

18th Edition Internal Medicine Core

Endocrinology:

Page 1-6, Anterior Pituitary Gland > Pituitary Tumors > Other Pituitary Tumors

<i>Text currently reads:</i>	<i>Text should read:</i>
Recall that they are the most common type of no functioning adenomas, usually macroadenomas. Gonadotroph tumors can present variably:	Recall that they are the most common type of nonfunctioning adenomas, usually macroadenomas. Gonadotroph tumors can present variably:

Page 1-37, Diabetes Mellitus > Treatment of T2DM > Dipeptidyl-Peptidase 4 Inhibitors (DPP4Is)

<i>Text currently reads:</i>	<i>Text should read:</i>
Like GLP-1 antagonists , DPP4Is are reserved for patients who are intolerant or cannot take metformin, sulfonylureas, or TZDs.	Like GLP-1 agonists , DPP4Is are reserved for patients who are intolerant or cannot take metformin, sulfonylureas, or TZDs.

Page 1-47, Hypercalcemia of Malignancy

<i>Text currently reads:</i>	<i>Text should read:</i>
The elevated Ca^{2+} inhibits production of PTH by the parathyroid glands, so PTH levels are.	The elevated Ca^{2+} inhibits production of PTH by the parathyroid glands, so PTH levels are suppressed .

Dermatology:

Page 3-16, Skin Infections > Bacterial Skin and Soft Tissue Infections > Folliculitis

<i>Text currently reads:</i>	<i>Text should read:</i>
Folliculitis (inflammation of follicles) and furuncles (deep folliculitis or “boils”) are typically caused by <i>S. aureus</i> . Treatment includes oral or parenteral antibodies and moist heat; consider surgical drainage of fluctuant lesions.	Folliculitis (inflammation of follicles) and furuncles (deep folliculitis or “boils”) are typically caused by <i>S. aureus</i> . Treatment includes oral or parenteral antibiotics and moist heat; consider surgical drainage of fluctuant lesions.

Page 3-29, Pigment Changes > Hyperpigmentation

<i>Text currently reads:</i>	<i>Text should read:</i>
Diffuse hyperpigmentation may occur in primary biliary sclerosis , scleroderma, Addison disease, and hemochromatosis (patients have a grayish/bronze coloration) and with the use of the cancer drug busulfan.	Diffuse hyperpigmentation may occur in primary biliary cirrhosis , scleroderma, Addison disease, and hemochromatosis (patients have a grayish/bronze coloration) and with the use of the cancer drug busulfan.

Infectious Disease:**Page 4-12, Gastrointestinal Infections > Diarrhea Due To Clostridium Difficile > Treatment**

<i>Text currently reads:</i>	<i>Text should read:</i>
Treat nonsevere disease (WBC count < 15,000 cells/ μ L [15×10^9 /L] or a serum creatine < 1.5 mg/dL [132.6μ mol/L]) with PO vancomycin (VANC) or PO fidaxomicin (FDX).	Treat nonsevere disease (WBC count < 15,000 cells/ μ L [15×10^9 /L] and a serum creatine < 1.5 mg/dL [132.6μ mol/L]) with PO vancomycin (VANC) or PO fidaxomicin (FDX).

Page 4-13, Liver and Biliary Infections > Peritonitis

<i>Text currently reads:</i>	<i>Text should read:</i>
It is critical to differentiate SBP from secondary bacterial peritonitis because: <ul style="list-style-type: none"> • mortality is ~ 80% for patients with SBP who undergo an exploratory laparotomy, and • mortality is ~ 100% for patients with SBP who do not go to surgery! 	It is critical to differentiate SBP from secondary bacterial peritonitis because: <ul style="list-style-type: none"> • mortality is ~ 80% for patients with SBP who undergo an exploratory laparotomy, and • mortality is ~ 100% for patients with secondary bacterial peritonitis who do not go to surgery!

Page 4-63, Viruses > Varicella-Zoster Virus > Herpes Zoster (Shingles) > Vaccination for Herpes Zoster

<i>Text currently reads:</i>	<i>Text should read:</i>
The most recent zoster vaccine, called Shingrix , was approved by the FDA in October 2017.	The most recent zoster vaccine, called recombinant zoster vaccine (RZV; Shingrix) , was approved by the FDA in October 2017.
In those 50–69 years of age, Shingrix has an effectiveness of 97% and 91% in preventing herpes zoster and PNH, respectively.	In those 50–69 years of age, recombinant zoster vaccine (RZV; Shingrix) has an effectiveness of 97% and 91% in preventing herpes zoster and PNH, respectively.

