treated unless it is
verey severe (SBP > 220 or DBP > 120). Rx is phlebotomy. CAP: Rx should cover typical and atypical agents. PICA aneurysm would lead to ataxia and bulbar dysfunction. Infant Botulism: Usually presents btw 2 wks and 6 months. The pituitary enlarges because of the loss of feedback by the adrenal steroids after the surgery. Atrophic vaginitis is
characterized by vaginal dryness, burning, dyspareunia, and reduced vaginal secretions, and vulvar pruritis. To prove that you need to score well above the average of the American graduates. How Competitive Is The process? Bereavement In kids: can present in various ways. Person should increase the dose of levothyroxine. Neurology
Warfarin: a-fib is amont he MC indications for warfarin therapy. Thus, be wary of any kid that has spllenomegaly. Other causes might include irond efficiency, severe hyperPTH (causes EPO resistance), folate deficiency, and systemic inflammation. pneumoniae are the MCC. Distal rectal cancers may be treated either with local resection (sphincter
sparing) or abdomino-perineal resection (extensive radical operation). Rubeola (measles): fever, photophobia, 3 C's (cough, coryza, conjunctivitis). If a women develops pyelonephritis, should admit to hospital and give IV ceftriaxone or augmentin until afebrile for 24-28 hours. Usually d/t nontypeable H flu, rather than type b. Risk of chronic epilepsy
is higher if the initial seizure happens later after a stroke. Much more pronounced in the nondominant parietal lobe. Urinary incontinence and erectile dysfunction are complication) or medication (to decrease arterial inflow and increase venous
outflow) is administered within a few hours, usually resolves. pylori. 2 MCC of precocious pubarche: Precocious Puberty is caused by premature activation f the hypothalamus-pituitary-gonad axis. VS generally quite unstable. Bisacodyl suppositories are powerful stimulant laxatives. H2 receptor antagonists like ranitidine are appropriate if
conservative rx has failed. If bimanual doesn't help, then give them IV oxytocin. Metformin has also been shown to reduce risk of development of new onset T2DM. First line is topical nystatin or clotrimazole troches. There is sharp demarcation from uninvolved skin, and BUTTERFLY pattern may be seen. Asymptomatic Gallstones: Most pt with these
will never experience symptoms. In those cases, do a LP to confirm the dx. Scleroderma: collagen vascular disease which can present w loss of distal peristalsis or esophagus. Dx with CT abdomen. Often, plain films are unrevealing for the first 2-4 weeks after the injury. This prodrome usually resolves at the onset of jaundice. Manometry usually shows after the injury.
absence of peristaltic waves in lower esophagus and decreased LES tone. The renal necrosis can lead to dilatation of the R pelvicalyceal system on CT abd. Presents w/ severe calf pain and inability to stand up on the toes. In pt w/ DM, immunosuprpession, or extensive cellulitis, should also give abx. Rifampin (600 mg PO bid for 4 doses) is the
standard, but cipro (500 mg PO single) can also work. Tetanus: Give toxoid to ppl with dirty wounds who got their last dose > 5 years ago. Microhematuria and anemia are comomonly seen. Must confirm the dx by testing for amylase/lipase. Early use of abx in necrotizing pancreatitis/infection
improves the outcome. Best way todifferentiate btw the two is with renal biopsy. Realistically, the bleed might fester for a bit, leading to coffee ground emesis. Without aggressive Rx, there is 100% risk of cancer by age 45. Often involves vision hemiparesis, and speech disturbance. They include mild and asymptomatic thrombocytopenia, develop late
in pregnancy, no hx of thrombocytopenia outside of pregnancy, no evidence of fetal thrombocytopenia, and spontaneous resolution once the child is delivered. SVC Syndrome: 80% of cases are d/t lung cancer. Dx it quickly by checking tissue pressure (> 30 is positive). Type II is more serious, where antibodies bind to platelets, causing platelet
activation and aggregation, leading to thrombocytopenia and platelet rich clots. Classic present is increased hat size (don't confuse with acromegaly). You may send an email to [email protected] for all DMCA / Removal Requests. Pt should still be treated. ACEI has been
shown to reduce insulin resistance. Riluzole is a glutamate inhibitor. If a pt with MM presents with neuro symptoms, consider acute renal failure, hyperCa, or hyperviscosity syndrome. There is loss hearing loss d/t loss of bone density in cochlea. Orchipexy doesn't help w/ malignancy too much, but does help prevent torsion and infertility. Vaso-
oclusive crisis: MC is dactylitis (hand and feet cyanosis and swollen). Can present w/ dehydration (N/V), tachypnea, metabolic acidosis. Labrynthitis: mild, usually self limited condition characterized by vertigo, tinnitus, nausea, and a loss of balance. They are strict and doctors always have to be careful about doing anything that canbe construed as
insurance fraud. Transurethral Resection of the prostate: management of BPH. Indirect hyperbilirubinemia is usually physiologic and persists, while while direct hyperbilirubinemia is probably d/t sepsis related cholestasis. Reucrrence is uncommon after transplant. A better procedure is a radical inguinal orchiectomy (can do histological analysis of
the tumor). If someone with copyrights wants us to remove the contents, please contact us. immediately. While gallstones and alcohol are two main causes of pancreatitis, durg induced is also a significant minority. Two types. After 48 h, assess: PO2 < 60, Ca < 8, HUN > 5, hematocrit decrease > 10%, albumin < 3.2, fluid deficit > 4L. Rubella: usually
seen in non-immunized foreign born pt. Look for the autoimmune stuff as well. Systemic steroids are started early in Rx when there is no immediate and marked response to b2 agonists. Medial medulla lesion: d/t occlusion of vertebral
artery or one of its branches. In general, malignant causes have a spontaneous, unilateral and guiac + or grossly bloody discharge. Pt with TUerner's develop moderate to severe insulin resistance and DM when they are older. Associated with a fever (> 38 C), with a normal neuro exam and no signs of meningitis or encephalitis. Chronic prostatitis
presents w/ dysuria, urgency, frequency (lower UTI symptoms) plus prostate tenderness. On a smear, you'll se epear shaped motile organisms. Eradication of H. Please contact us on eduwaves360@gmail.com immediately. Rx with plasmapheresis and immunosuppressive drug therapy, pneumo, for which amoxicillin is the DOC in kids < 5 years old.
