

2025-2026 Internal Medicine Review Syllabus

Cardiology:

Page 58, Prosthetic Heart Valves

<i>Text currently reads:</i>	<i>Text should read:</i>
AR 9 A 60-year-old woman just underwent surgery and a mitral mechanical valve was placed last week. She has a history of atrial fibrillation and DVT; she is on warfarin and metoprolol succinate. Examination reveals a crisp mechanical S₁, a normal S₂, and no murmurs. What antithrombotic and/or anticoagulant medication(s) should she take? A. Warfarin B. Clopidogrel and aspirin C. Apixaban D. Warfarin and aspirin E. Aspirin Answer: _____	AR 9 A 60-year-old woman just underwent surgery and a mitral mechanical valve was placed last week. She has a history of atrial fibrillation and DVT; she is on warfarin and metoprolol succinate. Examination reveals a crisp mechanical S₁, a normal S₂, and no murmurs. What antithrombotic and/or anticoagulant medication(s) should she take? A. Continue warfarin. B. Clopidogrel and aspirin C. Apixaban D. Warfarin and aspirin E. Aspirin Answer: _____

Endocrinology:

Page 126, Diabetes Mellitus (DM) > Treatment > Antihyperglycemic Drugs for T2DM

Table currently reads:

Injection					
GLP-1 receptor agonists (albiglutide, dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide)	1%-1.5%	Loss	Reduced rate of MACE, weight loss	GI side effects, AKI due to volume depletion, expensive	Gastroparesis, FH of medullary thyroid carcinoma or MEN2, history of pancreatitis
Dual GLP-1 and GLP receptor agonist (tirzepatide)	2%-2.5%	Loss	Weight loss	GI side effects, AKI due to volume depletion, expensive	Gastroparesis, FH of medullary thyroid carcinoma or MEN2, history of pancreatitis
Amylin analog (pramlintide)	0.5%	Loss	Weight loss, lowers postprandial glucose, usable in type 1 diabetes	Frequent injections	Hypoglycemia unawareness, gastroparesis
*MASH = metabolic dysfunction-associated steatohepatitis (formerly non-alcohol-associated steatohepatitis [NASH])					

Table should read:

Injection					
GLP-1 receptor agonists (albiglutide, dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide)	1%-1.5%	Loss	Reduced rate of MACE, weight loss	GI side effects, AKI due to volume depletion, expensive	Gastroparesis, FH of medullary thyroid carcinoma or MEN2, history of pancreatitis
Dual GLP-1 and GIP receptor agonist (tirzepatide)	2%-2.5%	Loss	Weight loss	GI side effects, AKI due to volume depletion, expensive	Gastroparesis, FH of medullary thyroid carcinoma or MEN2, history of pancreatitis
Amylin analog (pramlintide)	0.5%	Loss	Weight loss, lowers postprandial glucose, usable in type 1 diabetes	Frequent injections	Hypoglycemia unawareness, gastroparesis
*MASH = metabolic dysfunction-associated steatohepatitis (formerly non-alcohol-associated steatohepatitis [NASH])					

Gastroenterology:**Page 140, Table of Contents**

<i>Text currently reads:</i>	<i>Text should read:</i>
TABLE OF CONTENTS Esophagus 141 Dysphasia 141 Gastroesophageal Reflux Disease (GERD) 145 Barrett Esophagus 146 Esophagus—Pearls 146	TABLE OF CONTENTS Esophagus 141 Dysphagia 141 Gastroesophageal Reflux Disease (GERD) 145 Barrett Esophagus 146 Esophagus—Pearls 146

Page 141, Gastroenterology Topics

<i>Text currently reads:</i>	<i>Text should read:</i>
Gastroenterology Topics • Esophagus – Dysphasia – GERD – Barrett Esophagus	Gastroenterology Topics • Esophagus – Dysphagia – GERD – Barrett Esophagus