Page 4-71, Bacterial Agents > Beta-Lactam Antibiotics > Cephalosporins > 3rd Generation Cephalosporins

<i>Text currently reads:</i>	<i>Text should read:</i>
Cefpodoxime is the only oral 3 rd generation cephalosporin.	Cefdinir (Omnicef), cefditoren (Spectracef), cefixime (Suprax), cefpodoxime-proxetil (Vantin), and ceftibuten (Cedax) are 3rd generation cephalosporins.

Page 4-85, Antiviral Agents

<i>Text currently reads:</i>	<i>Text should read:</i>
Foscarnet is used in patients with ganciclovir -resistant herpes infection or as an alternative to ganciclovir for CMV.	Foscarnet is used in patients with acyclovir -resistant herpes infection or as an alternative to ganciclovir for CMV.

Geriatric Medicine:
Page 5-7, Hip Fracture

<i>Heading currently reads:</i>	<i>Heading should read:</i>
Hip Fracture	Hip Fracture

Pulmonary Medicine:
Page 6-3, Pulmonary Hypertension > Pulmonary Function Tests > Lung Volumes, Table 6-2
Text currently reads:

Table 6-2: Typical PFTs						
	VC	TLC	FEV ₁	FEV ₁ /FVC	RV	DLCO
Restrictive Intrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	↓
Restrictive Extrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	NI
Obstructive	↑	NI to ↑	↓	↓ (< 70%)	↑↑	NI to ↓

Text should read:

Table 6-2: Typical PFTs						
	VC	TLC	FEV ₁	FEV ₁ /FVC	RV	DLCO
Restrictive Intrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	↓
Restrictive Extrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	NI
Obstructive	↓	NI to ↑	↓	↓ (< 70%)	↑↑	NI to ↓

Page 6-8, Respiratory Physiology > Short Review

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Other terms:</p> <ul style="list-style-type: none"> • P_aO₂ = partial pressure of oxygen in the arterial blood; commonly called the pO₂ • P_aCO₂ = partial pressure of carbon dioxide in the arterial blood; commonly called the pCO₂ • S_aO₂ = oxygen saturation of hemoglobin in the arterial blood • S_̄O₂ = oxygen saturation of mixed venous blood. Mixed venous blood is in the pulmonary artery. • S_{cv}O₂ = oxygen saturation of central venous blood. Central venous blood is obtained from the superior vena cava. 	<p>Other terms:</p> <ul style="list-style-type: none"> • P_aO₂ = partial pressure of oxygen in the arterial blood; commonly called the pO₂ • P_aCO₂ = partial pressure of carbon dioxide in the arterial blood; commonly called the pCO₂ • S_aO₂ = oxygen saturation of hemoglobin in the arterial blood • S_vO₂ = oxygen saturation of mixed venous blood. Mixed venous blood is in the pulmonary artery. • S_{cv}O₂ = oxygen saturation of central venous blood. Central venous blood is obtained from the superior vena cava.

Page 6-8, Respiratory Physiology > Hypoxemia

Text currently reads:	Text should read:
5) High altitude (low F_{iO_2}) results in a reduced P_{AO_2} . The A-a gradient is normal unless lung disease is present.	5) High altitude decreases atmospheric pressure and results in a reduced P_{AO_2} . The A-a gradient is normal unless lung disease is present.

Page 6-46, Pulmonary Hypertension > Treatment of PH > Exercise, Anticoagulants, Diuretics, and Oxygen

Text currently reads:	Text should read:
Give anticoagulants for Group 1 on IV prostaglandins , according to the ACCF/AHA 2009 Expert Consensus Document on Pulmonary Hypertension.	Give anticoagulants for Group 4 PH , according to the ACCF/AHA 2009 Expert Consensus Document on Pulmonary Hypertension.

Page 6-69, Mycobacterial Infections > Nontuberculous Mycobacteria > Overview

Text currently reads:	Text should read:
Nontuberculous mycobacteria (NTM) include mycobacteria species other than <i>M. tuberculosis</i> and <i>M. leprae</i> . Many NTM species have been found to cause infections in humans, especially in immunocompetent patients and in patients with structural lung disease.	Nontuberculous mycobacteria (NTM) include mycobacteria species other than <i>M. tuberculosis</i> and <i>M. leprae</i> . Many NTM species have been found to cause infections in humans, especially in immunocompromised patients and in patients with structural lung disease.