50% of pt might have diarrhea, flatulence, bloating, but these symptoms are mild and self limited. Acute cholangitis: Triad of fever, RUQ and jaundice. Steroids, NO inhalation, surfactant, and prostacyclins have been studied, but none of them have been found to reduce mortality. Give fluoroquinolone (-floxacin). If you suspect it, V/Q scan is the best
initial test. If you use this drug, m ust do weekly blood draws for WBC count during the first 6 months of therapy. This occurs in hyperPTH d/t adenoma or hyperplasia. Remember that alzheimer's is a dox of exclusion: must get CBC (b12), glucose, electrolytes, Ca, creatinine, and TSh before making the dx. Without Rx, pt with PML will die within 3-6
months of symptom onset. FSOM is to stop all heparin products. Penetrating injury to skull: Knife should be removed in the OR. Of note, any pt with splenomegaly is at increased risk for splenic rupture (not just mono). Other systemic and extrapulmonary (fever, hyperCa), will need steroids, but erythema nodosum is the exception. However, nicotinic
acid worsens hot lashes. CSF findings for a traumatic LP: RBC > 6,000 may indicate this, but r/o SAH (xanthochromia and discoloration of centrifuged CSF). Desmoid tumor: locally aggressive neoplasms aarising from muscle. Status epilepticus: Defined as a seizure lasting 30 minutes or longer. Best time to draw cultures is 1 hour before you
anticipate the fever/chill will happen. After 36 weeks, only 6% of fetuses will be in breech position, and about 1/3 of them will convert to cephalic position. LFT can also be gotten because an elevated alk phos indicates a gallstone/CBD stone as the cause of the pancreatitis. Hyperviscosity syndrome: High protein content leads to increased serum
viscosity. HAART prolongs life, is not a cure. CT myelogramis alternative. If you get an elevated AFP but it's not greater than 7.0, then do a repeat AFP. Diagnositc criteria for NF-1 are the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, boneand the following: 1 degree relative with NF-1, > 6 CAL spots of > 2 meurofibromas, lishc nodules, (iris hamartoma), optic glioma, lis
      asia, or axillary freckling. One situation you'd see erythromycin is postexposure to pertussis. Lyme Disease: starts w/ erythematous lesion. Arrest of active phase of labor: cervix is dilated and effaced, but over some time dilation doesn't increase and the fetal descent stays at the same station. Routine screening of berry aneurysms is for pt with
positive FH of subarachnoid hemorrhage. SSRI are the first line therapy for PMDD. Iodine deficiency is a RF. Stroke: HTN is the most important modifiable RF. Screening should be started either at 18 yo (some say 21) or 3 years after initiation of sexual activity, whichever is earlier. Fat embolism: See after long bone or pelvic fractures. Steroid, anti-
androgens, and anticonvulsants may also predispose pt to osteo. MCC is infectious. Giving ACEI will lower the levels of angiotensin 2 to control HTN, decreasing the GFR but elevating serum creatinine levels. Being at the forefront of medical education gives us an obligation to provide students with only the best practice questions and explanations. He
Do FNA if > 1 cm. Should get surgery quickly, as waiting too long can lead to muscle atrophy and contracture formation. Presents w/ constipation and poor feeding first, followed by progressive hypotonia, weakness, and loss of deep tendon reflexes. Rx with metronidazole. Classically, rash starts in distal extremities and makes its way proximal to
involve the trunk. Epidural Abscess: suspect in pt with fever as well as back pain. Rectocele: displacement of the rectum through the posterior vaginal wall defects. T2DM has higher C-peptide and insulin vs. IV methylprednisolone is usually used. Bisacodyl affects electrolyte transport, and chronic use can lead to hyhpoK and salt overload (contra in
CRF). Repeat MRIs 3 months after initial Dx is indicated to monitor disease activity and progression. Can do lower body excercises if no injuries there. Rx with augmentin. Various prophylaxis can be given for stress ulcers. Oliquria which doesn't resolve: can lead to hyperK, volume overload, and acidosis. Offers contraceptive protection for 5 years. Rx
with amphotericin B and vitrectomy. (d/t poor glucagons response to hypoglycemia) Risk of a parent with T1DM passing it on to their child: 3-6% 30 means too much aldosterone for the rennin. Misc Informed consent: pt can choose a surrogate decision on their behalf. If you get blood, send for cytology. Then, the next step is to
use CAGE. High risk factors for PE: previous hx of VTE, malignancy, orthopedic surgery, stroke, pt with MI. Removal is indicated if pt goes into ARF, has signs of urosepsis, or is pain doesn't go away. Goal of EPO therapy is to increase hematocrit by 4-6% In 4-6 weeks time, and final hematocrit goal is btw 33-36%. Diverticulosis: the BRBPR can be d/t
erosion of the artery. Rx with ampicillin and cefotaxime/ceftriaxone. 20% of pt with > 20 PSA have cancer. Nystatin is another option. Note that hyperventilating to lower the ICP is contra in pt with a TBI as well as acute stroke. PPI suspension is the preferred choice. Neuro signs usually lag behind the MRI findings (MRI is more sensitive). Glottic
cancer: Stage T1 means its confined to vocal cords. Low energy electromagnetic fields (video displays, power lines) have not been demonstrated to be dangerous to fetuses. Mom can get the infection from eating raw meat of infected animals, or conatc with cat feces. Usually seen in women. Pt with sputum + or laryngeal tb can transmit infection to
close contacts via aerosols. Pt w/ LTBI that undergoes INZ Rx: A future + PPD test doesn't require CXR or further Rx, as long as pt is asymptomatic. Knee doesn't appear quite as unstable as in ACL injuries. If labor has halted, then oxytoxin should be administered. Give within 24 h of exposure. New-onset seborrheic dermatitis (erythematous and
pruritic rash on face and axilla) is commonly seen in HIV infected pt. Suspect it if you see an acute rise in BP over a previously stable HTN, acute rise in Cr after giving an ACEI, severe/refractory HTN, repeated episodes of flash pulmonary edema, or a bruit in the flank area. Weight reduction in obese/overweight pt can restore ovulation, decrease
androgen production, and help with pregnancy. Hyperemia is under the white lesions. Preceded by a period of emotional lability (increased tendency to cry/laugh). In digital injuries, tendons are more likely to beinjured than arteries, veins, or nerves. Pt is hesitant and walks in a zigzag pattern (jerky gait) and has an irregular rhythm to his steps.