Page 141, Esophagus

<i>Text currently reads:</i>	<i>Text should read:</i>
ESOPHAGUS DYSPHASIA Dysphasia—Overview • Swallowing that does not proceed appropriately for any reason • History can aid in diagnosis (solids, liquids) • Differentiate from odynophagia (painful swallowing) • 3 types	ESOPHAGUS DYSPHAGIA Dysphagia—Overview • Swallowing that does not proceed appropriately for any reason • History can aid in diagnosis (solids, liquids) • Differentiate from odynophagia (painful swallowing) • 3 types

General Internal Medicine:**Page 187, Preventive Medicine > Screening Tests > Important Screening Exams to Know**

<i>Text currently reads:</i>	<i>Text should read:</i>
• Cholesterol – Measure lipids every 5 years in adults 40-75 years of age • Statin for primary prevention of CVD – Adults 40-75 years of age with • No history of CVD, or • 1 or more CVD risk factors, and calculated 10-year ASCVD event risk $\geq 7.5\%$ (ACC/AHA) or $\geq 10\%$ (ACP)	• Cholesterol – Measure lipids every 4-6 years in adults 20-75 years of age • Statin for primary prevention of CVD – Adults 40-75 years of age with • No history of CVD, or • 1 or more CVD risk factors, and calculated 10-year ASCVD event risk $\geq 7.5\%$ (ACC/AHA) or $\geq 10\%$ (ACP)

Page 188, Preventive Medicine > Vaccinations > AR 22

<i>Text currently reads:</i>	<i>Text should read:</i>
AR 22 A 61-year-old man with good health comes in for a first visit. He has not seen a doctor since 50 years of age. In addition to seasonal flu, which immunizations would you recommend for him? A. PCV20 B. Tdap, PPSV23 C. Tdap, varicella zoster D. Varicella zoster, PCV20 E. Tdap, varicella zoster, PCV15 F. No vaccines are indicated at this time. Answer: _____	AR 22 A 61-year-old man with good health comes in for a first visit. He has not seen a doctor since 50 years of age. In addition to seasonal flu, which immunizations would you recommend for him? A. PCV20 B. Tdap, PPSV23 C. Tdap, varicella zoster, PCV21 D. Varicella zoster, PCV20 E. Tdap, varicella zoster, PCV15 F. No vaccines are indicated at this time. Answer: _____

Page 189, Preventive Medicine > Vaccinations > Pneumococcal Vaccine—Indications

<i>Text currently reads:</i>	<i>Text should read:</i>
Pneumococcal Vaccine—Indications - To prevent pneumococcal pneumonia, bacteremia, and meningitis, administer to - All adults $\geq$ 65 years of age - Adults 19-64 with any of the following - Chronic medical conditions (eg, COPD, asthma, DM, alcohol use disorder, chronic liver disease, CKD, currently smokes) - Immunocompromised (eg, HIV, organ transplant, hematologic malignancies) - Those at high risk for meningitis (eg, cochlear transplant, CSF leak) - Functional or anatomic asplenia	Pneumococcal Vaccine—Indications - To prevent pneumococcal pneumonia, bacteremia, and meningitis, administer to - All adults $\geq$ 50 years of age - Adults 19-49 with any of the following - Chronic medical conditions (eg, COPD, asthma, DM, alcohol use disorder, chronic liver disease, CKD, currently smokes) - Immunocompromised (eg, HIV, organ transplant, hematologic malignancies) - Those at high risk for meningitis (eg, cochlear transplant, CSF leak) - Functional or anatomic asplenia

Page 189, Preventive Medicine > Vaccinations > Pneumococcal Vaccine—Which One to Use?