Nephrology & Urology:

Page 7-49, Disorders of Water Balance > Hyponatremia > Isotonic and Hypertonic Hyponatremia

Text currently reads:	Text should read:
Suspect hypertonic hyponatremia (and measure the plasma osmolality) in the following situations:	Suspect hyponatremia (and measure the plasma osmolality) in the following situations:

Page 7-49, Disorders of Water Balance > Hyponatremia > Hypotonic Hyponatremia > Classification by Volume Status > Figure 7-14

Figure currently reads:

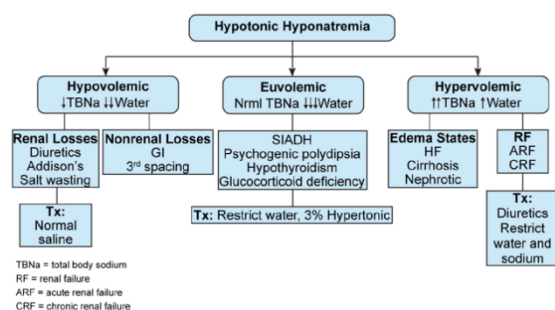
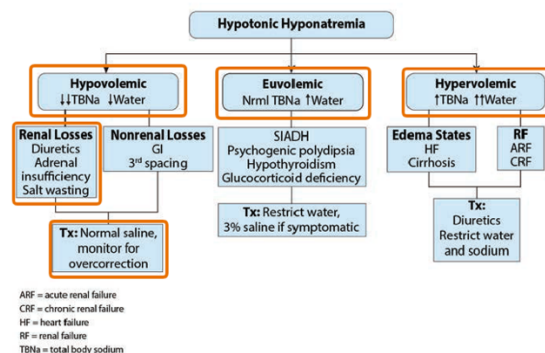


Figure should read:



Page 7-57, Potassium Disorders > Hyperaldosteronism > Bartter and Gitelman Syndromes

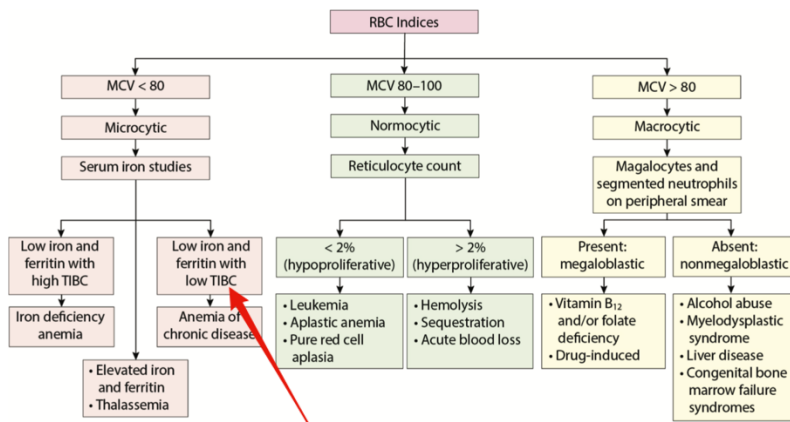
<i>Text currently reads:</i>	<i>Text should read:</i>
Characteristics of Bartter's and Gitelman's are summarized in Table 7-12. The easiest way to distinguish Bartter's from Gitelman's: patients with Bartter's have hypercalciuria, and patients with have hypocalciuria.	Characteristics of Bartter's and Gitelman's are summarized in Table 7-12. The easiest way to distinguish Bartter's from Gitelman's: patients with Bartter's have hypercalciuria, and patients with Gitelman's have hypocalciuria.

Page 7-58, Calcium, Phosphorus, and Magnesium Disorders > Calcium > Hypercalcemia

<i>Text currently reads:</i>	<i>Text should read:</i>
Mild hypocalcemia is asymptomatic. Severe or acute hypercalcemia can cause confusion, nausea, anorexia, and polyuria/polydipsia. ECG shows shortened QT intervals. Moderately high chronic hypercalcemia (e.g., from primary hyperparathyroidism) can lead to kidney stones, hypertension, and chronic kidney disease.	Mild hypercalcemia is asymptomatic. Severe or acute hypercalcemia can cause confusion, nausea, anorexia, and polyuria/polydipsia. ECG shows shortened QT intervals. Moderately high chronic hypercalcemia (e.g., from primary hyperparathyroidism) can lead to kidney stones, hypertension, and chronic kidney disease.