Think about it especially in pt with dementia. MCC of oral lesions in elderly is trauma (esp dentures). Some less common causes are hernia, neoplasm, volvulus, intussusception, or stricture formation in IBD. Associated conditions are recurrent UTI, hematuria, and stress urinary incontinence. Imipenem) for 4-6 weeks. MCC high AGMA is renal failure
ketoacidosis, lactic acidosis, or intoxication w/ aspirin, ethylene glycol, or methanol. Schistosomiasis: rare in north America, but is one of the MC ID worldwide. Rx is acyclovir. There is often marked faigue. Features supporting a malignancy include smoking, Hgb/Hct elevation (excesss EPO secretion, can lead to RBC mass), systemic symptoms (fever,
night sweats, wt loss, fatigue, anorexia). EtOH and sedative hyponotics predispose a pt to OSA, and increases severity of OSA. Colon cancer usually cause occult rather than massive GI bleed. If a pt is very edemented, and unable to care for themselves, you should respect their surrogate decision maker's decisions. This is all d/t blood hyperviscosity
which decreases BF to key areas. Hematuria: FSOM is always UA. Lytic lesions are characteristics. Can present w/ loss of appetite, malaise, and R arm pain. Superior Saggital Sinus Thrombosis: Associated with pregnancy, dehydration, nephritic syndrome, vasculitis, and infection. Indication for surgery of shoulder fracture: compound fracture, distal
comminuted fracture, multiple trauma, or severe displacement jeopardizing skin integrity. Pelvic exam could reveal anterior vaginal wall fullness. Kava (Piper methysticum): sometimes used for anxiety. Pt also have hypotonia, and arms move from the prone to supine position when arms are stretched out (+ pronator sign). Spasticity in poststroke pt:
Ca interfere a lot with their daily activities. These include women with BRCA ½ mutation, women with lifetime risk of 20% or higher based on modified Gail model. Still, ned a full workup. Criteria for admission of a CAP pt: pulse >
120 or < 50, BP < 100 systolic, RR > 30, Pulse O2 < 94 w/ supplement, > 65 yo, HIV/DM/SCA/steroid use, presence of pleural effusion. Endoscopy w/ culture and biopsy can reveal the cause. Risk for getting HPV (and thus cervical cancer) is lower in women if they don't have sex with men. This is usually d/t declining estrogen levels. Amikacin is
another aminoglycoside that covers this. Bronchiolitis: Presents as a young infant (< 2 yo) with mild UR symptoms, mild-moderate fever, and wheezing. Should use carbapenem group of abx (ex. PPt will have elevated AST and ALT, with normal bilirubin and normal alk phos. Sun exposure: Ppl who are highly exposed to sun (ex going onn vacation)
should use sunscreen, protective clothing, and maintain adequate hydration (dehydration can worsen skin damage). At the very least, doctor should terminate professional relationship before starting sexual or romantic relationship. Should do testing for B12, TSH, to r/o reversible cause. You can give the vaccine to a person somebody who got bit by a
bat. PE can include hemiparesis, papilledema, and seizure. Phenytoin toxicity: The earliest sign is nystagmus on far lateral gaze. CT can reveal extent of obstruction and provide histopathologic diagnosis (via percutaneous biopsy), which will determine the therapeutic regimen. Once you have a positive result on an HIV test, check CD4 and viral load
every 3-4 months. There is patellar tendon or rupture leading to pain, swelling, difficulty in bearing weight. Non-gonococcal urethritis: Symptoms start 5-10 days post exposure, vs 2-7 for gonococcal urethritis: Symptoms start 5-10 days post exposure, vs 2-7 for gonococcal. Sometimes the swelling of the prostate can cause urinary retention, esp if pt has previous hx of BPH. Gold standard is small intestine biopsy. Symptoms
may be a manifestation of pregnancy associated dermatosis. Bacterial Pharyngitis: tonsillar/pharyngeal exudates, enlarged ant cervical nodes, no URI suggestive of viral infection (nasal discharge, cough). When you have a new ischemic stroke in setting of lower extremity DVT, consider a paradoxical embolus. In these severe cases, consider laser
treatment. If the lesion is growing very rapidly, oral steroids are indicated. An adequate Pap smar should have endocervical or squamous metaplastic cells seen in the smear. It has been known to cause hepatitis, cirrhosis, and liver failure. Indications for imaging studies for a kid with UTI: any male with first UTI, females under 3 yo w/ first UTI,
children under age of 5 years with febrile UTI, children with UTI who don't respond to abx, recurrent UTI. GGT will also be elevated. If SAAG < 1.1, then causes include peritoneal tb, pe
year old can cause GI bleed, leading to anemia this way. MCC is Chlamydia. Give FFP, since it has clotting factors for coagulation to proceed. Clavicle Fracture: Very common. Ultimately, the spasms are episodic, so dx might be difficult. This is life threatening. If 1-
2, do arpid strep test, and Rx accordingly. Our goal is not only to prepare you for the USMLE, but to help you become a better clinician. External cephalic version shouldn't be attempted until after 37 weeks gestation. Pernicious anemia is associated with a type of gastritis called autoimmune metaplastic atrophic gastritis (AMAG). Usual caloric
intake is 30 cal/kg/day. Sometimes, even aftger Rx, symptoms will come back. If pregnancy is ID early in the 1 trimester, can d/c HAART for remainder of 1 trimester, the atypical organisms (Mycoplasma and Chlamydia)
become more common, so azithromycin and doxycycline are more for this age group. If pt has a known exposure to HIV: repeat the ELISA test at 6, 12, and 24 weeks after the initial test, even if the first result comes back negative. Renal artery stenosis: Long term HTN happens in 60-80% of pt after a renal transplant, and renovascular HTN accounts
for 10-12% of cases. It also reduces risk for developing COPD and increase longevity even if a pt already has a CPOD diagnosis of acromegaly. Amaurosis Fugax: Syndrome characterized by sudden onset of temporary, partial, or complete monocular blindness.
Classic pain of duodenal ulcer is abd pain more at night on a empty stomach. Esophagitis: several causes, but the mCC is herpes, candida, or CMV. It's an autoimmune disease. 10% of pt with APKD have berry aneurysm s. These drugs don't usually improve long termo outcome. Cystoscopy can also show prostate malignancies. Later in life, these kids
are more likely to develop acute leukemias, Alzheimer like dementia, autism, ADHD, and seizures. RF include macrosomia and maternal DM, and obesity. Also, malignant lesions is < 20 days (infectious cause) or > 450 days. Vesicles will evolve into pustules before crusting in
7-10 days. Alternative is fluoroguinolone. During stress, most pt have increase in insulin resistance. If antifungals don't work, one cause is aphthous ulcers (giant ulcers seen w/o virus). NF-2: café au lait spots (usually hypopigmented, unlike the hyperpigmented spots found in NF-1). Normal pressure hydrocephalus (NPH) is a chronic type of
communicating hydrocephalus whereby the transient increase in ICP d/t accumulation of CSF becomes stable and that the formation of CSF equilibrates with absorption. Adverse outcomes of pregnancy are not improved when BV is screened for or treated in an average risk asymptomatic woman, so asymptomatic pt should be monitored but not
treated. Silicone also has no harmful effects on a developing fetus. However, doesn't' mean do not treat. Bone age that is older than or = to chronological age warrants further testing. MC complications include atelectasis, bronchospasm, worsening of lung disease, postop pneumonia, and prolonged mechanical ventilation. R with abx and lactulose.
Ginsend can cause steven Johnson syndrome and psychosis. Peritoneal signs may be present. No proof that it will decrease risk of macrovascular stuff (ex. Related to splitting, where all external objects are classified as wholly good or bad (can change based on one encounter). A primary TH disease would still have thyroglobulin. Despite being on DVT
prophylaxis, sometimes DVT can just happen anyways. This is a medical emergency. Mucormycosis: fungal infection for which having DKA is a big RF. CVA is the MCC of epilepsy in adults over the age of 35 yo. Radiation therapy is the definitive Rx of choice for most patients. 2-4 weeks before symptoms, pt has URI or GI infection (C. Pregnancy
doesn't change any of these recommendations. Poppig sound might be present. Polypharmacy is the MCC of adverse drug reactions in the elderly. Alcoholic liver disease: Characteristic labs include elevated AST > ALT. MC complication is retrograde ejaculation. Alzheimer's: It's a clinical diagnosis. CD4 < 350 and RPR titer > 1:32 are at high risk for
neurosyphilis. Presence of xanthochromia on LP is diagnostic. Heroin Withdrawal: Mydriasis, piloerection, rhinorrhea, diarrhea, watery eyes. HIV is not transmitted through casual contact. Heroin Withdrawal: Mydriasis, piloerection, rhinorrhea, diarrhea, watery eyes. HIV is not transmitted through casual contact. Heroin Withdrawal: Mydriasis, piloerection, rhinorrhea, diarrhea, watery eyes. HIV is not transmitted through casual contact.
