

## 2021–2022 Internal Medicine Review Syllabus

### Endocrinology:

#### Page 167, Diabetes Mellitus > Treatment > AR 24

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Which of the following is associated with metformin therapy?</b></p> <p>A. Weight gain B. Hypoglycemia C. Increase in MI D. Birth defects</p> <p>Answer: _____</p>	<p><b>Which of the following is associated with metformin therapy?</b></p> <p>A. Weight gain B. Hypoglycemia C. Increase in MI D. Birth defects <b>E. None of the above</b></p> <p>Answer: _____</p>

#### Page 175, Audience Response Answers and Explanatory Information > AR 24

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 24</b></p> <p><b>D. Birth defects</b></p>	<p><b>AR 24</b></p> <p><b>E. None of the above</b></p>

### General Internal Medicine:

#### Page 222, Osteoporosis — Therapy

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>• Denosumab: <b>new</b> injectable anti-RANKL therapy; effective, but \$\$\$</p>	<p>• Denosumab: <b>new</b> injectable anti-RANKL therapy; effective, but \$\$\$</p>

#### Page 223, Restless Leg Syndrome

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>• Leg discomfort ± paresthesias (<b>below knee</b>) at rest, worse at night</p>	<p>• Leg discomfort ± paresthesias (<del>below knee</del>) at rest, worse at night, <b>relieved by movement</b></p>

#### Page 225, Other Sexual Dysfunction

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>• Dyspareunia: usually due to postmenopausal atrophic vaginitis — treat with lubricant or estrogen</p>	<p>• Dyspareunia: usually due to postmenopausal atrophic vaginitis — treat with lubricant or <b>vaginal</b> estrogen</p>



**Pulmonary Medicine:**

**Page 432, Mycobacterial Infections > Nontuberculous Mycobacteria**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Nontuberculosis</b> Mycobacteria (NTM)</p> <ul style="list-style-type: none"> <li>• Rapidly Growing                             <ul style="list-style-type: none"> <li>– <i>M. abscessus</i></li> <li>– <i>M. chelonae</i></li> <li>– <i>M. fortuitum</i></li> </ul> </li> </ul>	<p><b>Nontuberculous</b> Mycobacteria (NTM)</p> <ul style="list-style-type: none"> <li>• Rapidly Growing                             <ul style="list-style-type: none"> <li>– <i>M. abscessus</i></li> <li>– <i>M. chelonae</i></li> <li>– <i>M. fortuitum</i></li> </ul> </li> </ul>

**Rheumatology:**

**Page 467, Crystalline Arthritis > Hydroxyapatite / BCP Crystals**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 6</b> A 53-year-old man with a 15-year history of gout presents for evaluation. He has had 4–5 flares/year, usually L big toe and ankles. Episodes last about 5–7 days, but the last one, 2 months ago, lasted for more than 2 weeks. He is currently asymptomatic but noted a firm nodule on his R elbow that is not painful, but he can squeeze out chalky white material.</p> <p>Exam: BP 140/80 mmHg, HR 75 bpm Uric acid 8.7 mg/dL, serum creatinine 1.5 mg/dL X-ray of his L foot is shown</p> 	<p><b>AR 6</b> A 53-year-old man with a 15-year history of gout presents for evaluation. He has had 4–5 flares/year, usually L big toe and ankles. Episodes last about 5–7 days, but the last one, 2 months ago, lasted for more than 2 weeks. He is currently asymptomatic but noted a firm nodule on his R elbow that is not painful, but he can squeeze out chalky white material.</p> <p>Exam: BP 140/80 mmHg, HR 75 bpm Uric acid 8.7 mg/dL, serum creatinine 1.5 mg/dL X-ray of his L foot is shown</p> 
<p><b>Which of the following is the most appropriate next step in management?</b></p> <ol style="list-style-type: none"> <li>A. Start allopurinol and target uric acid to goal <math>\leq 6.0</math> mg/dL.</li> <li>B. Start febuxostat and target uric acid to goal <math>&lt; 6.0</math> mg/dL.</li> <li>C. Start allopurinol and colchicine; target uric acid to goal <math>&lt; 5.0</math> mg/dL.</li> <li>D. Start indomethacin 75 mg po bid.</li> <li>E. Start colchicine 0.6 mg po bid.</li> </ol> <p>Answer: _____</p>	<p><b>Which of the following is the most appropriate next step in management?</b></p> <ol style="list-style-type: none"> <li>A. Start allopurinol and target uric acid to goal <math>&lt; 6.0</math> mg/dL.</li> <li>B. Start febuxostat and target uric acid to goal <math>&lt; 6.0</math> mg/dL.</li> <li>C. Start allopurinol and colchicine; target uric acid to goal <math>&lt; 5.0</math> mg/dL.</li> <li>D. Start indomethacin 75 mg po bid.</li> <li>E. Start colchicine 0.6 mg po bid.</li> </ol> <p>Answer: _____</p>