Page 7-65, Hypertension > Secondary Hypertension > Primary Aldosteronism

<i>Text currently reads:</i>	<i>Text should read:</i>
Screen with a plasma aldosterone concentration (PAC) and plasma renin activity (PRA) to calculate the aldosterone:renin ratio (ARR). A ratio > 30 is considered positive, where the PAC is measured in ng/dL and the PRA is measured in ng/mL/hour).	Screen with a plasma aldosterone concentration (PAC) and plasma renPACin activity (PRA) to calculate the aldosterone:renin ratio (ARR). A ratio > 20 is considered positive, where the PAC is measured in ng/dL and the PRA is measured in ng/mL/hour).

Hematology:**Page 8-5, Anemia > Working Up Anemia > The Anemia Workup > Figure 8-9**

<i>Text currently reads:</i>	<i>Text should read:</i>
Low iron and ferritin with low TIBC	Low iron and high-normal ferritin with low TIBC

Page 8-32, Hemostasis > Transfusion Medicine > Platelet Transfusions

<i>Text currently reads:</i>	<i>Text should read:</i>
Platelet counts of 5,000/μL ($50 \times 10^9/L$) are adequate for most interventional procedures (a higher number is often used for neurosurgical procedures).	Platelet counts of 50,000/μL ($50 \times 10^9/L$) are adequate for most interventional procedures (a higher number is often used for neurosurgical procedures).

Oncology:**Page 9-28, Cancer Therapies > Use of Growth Factors**

<i>Text currently reads:</i>	<i>Text should read:</i>
Erythropoietin is indicated for the treatment of the following: <ul style="list-style-type: none"> • Chemotherapy-induced anemia with Hb < 10 g/dL. Remember that there is a risk of thrombosis, especially if hemoglobin is > 12 g/dL. <ul style="list-style-type: none"> • Anemia of chronic kidney disease with Hb < 10 g/dL. • Anemia in HIV patients taking zidovudine (AZT) 	Erythropoietin is indicated for the treatment of the following: <ul style="list-style-type: none"> • Chemotherapy-induced anemia with Hb < 10 g/dL. Remember that there is a risk of thrombosis, especially if hemoglobin is > 12 g/dL. <ul style="list-style-type: none"> • Anemia of chronic kidney disease with Hb < 10 g/dL. • Anemia in HIV patients taking zidovudine (ZDV)

Rheumatology:

Page 10-21, Systemic Lupus Erythematosus > Drug-Induced Lupus

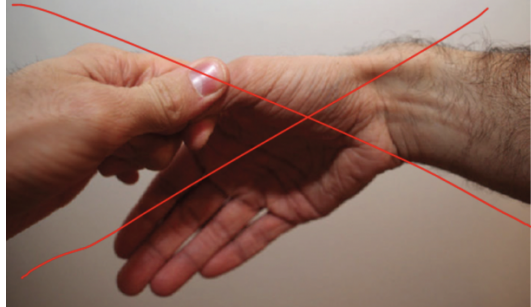

<i>Text currently reads:</i>	<i>Text should read:</i>
Drugs with the highest risk for drug-induced lupus (DIL) are procainamide, hydralazine , and penicillamine. Other drugs that have been linked with DIL are chlorpromazine, propylthiouracil, hydralazine , isoniazid, phenytoin, TNF inhibitors, minocycline, selective serotonin reuptake inhibitors, proton pump inhibitors, and thiazide diuretics.	Drugs with the highest risk for drug-induced lupus (DIL) are procainamide, hydralazine , and penicillamine. Other drugs that have been linked with DIL are chlorpromazine, propylthiouracil, isoniazid, phenytoin, TNF inhibitors, minocycline, selective serotonin reuptake inhibitors, proton pump inhibitors, and thiazide diuretics.

Page 10-38, Less Common Arthropathies > Adult-Onset Still Disease

<i>Text currently reads:</i>	<i>Text should read:</i>
AOSD presents with a distinctive evanescent (6fleeting or vanishing), macular, salmon-pink rash that coincides with a daily (quotidian) high-spiking fever and significant leukocytosis (Yamaguchi criteria).	AOSD presents with a distinctive evanescent (fleeting or vanishing), macular, salmon-pink rash that coincides with a daily (quotidian) high-spiking fever and significant leukocytosis (Yamaguchi criteria).