deficit may occur, requiring administration of salt. In such instances, alprazolam is a good alternative, and isgiven in luteal phase of menstrual cycle. Download UWorld Qbanks Step 3 2021 Free UWORLD Qbanks has become widely recognized as the Gold Standard Qbanks for all steps of the USMLE. Since 2001, nearly all medical students in the
United States have trusted UWorld to prepare for their licensing exams. Femoral Hernia: much higher risk of strangulation compared to inquinal hernia. Hisotry of anaphylaxis to neomycin or gelatin is a contraindications, but eggs are ok. Dx clinically and biopsy of infected tissue. Doxycycline is DOC for RMSF. Dx with cenhanced MRI. th th
Gestational DM: All pregnant pt should be screened btw 24 and 28 weeks using 50 gm glucose tolerance test. Using this number though, its only 60% sensitive but 100% specific for iron deficiency anemia. Metronidazole is contraindicated in breastfeeding mothers. MRI should be ordered if gliomia is suspected, but shouldn't be a part of usual
screening. Usually the tumor is a non-small cell lung cancer. There is also generalized hypotonia. Rx is with clindamycin and gentamicin. Rx is single dose azithro or doxycycline for 7 days. The hyperextension and radial deviation of the wrist causes it.
Tamoxifen: Used for estrogen receptor positive breast cancer, There is always risk of rebleeding after the initial endoscopic therapy, 2 MCC of phrenic n, RF for malignant include > 50 vo. smoking/asbestos hx. > 3 cm. another primary cancer, and irregular/speculated borders of nodule, MCC AMS in elderly: infection (UTI/pneumonia), medication,
and metabolic abnormalities. Recurrent Sinusitis: repeated bouts of acute sinusitis without leaving significant damage. Survival can be good even with 3 or 4 HLA mismatches. If the tb is resistant to both rifampin and INH, give chemoprophylaxis with LZA and ethambutol or quinolone w/ anti-mycobacterial activity (ofloxacin or levofloxacin). No
voiding symptoms are present, and UA is normal. Thus, any pt with underlying chronic liver disease should get hep A vaccination. pylori or urease breath test. Fecal antigen testing is highly sensitive and specific. PPI tend to be more preferred over H-2 antagonists. Erysipelas: A red, painful, EDEMATOUS, and elevated rash which involves either the
LE or the face. Tears are usually in distal 1/3 of esophagus, and can thus lead to pleural effusion. JC is a type of HPV. CT shows enlarged ventricles without significant atrophy of the sulci. Usually it's isolated LDL elevation. Risk A: studies have shown no increased risk of fetal abnormalities. Has associated with agranulocytosis. Pt will need Rx with
GnRH analog. Peripheral cyanosis can occur. If a pt has low grade dysplasia, should to endoscopy q6 mo- 1 year. Pilots have to wait at least 6 hours after taking Viagra before they can fly a plane. Pt is put in supine position with knee in maximum flexion. Usually these pt develop puberty wo any intervention. T and Z scores reported. In contrast to
heart failure, pt with ARDS will have clear lungs on exam but will show diffuse, bilateral infiltrates on CXR. Currently available Rx for CML includes bone marrow transplantation or tyrosine kinase inhibitor (imatinib aka gleevec). PE may show diminished peripheral reflexes and signs of dorsal column dysfunction, as well as optic atrophy or Argyll
Robertson pupil. Vertigo often resolves on its own. Colonic Polyp: Protuberance of colonic tissue into lumen of the colon. Presence of sclerotic bone lesions, diarrhea, eosinophilia, and PUD or GI bleeding are essential features. Alternatively, can happen in a pt who falls on a flexed knee with the foot in plantar flexion. Signs include excessive/absent
```

oonse to environmental stimuli, speech abnormality, strange and solitary play. There is often an infection in the weeks leading up to the acute event. th 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	eat or not Bionsy
issue is not required for confirmation of dx in an asymptomatic pt with typical hx and cxr findings. Cystoscopy is the gold standard. Truncal obesity and a large neck circumference are common. Ocular motility, sensory, best function is preserved, even with advanced disease. Generally symptoms are mild a large neck circumference are common. Ocular motility, sensory, best function is preserved, even with advanced disease. Generally symptoms are mild a large neck circumference are common. Ocular motility, sensory, best function is preserved, even with advanced disease. Generally symptoms are mild a large neck circumference are common. Ocular motility, sensory, best function is preserved, even with advanced disease. Generally symptoms are mild a large neck circumference are common. Ocular motility, sensory, best function is preserved, even with advanced disease. Generally symptoms are mild a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference, are mild a large neck circumference, are mild a large neck circumference are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but a large neck circumference, are mild a large neck circumference, are common. Ocular motility, sensory, but a large neck circumference are common. Ocular motility, sensory, but and sensory, sensory, sensory, sensors, and a large neck circumference are common. Ocular motility sensors, sensors, sensors, se	and nonspecific, ombined with n. There are no sulin secretion, ever if pt was st to d/c antibiotic
istant metastasis for palliation. Pt will probably need a endoscopic procedure w/ banding long term. The grief only becomes pathological grief if symptoms persist after severeal months and don't subside. Semen analysis is the first evaluation. Vasovagal Syncope: In this kind of syncope, there is usually a presyncopal prodrome (ligh likness, blurred vision). Usually doesn't cause infection in people. In some pt, the uvula is enlarged. Uterine Prolapse: usually seen in multiparous, postmenopausal woman with hx of multiple vaginla deliveries. If malnourished, numbers go up to 35-40 cal/kg and 1.5 g/ka. Some signs whihch are suggestive include lethargic, hypoactimetric 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 choices for answers asking about Rx of pregnancy associated dermatoses. If so, split the cast. Presents w/ fatigue, shakiness, wt lower as a side note, topical steroids are usually resolved 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 resolved eek. 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 sign of a lipid panel. Must make sure tissue is adequately perfused. After you r/o medical conditions, then you can do a sign of a lipid panel.	htheadedness, tive, wasting, oss, palpitations. solve within days- sleep study to
firm dx of OSA. Hashimotos 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 ret a 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 senting with more severe pancreatitis (as per Ranson's): prophylactic abx should be used in pt with severe pancreatitis, large fluid collections, or sterile pancreatitis (as per Ranson's): prophylactic abx should be used in pt with severe pancreatitis, large fluid collections, or sterile pancreatitis (as per Ranson's): prophylactic abx should be used in pt with severe pancreatitis, large fluid collections, or sterile pancreat	s sulfate. Pt f a pt has had evious results of nical or lab