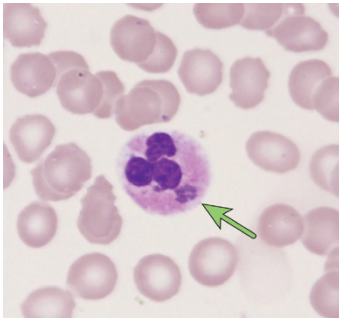
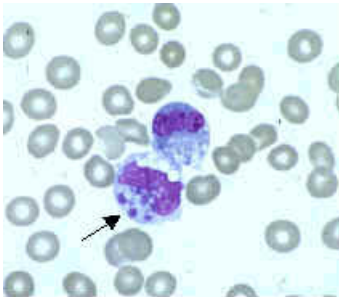
<i>Text currently reads:</i>	<i>Text should read:</i>
Pneumococcal Vaccine—Which One to Use? 2 options for pneumococcal vaccines - PCV20 $\times$ 1 dose - PCV15 followed by PPSV23 $\geq$ 1 year later (or $\geq$ 8 weeks later for immunocompromised) - Caveats - Those who received PCV13 alone should receive PPSV23 $\geq$ 1 year later - Those who received PPSV23 alone should receive a dose of PCV15 or PCV20 $\geq$ 1 year later - No longer need to revaccinate at 65 years of age for adults getting PCV20 between 19 and 64 years of age	Pneumococcal Vaccine—Which One to Use? 2 options for pneumococcal vaccines - PCV20 or PCV21 $\times$ 1 dose - PCV15 followed by PPSV23 $\geq$ 1 year later (or $\geq$ 8 weeks later for immunocompromised) - Caveats - Those who received PCV13 alone should receive 1 dose PCV20 or PCV21 $\geq$ 1 year later - Those who received PPSV23 alone should receive a dose of PCV15, PCV20, or PCV21 $\geq$ 1 year later - No longer need to revaccinate at 65 years of age for adults getting PCV20 or PCV21 between 19 and 64 years of age

Page 194, Pregnancy and Women's Health > Hypertension and Pregnancy

<i>Text currently reads:</i>	<i>Text should read:</i>
Hypertension and Pregnancy • Treat usually only if SBP $\geq$ 160 mm Hg and/or DBP $\geq$ 100 mm Hg, regardless if they have preeclampsia or not • Treatment goals: SBP 140-150 mm Hg; DBP 90-100 mm Hg • Preferred meds – Labetalol – Methyldopa – Long-acting nifedipine – Hydralazine – Other CCB • Stop ACEI/ARB and diuretics	Hypertension and Pregnancy • National Institute for Health and Care Excellence, International Society for the Study of Hypertension in Pregnancy: - $\geq$ 140/90 mm Hg for any hypertension during pregnancy • American College of Obstetrics & Gynecology: - $\geq$ 160/110 mm Hg for acute treatment of gestational hypertension and preeclampsia • American College of Cardiology/American Heart Association: - No clear thresholds but suggest considering lower threshold (eg, 130/80 mm Hg) • Preferred meds – Labetalol – Methyldopa – Long-acting nifedipine – Hydralazine – Other CCB • Stop ACEI/ARB and diuretics

Infectious Disease:

Page 241, Tick-Borne Disease 1

<i>Figure currently shows smear of neutrophil:</i>	<i>Figure should show smear of monocyte:</i>
	

Nephrology:

Page 305, Disorders of Water Balance > Hyponatremia > Hyponatremia—Further Investigation

Text currently reads:	Text should read:
<pre> graph TD A[Assess Volume Status and Measure Urine Sodium] --> B[HYPOVOLEMIC] A --> C[EUVOLEMIC] A --> D[HYPERVOLEMIC] B --> E[Renal Loss (U_Na > 20)] B --> F[Renal Loss (U_Na < 20)] E --> G[Renal Losses: Diuretic Therapy and Osmotic Diuresis] F --> H[Extrarenal Losses: Bleeding, GI (N/V, Diarrhea)] C --> I["SIADH, Hypothyroidism, Cortisol Deficiency, Psychogenic Polydipsia"] D --> J["HF, Cirrhosis, Nephrosis"] </pre>	<pre> graph TD A[Assess Volume Status and Measure Urine Sodium] --> B[HYPOVOLEMIC] A --> C[EUVOLEMIC] A --> D[HYPERVOLEMIC] B --> E[Renal Loss (U_Na > 20)] B --> F[Renal Loss (U_Na < 20)] E --> G[Renal Losses: Diuretic Therapy and Osmotic Diuresis] F --> H[Extrarenal Losses: Bleeding, GI (N/V, Diarrhea)] C --> I["SIADH, Hypothyroidism, Cortisol Deficiency, Psychogenic Polydipsia"] D --> J["HF, Cirrhosis, Nephrosis"] </pre>