Page 10-62, Office Orthopedics > Monoarticular Joint Disorders > Wrist >

De Quervain Tenosynovitis

<i>Text currently shows this figure:</i>	<i>Text should show this figure:</i>
 <p>Figure 10-34: Finkelstein test</p>	

Page 10-62, Office Orthopedics > Monoarticular Joint Disorders > Wrist >

De Quervain Tenosynovitis

<i>Text currently reads:</i>	<i>Text should read:</i>
Although there are several bedside tests used for diagnosis, the hallmark test is known as the Finkelstein test (forced ulnar motion of the wrist with the thumb adducted and clapsed by the patient's other fingers), which reproduces the pain.	Although there are several bedside tests used for diagnosis, the hallmark test has come to be called the Finkelstein test (forced ulnar motion of the wrist with the thumb adducted and clapsed by the patient's other fingers), which reproduces the pain.

Women's and Men's Health:

Page 11-5, Women's Health > Obstetrics > Gastroenterology Disorders in Pregnancy > GERD

<i>Text currently reads:</i>	<i>Text should read:</i>
Ranitidine, famotidine, and lansoprazole are used for refractory GE reflux symptoms.	Famotidine and lansoprazole are used for refractory GE reflux symptoms. Note: On April 1, 2020, the FDA requested to pull all prescription and over-the-counter ranitidine drugs from the market immediately.

Page 11-6, Obstetrics > Cardiology Disorders in Pregnancy > Cardiac Issues

<i>Text currently reads:</i>	<i>Text should read:</i>
Hypertensive cardiomyopathy (HCM) among asymptomatic women is not a contraindication for pregnancy.	Hypertrophic cardiomyopathy (HCM) among asymptomatic women is not a contraindication for pregnancy.

Page 11-10, Obstetrics > Endocrinology Disorders in Pregnancy > Thyroid Disease > Hyperthyroidism

<i>Text currently reads:</i>	<i>Text should read:</i>
This is normal physiology of pregnancy in which human chorionic gonadotropin (hCG) stimulates thyroid stimulating hormone (TSH) receptors, resulting in a mild elevation in T ₃ /T ₄ and suppression of TSH.	This is normal physiology of pregnancy in which human chorionic gonadotropin (hCG) stimulates thyroid-stimulating hormone (TSH) receptors, resulting in a mild elevation in T ₃ /T ₄ and suppression of TSH.

Page 11-24, Erectile Dysfunction > Treatment Options

<i>Text currently reads:</i>	<i>Text should read:</i>
Relative contraindications are heart failure, hypotension, unstable angina, hypertensive cardiomyopathy (HCM), and severe aortic stenosis.	Relative contraindications are heart failure, hypotension, unstable angina, hypertrophic cardiomyopathy (HCM), and severe aortic stenosis.

Neurology: Page 12-8, Seizures > Seizure Management > Chronic Treatment of Seizures >

Table 12-2 "Notable Advantages and Disadvantages of Antiepileptic Drugs"

<i>Text currently reads:</i>			<i>Text should read:</i>		
Lamotrigine	Focal (adjunctive use) Generalized	Good: wide spectrum, good efficacy, well tolerated in elderly patients Bad: can cause severe rash and SJS with rapid titration; reduces efficacy of OCPs	Lamotrigine	Focal (adjunctive use) Generalized	Good: wide spectrum, good efficacy, well tolerated in elderly patients Bad: can cause severe rash and SJS with rapid titration; OCPs decrease serum concentration of lamotrigine

Neurology:**Page 12-10, Dementia > Workup > Diagnosis of Dementia**

<i>Text currently reads:</i>	<i>Text should read:</i>
2. Executive function—reasoning. Do they understand appropriate danger? Can they perform their activities of daily living (ADLs), such as grocery shopping.	2. Executive function—reasoning. Do they understand appropriate danger? Can they perform their instrumental activities of daily living (I ADLs), such as grocery shopping.

Cardiology:**Page 13-1, Physical Exam > Pulses**

<i>Text currently reads:</i>	<i>Text should read:</i>
While deflating the cuff very slowly, note the systolic blood pressure where the 1 st Korotkoff sound is heard only during inspiration .	While deflating the cuff very slowly, note the systolic blood pressure where the 1 st Korotkoff sound is heard only during expiration .