Page 469, Systemic Sclerosis (SSc)

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Management of SSc</p> <ul style="list-style-type: none"> <li>• No therapies exist for overall disease modification</li> <li>• Monitor BP regularly, renal function</li> <li>• No proven benefit of prophylactic ACE — for scleroderma renal crisis</li> <li>• Aggressive use of proton pump inhibitors for GERD</li> <li>• Annual PFTs (ILD) and echocardiogram                             <ul style="list-style-type: none"> <li>– High-resolution CT chest if concern for ILD</li> <li>– Do R heart cath if pulmonary hypertension is present on echo</li> </ul> </li> <li>• Interstitial lung disease                             <ul style="list-style-type: none"> <li>– Mycophenolate mofetil</li> <li>– Azathioprine</li> <li>– Cyclophosphamide</li> </ul> </li> </ul>	<p>Management of SSc</p> <ul style="list-style-type: none"> <li>• No therapies exist for overall disease modification</li> <li>• Monitor BP regularly, renal function</li> <li>• No proven benefit of prophylactic ACE — for scleroderma renal crisis</li> <li>• Aggressive use of proton pump inhibitors for GERD</li> <li>• Annual PFTs (ILD) and echocardiogram                             <ul style="list-style-type: none"> <li>– High-resolution CT chest if concern for ILD</li> <li>– Do R heart cath if pulmonary hypertension is present on echo</li> </ul> </li> <li>• Interstitial lung disease                             <ul style="list-style-type: none"> <li>– Mycophenolate mofetil</li> <li>– <b>New: recent FDA approval for tocilizumab for SSc-related ILD</b></li> <li>– Azathioprine</li> <li>– Cyclophosphamide</li> </ul> </li> </ul>

Page 471, Myositis and Myopathies > AR 8

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 8</b></p> <p>A 53-year-old female with COPD and hyperlipidemia presents with progressive weakness for 4 months and itchy rash on her arms, face, scalp. Her arms tire when combing her hair. She is unable to climb one flight of stairs without stopping for rest.</p> <p>She denies fever and pain or swelling of any joints or muscles.</p> <p>Noted weight loss 20 lbs in 3 months</p> <p>Meds: salmeterol, prednisone 3 mg/day, rosuvastatin 10 mg/day</p> <p>Exam: violaceous rash on her eyelids and knuckles R axillary 3 cm firm, fixed mass motor 4/5 upper and lower extremity normal reflexes</p> <p><b>This patient is most likely to have:</b></p> <ol style="list-style-type: none"> <li>A. Polymyositis</li> <li>B. Malignancy-associated dermatomyositis</li> <li>C. Statin-induced myopathy</li> <li>D. Steroid-induced myopathy</li> <li>E. Inclusion body myositis</li> </ol> <p>Answer: _____</p>	<p><b>AR 8</b></p> <p>A 53-year-old female with COPD and hyperlipidemia presents with progressive weakness for 4 months and itchy rash on her arms, face, scalp. Her arms tire when combing her hair. She is unable to climb one flight of stairs without stopping for rest.</p> <p>She denies fever and pain or swelling of any joints or muscles.</p> <p>Noted weight loss 20 lbs in 3 months</p> <p>Meds: salmeterol, prednisone 3 mg/day, rosuvastatin 10 mg/day</p> <p>Exam: violaceous rash on her eyelids and knuckles; R axillary 3-cm firm, fixed mass; motor 4/5 upper and lower extremity; normal reflexes</p> <p><b>This patient is most likely to have:</b></p> <ol style="list-style-type: none"> <li>A. Polymyositis</li> <li>B. Malignancy-associated dermatomyositis</li> <li>C. Statin-induced myopathy</li> <li>D. Steroid-induced myopathy</li> <li>E. Inclusion body myositis</li> </ol> <p>Answer: _____</p>