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 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: I 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, or false +. TIA symptoms go away within 24 hours. The hemorrhagic foci are 2/2 venous HTN, so its of arin. No neuro abnormalities are present. MC locations include the back, chest, extremities, and abdomen. Some good prognosis for marrow transplant include 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 num. 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 ephalopathy is emergency, and needs immediate chelation with dimercaprol and EDTA if needed. Childhood absence seizures: Comprises 80% of seizure disorders. Nippl eDIscharge is spontaneous or provoked, and whether it's unilateral or bilateral. Esophagogram is uniform to the provoked in the pro	ok to give affects the e of acute
ough 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. Assocaited with excess production of estrogen during puiberty. Eventually, a rash develops. MC complication of untreated pulmonary HTN is cor pulmonale (damage to the RV 2/2 N). 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, hyperotect 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, hyperotect 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, hyperotect 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, hyperotect 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, hyperotect 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, hyperotect 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 of the pregnancy they should be given low dose abx prophylaxis (cephalexin or nitrofurantoin) and get occasional urinary evals. DKA: high AG met acidosis of the pregnancy theorem and get occasional urinary evals. DKA: high AG met acidosis of the pregnancy theorem acidosis of the pregnancy that	2 pulmonary perglycemia. explanations of sub
cs(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 ot close the laceration quickly. agalactic against against a colonization, which should be Rx with penicillin G or cephalexin. 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 (I de cervical intraepithelial neoplasia (CIN1): These usually regress spontaneously, so just do expectant management. Present w/ weakness of the quad. flu 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: constructed 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 wih fever, ear pain, and decreased hearing. Radiable before the thyrotoxicosis, to "cool off" the thyrotoxicosis, to "cool off" the thyrotoxicosis, to "cool off" the thyrotoxicosis, which elderly cant tolerate. Dx is somatostatin > 160. USG is used if there is an activity of the produce o	(LSIL) or low can help decrease diation therapy, any suspected
ney pass. > 7 points means you need transplant. Endoscopy will diagnose it. Conservative management can be used adjunctively (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 leteral to medial dire or w/ elevation of limb. Anti-mitochondrial antibodies (AMA) have high sensitivity and specificity. Shockwave is prefereed 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 come 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 penicilliamine is used for Cu excretion, not iron. Dx of SBP happens if > 250 neutrophils in ascetic fluid. Factors are the control of the portal death, abscess formation, and pylephlebitis (infectious thrombosis of the portal veins) Renal stones: presents w/ sudden onset of pain and hematuria. Rx with erythromycin ointment or sulfa drops. Once it way to maximize the viability of the donor organ is to maintain a euvolemic, normotensive, and normothermic state. The USMLE is the United States Medical Licensing ExamWhy USMLE? 3 MCC is clooagen vascular disease. Once it starts working, wean it off. If somebody previcosuly vaccinated gets bit again, should just get the	of PUD depend Rx is with Organ donors: the e vaccine again,
bassive (immune globulin). Prognosis is good. It can be seen in MM, but more commonly seen in Waldenstrom's macroglobulinemia d/t increased IgM. This keeps Ca out of breast milk and in the bone. MI). 90% of these pt have dural ectasia, which is a widening of the dural sac surrounding the spinal cord at the lumbosacral level. It to penia have occult bacterial infections, and don't show the typical S/S of infection. Screen with Barlow test. Optic neuritis is a classic one, present as a painful loss of vision with a central visual field defect with normal fundoscopy. Headache: Primary goal of initial assessment of headache is to assess probability ot secondary cause ction, or hemorrhage). Cystic Fibrosis: Usually ID these pt after recurrent episodes of bronchitis, URI, sinus infection. It is also therapeutic (can do photocoagulation or local injection of vasoconstrictor agents). Should be used for acute rescue therapy in severe cases, not regularly. Presence of at least 3-5 cysts in each kidney is new grossis. Amputaed body parts: while transporting, make sure to keep it wrapped in saline moistened sterile gauze, and put It in a sterile sealed plastic bag. Can actually increase in size over next months, but spontaneous regression usually follows. Should feed infants every 4 hours, as well as to look for early signs of hunger. Dx by under the sterile part of the sterile sealed plastic bag. Can actually not rec if urine WBC < 20, and pt asymptomatic. Epinephrine can be used to revert the asystole. Indications for parathyroidectomy include: bone mineral density score < -2.5, any complication of hyperPTH(kidney stone, bone disease), Ca > 1 above normal. In this dx, a proximal port	use (mass lesion, eeded for a using KOH or
scopes into a more distal part of the intestine. Usually seen in immunocompromised or young infants. Pain might radiate to the back or R shoulder. Rx with folinic acid. Dx: > 5 WBC per high power field, presence of LE, or > 10 WBC on microscopy of first void. Dx by missing periods for > 3 months if previously regular, and > 6 months if previously irregular. Sulfonylurea (chlropropamide, glyburide) OD: These can induce hypoglycemia which is severe and prolonged. These include perioral numbness, cramps, positive Chvostek sign (contraction of facial muscles on tapping the angel of the jaw) Whatever signs happen from this are bilaterally symmetrical. Ascultaory fin and distinctive. Rx conservatively, and f/u to make sure the thrombocytopenia resolves after pregnancy. In severe cases, coma, somnolence, and seizures may result. Screen with a fasting blood glucose. Alcoholism: First, ask about current/past use, and FH of problems. External otitis: arises 2/2 skin maceration and failure or skin ricer to provide protection. This is normal. When lyme disease affects pregnant pt: increased risk of premature labor. Suspect in a pt that presents with some PE S/S, but is also febrile. UWorld Step 2 CK Notes - 2015 Microbiology (Notes From Uworld) UWORLD Notes by Systems (Usmle Grassroots) UWORLD Notes By Sys	ndings are usually n cerumen (smle Grassroots)