Page 475, Office Orthopedics > Shoulder Pain

<i>Text currently reads:</i>	<i>Text should read:</i>																
<p><b>Rotator Cuff Disorders — Treatment</b></p> <table border="1"> <thead> <tr> <th data-bbox="219 394 483 426">Disorder</th> <th data-bbox="490 394 776 426">Treatment</th> </tr> </thead> <tbody> <tr> <td data-bbox="219 434 483 531"> <b>Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis</b> </td> <td data-bbox="490 434 776 531">                     Conservative: Oral analgesics Steroid injections Physical therapy                 </td> </tr> <tr> <td data-bbox="219 539 483 667"> <b>Partial rotator cuff tears</b> </td> <td data-bbox="490 539 776 667">                     Usually conservative (as above) On occasion, surgery for patients with partial tears <b>to fail</b> conservative Tx                 </td> </tr> <tr> <td data-bbox="219 676 483 772"> <b>Full thickness rotator cuff tear</b> </td> <td data-bbox="490 676 776 772"> <b>Immediate surgery for tears in younger patients</b> Conservative Tx in older patients                 </td> </tr> </tbody> </table>	Disorder	Treatment	<b>Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis</b>	Conservative: Oral analgesics Steroid injections Physical therapy	<b>Partial rotator cuff tears</b>	Usually conservative (as above) On occasion, surgery for patients with partial tears <b>to fail</b> conservative Tx	<b>Full thickness rotator cuff tear</b>	<b>Immediate surgery for tears in younger patients</b> Conservative Tx in older patients	<p><b>Rotator Cuff Disorders — Treatment</b></p> <table border="1"> <thead> <tr> <th data-bbox="842 394 1107 426">Disorder</th> <th data-bbox="1114 394 1399 426">Treatment</th> </tr> </thead> <tbody> <tr> <td data-bbox="842 434 1107 531"> <b>Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis</b> </td> <td data-bbox="1114 434 1399 531">                     Conservative: Oral analgesics Steroid injections Physical therapy                 </td> </tr> <tr> <td data-bbox="842 539 1107 667"> <b>Partial rotator cuff tears</b> </td> <td data-bbox="1114 539 1399 667">                     Usually conservative (as above) On occasion, surgery for patients with partial tears <b>who</b> fail conservative Tx                 </td> </tr> <tr> <td data-bbox="842 676 1107 772"> <b>Full thickness rotator cuff tear</b> </td> <td data-bbox="1114 676 1399 772"> <b>Immediate surgery for tears in younger patients</b> Conservative Tx in older patients                 </td> </tr> </tbody> </table>	Disorder	Treatment	<b>Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis</b>	Conservative: Oral analgesics Steroid injections Physical therapy	<b>Partial rotator cuff tears</b>	Usually conservative (as above) On occasion, surgery for patients with partial tears <b>who</b> fail conservative Tx	<b>Full thickness rotator cuff tear</b>	<b>Immediate surgery for tears in younger patients</b> Conservative Tx in older patients
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