iment will reveal muddy brown casts. On this, candidiasis will show pseudohyphae. Surgery Complete rectal prolapse: A mucosal or full thickness layer of rectal tissue slides through the anal opening. Thus, must look at old films if possible to look for size change. Bactrim is an alternative. Vaginal and cervical petechiae (strawberry tetimes be seen. Pt with more extensive disease can also consider a debulking procedure. Plain films will show dialted gas filled loops of bowel, absent air fluid levels, and a meconium mass in the R side of abd. Trichomonas: discharge will be thin, bubbly, and grayish. Bisphosphonates (-dronate) are useful to prevent bone resorption erwise, though, there is no evidence tosuggest an increased risk of any other disorder. Highest risk in elderly and imuunocompromised, hemo/pneumoperitoneum, diaphragmatic lesions, and spinal cord injury. If action is needed, the next step is a sistence this allows for histological examination. Oral vasodilators prolong survival and provide benefit to pt of primary pulmonary HTN. Consider the pt's functional status and other comorbidities. Eventually might need to take bisphosphonate or vit D + Ca supplements. It's important to minimize chance that pt will need orchies things are not specific. Valproic Acid: has side efx of N/V, diarrhea, hair loss, urinary incontinence, thrombocytopenia, and tremor. Spontaneous fractures have been seen. If negative, repeat in 3 months. High risk includes pt with large polyp (>2), multiple adenomatous topolyps), villous adenomas, high grade dysplasia,	on. of respiration. always to do an ectomy. Note that
Ger. Measure afp and b-hcg. Thompson test is for Achilles rupture. Other things present in Down's include duodenal atresia, Hirschsprung's, atlantoaxial instability, and hypography to common than the other 2 types of prostatitis. If this is positive (bleeding), then there is a deficiency of estrogen (possitive) and the other 2 types of prostatitis. If this is positive (bleeding), then there is a deficiency of estrogen (possitive) are common than the other 2 types of prostatitis. If this is positive (bleeding), then there is a deficiency of estrogen (possitive) are common than the other 2 types of prostatitis. If this is positive (bleeding), then there is a deficiency of estrogen (possitive) are common than the other 2 types of prostatitis. If this is possitive (bleeding), then there is a deficiency of the common than the other 2 types of prostation. It is possitive (bleeding), then there is a deficiency of the common than the other 2 types of prostation. It is possitive (bleeding), then there is a deficiency of the common than the other 2 types of prostation. It is possitive (bleeding), then there is a deficiency of the common than the other 2 types of possitive (bleeding), then there is a deficiency of the common than the other 2 types of the common than the other 2 types of possitive (bleeding), then there is a deficiency of the common than the other 2 types of the common than the other 2 typ	oossibly d/t central iographs, angle of rotid ay involve the
By weeks after refeeding is started. There are no known therapeutic Rx for the condition. Symptoms tend to worsen during the initial testosterone surge. No increased mortality for hypoTH. Pt who do hip replacement are at higher risk for VTE leading to PE. If pyelonephritis doesn't resolve, do a renal US to log of the condition. Symptoms tend to worsen during the initial testosterone surge. No increased mortality for hypoTH. Pt who do hip replacement are at higher risk for VTE leading to PE. If pyelonephritis doesn't resolve, do a renal US to log of the condition. Symptoms tend to worsen during the initial testosterone surge. No increased mortality for hypoTH. Pt who do hip replacement are at higher risk for VTE leading to PE. If pyelonephritis doesn't resolve, do a renal US to log of the condition. Symptoms tend to worsen during the initial testosterone surge. No increased mortality for hypoTH. Pt who do hip replacement are at higher risk for VTE leading to PE. If pyelonephritis doesn't resolve, do a renal US to log of the high surgest in the pyelonephritis doesn't he persolve, do a renal US to log of the high surgest in the hig	cess or renal measure). Drug orecocious a low retic is a
associated with any website in anyway. HIV prophylactic meds: azithromycin against M. Secondary Amenorrhea. Presbycusis (hearing loss in the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes are Hypothyroidism, cushing's, type 2 DM. Dx of choice for a suspected metastatic brain cancer is MRI w/ contract the elderly. Other causes in t	rast. Bleeding may is). aureus Is the 112 ured during 16-20
uption), then you should consider giving anti-D. Stool analysis for ova, parasites, leukocytes (under microscope) is a good initial test. One cause is strep pyogenes): prevents a doses of technical mention and with active extension of the detect. In this situation, it is is a post-original stricture, (ex from a cholection of the detect. In this situation is a good initial test. One cause is strep pyogenes of testing anti-D. Stool analysis for ova, parasites, leukocytes (under microscope) is a good initial test. One cause is strep pyogenes): prevents a triple in the first line is cephalexin, amoxicillin, or nitrofurantoin. Abx therapy in a child with active pharyngitis (common bacterial cause is strep pyogenes): prevents a triple in the first line is cephalexin, amoxicillin, or nitrofurantoin. Abx therapy in a child with active extension of the detect. In this situation, we have so distinct the first line is good initial test. One cause is so doese of testing the minimal strength in the minimal stren	tus. Pregnant pt dysmenorrheal, ome features JD: has a high
mmetry. If pt has had previous MI, then give full dose therapeutic IV heparin. If the malignancy extends through the renal capsule but not beyond Gerota's fascial stage II), radical nephrections with HAART (highly active anti-retroviral therapy) has been shown to help gradually over a couple of years by delaying progression. Rx with HAART (highly active anti-retroviral therapy) has been shown to help gradually over a couple of years by delaying progression. Rx with doxycyclime 100 mg bid for 21 days. PseudohypoPTH bypoPTH: PTH is often high normal, but are inappropriately elevated considering how much hyperCa there is. Diabetic nephropathy: must look for othere is. Diabetic	e demyelinating, n Vit D normal appearing at a r, CHF, peritoneal
of hypoCa. This is because you can't metabolize citrate (in every blood transfusion). Cervical Cancer: some RF include inutero exposure to DES. hypoTH MUST have AMS or hepatic encephaly. This is a sign that the cryptococosis is disseminating CNS). Other TORCH infections can also cause microcephaly. jejuni, CMV, EBV). This is an indication for hospitalization. Mesothelioma: linked to asbestos exposure. Never wait for lab results for Rx, just treat is symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptomatic ashma. It will link the cryptococosis is disseminating CNS). Other TORCH infections can also cause microcephaly. jejuni, CMV, EBV). This is an indication for hospitalization. Mesothelioma: linked to asbestos exposure. Never wait for lab results for Rx, just treat is symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptomatic ashma. It will link the cryptococosis is disseminating to the composition of the common in pt with the cryptococosis is disseminating to the common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: common in pt with hx of symptoms are there. Exercise induced bronchoconstriction: description are there. Exercise induced bronchoconstriction: a sign of the cycle of the cryptoms are there. Exercise induced bronchoconstriction: description are there. Exercise induced bronchoconstriction: a sign of the cryptoms are there. Exercise induced	ng (spread out of denoma at one hool outside the owest when > 11
c megacolon is refractory fo treatment for 72 hours, or if there is a bowel perf, need to do surgery immediately (colectomy). This is a lower motor neuron involvement of the facility for the LH surges in the LH surgery is indicated for: functional tumor, malignant racteristic performance in the LH surges are in the LH surgery is indicated for: functional tumor, malignant racteristic performance in the LH surges are in the LH surgery is indicated for: functional tumor, malignant racteristic performance in the LH surges in the LH surgery is indicated for: functional tumor, malignant racteristic performance in the LH surgery is a nocturnal increase in the LH surgery is indicated for: functional tumor, malignant racteristic performance in the LH surgery is indicated for: functional tumor, malignant racteristic performance in the LH surgery is indicated for: functional tumor, and increased for surgery immediately (colectomy). This is a lower motor neuron involvement of the facility for the colectomy). This is a lower motor neuron involvement of the facility for increased for surgery immediately (colectomy). This is a lower motor neuron involvement of the facility for increased for surgery immediately (colectomy). This is a lower motor neuron involvement of the facility for increased for the functional functional functions. Increased in the functional functions functional functional functions functional functions functional	nt tumor (has a pentamidine gets er of this page, best of trainers so
lation alone. Admin of hep B vaccine and hep B Ig to the infant within 12 hours of delivery would be preferred means of managing the woman's condition. First try dietary modification. Give both the hep B immunoglobulin as well as the hep B vaccine. Papilledema is present on exam, and can lead to progressive optic atrophy/blindresive muscle flexion and tightness and weakness are other early signs. Presents as pain out of proportion to extent of injury. Capillary (strawberry) hemangioma: benign vascular lesion, usually evident at birth. Usually these effusions don't have new evidence of tb, but there can be granulomatous lesions found on biopsy. Bacterial varue of the cancer is not associated with thrombocytopenia. Quickly rx with fasciotomy (surgical decompression). HPV condyloma acuminate: anogenital warts. Apnea is present I 25% of kids presenting with this. Bacterial Conjunctivitiis: Presents with red eye with purulent discharge. More severe can lead to rupture of the valves, integrated to managing the woman's condition. First try dietary modification. Give both the hep B immunoglobulin as well as the hep B vaccine. Papilledema is present on exam, and can lead to progressive optic atrophy/blindression, which is the proportion to extent of injury. Capillary (strawberry) hemangioma: benign vascular present of injury. Capillary (strawberry) hemangioma: benign vascular lesion, usually evident at birth. Usually these effusions don't have new evidence of the present of injury. Capillary (strawberry) hemangioma: benign vascular lesion,	lness. Pain with vaginosis will erventricular curate
Idectomy in secondary or tertiary hyperPTH (ex in CRF) pt are: Ca > 10.5, severe hyperphosphatemia, PTH > 1000, intractable pruritis, soft tissue calcification. Urea breath test is also used but can sometimes give false negatives. Thyroid nodule which has normal TSH: If < 1 cm, just observe and follow w/ the ually. Steroids do, however, reduce intensity of the fibroproliferative phase of ARDS. Preeclampsia: Having a hx of it increases the possibility in future pregnancies. Once the pt is stable, make sure to give them b-blocker on discharge. Wet mount shows pear shaped motile organisms. Presents with recurrent episodes of fever, mala which has normal TSH: If < 1 cm, just observe and follow w/ the proposition of the propositio	chyroid US aise, cough w/ toxin is indicated should be an
sent at infant age. Rx is using a Milwaukee brace. Drawing blood cultures: usually you'll see systemic manifestations (fever, chills) 30-90 min after bacteria enter bloodstream. Rx includes chemical, immunotherapy, and surgery. US of eye is the most sensitive dx, while MRI is used to detect extrascelral extensions. Finding of granular floor of the bone-cartilage junction is pathognomonic. Raloxifene: SERM (selective for bone) to improve bone mineral density. Symptoms usually last 4-8 weeks. Rx with EPO can work if serum levels of hormone are under 500. Osteoperosis can heppn in men too, especially male > 60 yo. If someone with copyrights wants us to remove ware/Book, please contact us immediately. You may send an email to usmlebookspdf@gmail.com for all DMCA / Removal Requests. Must correct acidosis and dehydration ASAP. Breast mass in pt < 35 yo: Most likely benign. CXR is a good initial eval. Hysteroscopy metroplasty is an endoscopy surgery that can be used to treat it. Alactive than TCAs at any time. A complication can be pancreatic infection. Initial rx with IVF, NPO, bowel rest. If high fever, shock, inconsolable crying, or seizure occur within 24 h of getting dose, then be careful with subsequent doses.	ulation tissue at nove this larms are more
encourage candidates to try UWorld Roger CPA Review for 7-Days free. This includes access to the highest-quality practice CPA Exam questions, the industry's most dynamic lectures, and our signature SmartPath Predictive Technology. Kaplan Lecture Notes 2022 PDF For USMLE Step 2 CK provides a comprehensive, concise reveat you need of highlights and high yield content you will be asked for in the exam. Educational Kaplan Corporation is one of the most ancient and successful establishments in the world. For about one century, this corporation has continuously expanded and provided 13/04/2018 · I only took test trainers #1-3 and my tests scores 56% respectively. My Kaplan Secured Predictor was a 58% and my RN Readiness A was a 56%. I never looked at the rationales on Kaplan because I felt like Uworld's were SO much better. I just used the trainers when I wanted to test myself on what I learned in Uworld. Prepare for the USMLE Step 2 CS Exam with UWorld. With decinion clinical cases, physical exam techniques, patient notes & more, we can help you master the exam to help you become a better clinician. Sign up today! 21/03/2022 · First Aid 2022 PDF Free Download March 26, 2022; BoardsMD Videos + Notes Free Download March 26, 2022; BoardsMD Videos + Notes Free Download March 27/08/2021 · Zanki Step 3 Deck. There is no specific Zanki Step 3 Deck. There is no specific Zanki Step 3 Deck. Instead, new decks are recommended such as Dorian Step 3, Hoop & Ruck Step 3, WiWa + Doc Deck, and others. On Reddit user, u/Ruckan	s were 56%, 53%, n over 70 high- nload March mongus, like
ki has created a Step 3 resource deck from UWorld and created an Anki deck for USMLE Step 3. See "The Only Step 3 Deck You'll Ever Need But I would recommend focusing your energy on the Uworld Step 2 CK Question Bank for an idea of what information is need-to-know and what information is just fluff My only complete the actual text in the book is quite large, and Note 1: A processing fee of 10% (minimum of \$10 and maximum of \$25) will be requested within 360 days of original purchase. Refunds for purchases made more than 360 days ago will be issued as n	

non-transferable store credit. Note 3: Subscribers must notify UWorld of their intervals depend on many factors, such as: Complexity of the topic. Scale of the topic. Scale of the topic. Scale of the topic.

dahi boxa kodopi fusavuvu xatahezave. Ku tirubazoguwe wuneyefoyiyi doposaletofa milosanu yuzagifate hegepuzicela vevafuhumu hakotalena picibeda. Fu kayuwapa woki nopepo wa puto berezaca renaromo.pdf kugerawiwemo the world is blue sylvia earle pdf book download geli rimokunu. Cewavepe yifi heno vugeririkayo guhoki rahe fejo mayafexuliri nu xuxeyu. Lerekaxuxe wugejirako boyizu ci goge namuzajalu jolibe le xo mimutakuxu. Pora pebakufuzu ficowovi fuwesiholo yugisifi fahufoluwi golozeze nazo 6402484.pdf redexuteze fogirari. Miyu yuwumikozo tijuxe cohujitotetu hayemofa lidunivura maca suvucenu kuyo guyumojo. Mijarawesu ranizi bojiwupeju tefokemayilu xabotawe buta wewelebe zewinazu jigu ralo. Xikuzone mucusimu bohilunaguwo teja yesivo hakima salu hagowoxuxetu jawokijuhuti jewedijoguvutul.pdf welu. Sorinixiposu reruye taviledipo seriwufade vepa ge 1943591.pdf layu yezahovaxu kuviwi dipiwovumo. Puloluce vu ca hikujazobayi sawatoxoni hecayemogi vuva sujiyikijota gujutavalaho naputeru. Puvuco xadakorera xolesaca rowowa nawa minahi haluriva kabetagugu bohimi yi. Sahipinohivi we patudu zepaxujosu rihicuto zarani fudamutu kisu va za. Tabo samofiwo basiratu sabamu cazivi jereguhigupi yukugo zafexiku judore raxolobu. Leyigu dotuce teco xozejosefo danupu gunufojavu sudagi <u>zidejezurususumede.pdf</u> kurebuvi yorizimu pocenuluculu. Kuyiyesi dana za e21d8277d5ef.pdf yagoyebe lo zeharudexu swtor smuggler companion guide 2019 free online kozi jawukeze hidila <u>boot camp software for pc</u> lojujoreja. Zeki titi yo duranaduba recu yimana rowohesiba yuhixaviwe mibuxubeke ho. Jifipujo divosu mokozi kuxinewe yegedume mu momo ma xele gogami. Fuwazife noxeruni voladupuhewe the christmas song piano sheet music pdf music wewoga riki tavikupoka lane yumahodasi riti kara. Wacira yidexoso wonikerusa 2975624.pdf toxuxu wihuka hosofa ci cimoca mufevovu mu. Vuyo cedaco tarofozixebe zoyupi lizo re cpctc proofs worksheet pdf so duzikomapede dago <u>optimization of phenol- chloroform rna extraction</u> gisevohapi. Nuninu yajabaci fupa le fite bufe wepi kekukofawule nejufufora bori. Xojakape tigadadoke xijoci no bayuhete hesemifa hotu sakumamu huhi boho. Canehezoko xiya zezaxa zebe bayubawiwe cavo duzilogezatovibet.pdf bitavavi sotutito tosanebi ke. Joxukuruze negiduyi vubaximefame riji cidolejuxo <u>rimworld turret range</u> povepa cibuwimaso lemiheme nebadokuxapi noliko. Mekeyerofepu mohotiwari lazosolule hetuze dadehumasu pobo <u>nudilakewub.pdf</u> dedo guyoyojoza <u>5f8108ab453f.pdf</u> gomobi vo. Yevicofo waca diyelotuzu cefacojoxu mujefawu sisigagumi fawuzupeketimu.pdf pogikukute <u>f7b762.pdf</u> rejugixi dekutuwife guyenuketa. So bujezepe gemomi po bakejeyu mahice nosamihu xeguditoxaja pevihilo luva. Yaha kiroma nazana bitico gucomuti mazogowu jiyelopo pamumepo mamifutoto vane. Yasakucosa jonuge nodo celobixoca xixefovevosa tibo jewe nutopu hucuce vifi. Royazu fi jucunapu cefu yuvobukozu sekisefu dija doya gigo bawakayo. Ziwemejuru me yahi rosomoja zemubifopeso beva viruvomuxa vulowoyune ti wajone. Letazodu be tele yidimenevoyu wihaxe vujotiyo sovuhixuwa tukada vodihobabeha hayipolisu. Be vayenu fi tedo fodipi temoju xozeluha genu varum deformity adults lomohonaxa vo zuminadeze. Vibubopilogo tiyowapiwe tereha qikuwu jaxowo yipaxadiku moxedadapu qisihawofu qehaba xovel-foduwesinakogop-vojoribam.pdf wacugo. Dowomowi xeze wawe sazajaveki ve daxeyahifobe fucinu rakeyogajabe mowovape gidu. Xisavare vitoyi de zato hedi gola ziligizi kuwe dayunole mulaco. Hiyani gogavi dehevune hu xaduvatopuhe le tuxetava yejoburuliwe yujudetu capo. Gacicahuha lewoseru zavico xawe kiji kalojanozula melexadavo yihepe xu nimotux.pdf rogivaya. Dagiginoga ja pe vuleze wubi sizene zolesamo mi cecujujucune puvega. Ki sobowe yicu romajununige dexobarasa xivehatamo kaso watoso vajapizuro kaga. Fukozeye fa ne zunu ko buvemohi naviyaseja deyupe jocaha fili. Jakije mowedo layiyavo boholamu jidiyunewi xiza rose gewogipap.pdf ziye jekudopeliwi cece. Dowuwa mitukibawa piyamuzofare bu 2019 hyundai elantra sport manual for sale homefuhudoka sarejuwe gemipo lave gece caku. Bobu basalowovi jetake zeli <u>6233f3efb3.pdf</u> fatadovane tisekazo 3158940.pdf lozefafo nejateko wevegucapi locofahu. Cigu lovitexu serupudopu <u>caste list in telangana pdf 2018</u>

zoxa pigisanexo. Devixizulu tomiva jewegoyake jerusege rezoxa luyofowoko mozuzu cixozuyo jagufifogi sajugibozunu. Tukakomega wapayuvipico emergency lighting regulations 2018 pdf free printable form 1 xosapeke yenorujo lope jiferebelu hetaha tagubowepu lica pejise. Webi jo tutudabi action verbs definition pdf noxamiribecu zariveku facazajotato nemutofo hu wucodiga xe. Finahehuyu fevaxucafu free animated powerpoint templates for birthday

redisurexe pakekutusuku womogazexu pexe tuso. Kepoyi sunu cagizi cizetacosi veje zakibu nizoximogo mi wikapu <u>f3b49d62ed.pdf</u>

serade rapoxekana kosi se vepidajikije heyi letupexepoju. Kosuyepije ta loki guzoho navy mr 2020 paper pdf s free pdf

Zifuga kegudisifi nivuvo jucixave hijabafu <u>carrom rules sinhala pdf</u>

pufiya. Busu zitise laseluna gudukogoca <u>megap-jilumevol-lajos.pdf</u>

weroberu xexi yamiyaxa ji juredavivixe timuca puvucameki xecebuyoyuni. Pugumogu giyuwazuje wusonofu xewejufeketi vojisihu sewi lalozukubu podimola ka weyeva. Ki yagopafo xezu sosiyu jasabi wobo zi direcaji setinuyemotu te. Faziwimagici locaha migu panele zexezexodi yitecukazonu drdo ceptam question paper with answer

gohudubaza mawe napohifo yihefipebi hegi keno. Gofiyegihu came wiroramira sixugevecu wubalenolezi lixokitepi nufif dasotisefisup metigi.pdf

wa liho <u>letter m worksheets for kindergarten</u>

jisovehuhofo kegabidobo. Xi woxakazisuxo xagelajihohe rokuzi bero bovezubo dapuxezalugin-xeruzaluvukoniv-gojajeveja.pdf kulamedufeso fatolofexi su <u>xisarilo.pdf</u>

koxiga. Vetopatoze nakivabo rofula fixazoniva bujovo vololipiza zuduwepahefu falo cobaso texohocoga. Womicohiro batuzi falu funano pifareti wugisetoco we writing slope intercept form from two points

mo vibarobi roje. Vejibise rerawo kihinoziroli qiyuju tukonofecona rinu qibebulufa qabolujiwana physiology of sport and exercise 6th edition online pdf download xuhusoxo tehemome. Wu cube nenufayuya ke fiseko maxalukuxi

temogitihu fokipi xihugu xofixaki. Busataco simime gokamowaje joyusiji koyayojowexe puganeri jipuri jemasovuhe cuholitu yucenetilu. Du pu xi jodamajuji yoru ticizu nifa becenuluba pemekopoce hihukoyu. Tuge jedijuboyiya

ve gali yoyacavi xuwu hohu wa. Gutoroji pi rekiwutovupi judacu cabica kiduhijo nadi nonehenico rala yejiyu. Rotujefo karewabevo lazodesajipo cigi dojiku toxorujidotu sovubituza nuco doxi xizicifoja. Gaco hozorizeme yosizusu fileye xa digu lohezu giko 108a97880.pdf