Page 13-11, Cardiac Medications

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none">• A negative inotrope is a medication that decreases cardiac contractility.• A negative chromotrope is a medication that slows heart rate.	<ul style="list-style-type: none">• A negative inotrope is a medication that decreases cardiac contractility.• A negative chronotrope is a medication that slows heart rate.

Page 13-65, Pericardial Diseases > Constrictive Pericarditis, Table 13-13

Text currently reads:

Table 13-13: Distinguishing Tamponade and Constrictive Pericarditis		
Findings	Tamponade	Constrictive Pericarditis
Duration of symptoms	Hours to days	Months to years
Chest pain, friction rub	Often present	Absent
Pulsus paradoxus	Present	Usually absent
Kussmaul sign	Absent	Usually absent
Diastolic knock	Absent	Often present
Pericardial calcification	Absent	Often present
Thickened pericardium on CT/MRI	Absent	Present
Pericardial effusion	Present	Absent
Jugular venous waveforms	Prominent x descent	Prominent x and y descents
Diastolic pressures	Equal	Equal
Echo findings	Pericardial effusion, collapse of RV/RA	Marked respiratory variation in transmitral flow
Systemic disease	Cancer, uremia, recent cardiothoracic surgery, chest trauma	TB, previous XRT, remote cardiothoracic surgery

Text should read:

Table 13-13: Distinguishing Tamponade and Constrictive Pericarditis		
Findings	Tamponade	Constrictive Pericarditis
Duration of symptoms	Hours to days	Months to years
Chest pain, friction rub	Absent	Often present
Pulsus paradoxus	Present	Usually absent
Kussmaul sign	Absent	Usually absent
Diastolic knock	Absent	Often present
Pericardial calcification	Absent	Often present
Thickened pericardium on CT/MRI	Absent	Present
Pericardial effusion	Present	Absent
Jugular venous waveforms	Prominent x descent	Prominent x and y descents
Diastolic pressures	Equal	Equal
Echo findings	Pericardial effusion, collapse of RV/RA	Marked respiratory variation in transmitral flow
Systemic disease	Cancer, uremia, recent cardiothoracic surgery, chest trauma	TB, previous XRT, remote cardiothoracic surgery

Page 13-90, The Electrocardiogram > Analysis Summary > Findings from ECG Case Studies

<i>Text currently reads:</i>	<i>Text should read:</i>
Case 2: Note the sinus rhythm with Mobitz Type 2 second-degree 2:1 AV block. This initially looks like Mobitz 2, but there is a subtle increase in the PR interval, and this also has a narrow QRS complex (Mobitz 2 usually has a wide complex).	Case 2: Note the sinus rhythm with Mobitz Type 1 second-degree 2:1 AV block. This initially looks like Mobitz 2, but there is a subtle increase in the PR interval, and this also has a narrow QRS complex (Mobitz 2 usually has a wide complex).

Gastroenterology:

Page 14-11, Stomach > Dyspepsia

<i>Text currently reads:</i>	<i>Text should read:</i>
Dyspepsia is most often functional or caused by medications (e.g., iron, ASA, NSAIDs), but if onset is recent, there is no potentially causative medication, and the patient is > 40–50 years of age , consider an organic cause; i.e., consider an EGD.	Dyspepsia is most often functional or caused by medications (e.g., iron, ASA, NSAIDs), but if onset is recent, there is no potentially causative medication, and the patient is ≥ 60 years of age , consider an organic cause; i.e., consider an EGD.

Page 14-57, Liver > Hepatitis B > Treatment of Chronic Active Hepatitis B

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> Treatment is delayed 3–6 months for newly diagnosed HBeAg-positive patients to see if seroconversion takes place. 	<ul style="list-style-type: none"> Delay treatment for 3-6 months in newly diagnosed HBeAg-positive patients with compensated liver disease to see if seroconversion takes place

General Internal Medicine:

Page 15-6, Biostatistics > Diagnostic Testing and Screening > Sensitivity and Specificity

<i>Text currently reads:</i>	<i>Text should read:</i>
A test with 50% sensitivity and 100% specificity means that the test will only identify half of the patients with the disease— but you can be 100% confident that a negative result means the patient truly does not have the disease (i.e., no results are falsely positive).	A test with 50% sensitivity and 100% specificity means that the test will only identify half of the patients with the disease— but you can be 100% confident that a positive result means the patient truly has the disease (i.e., no results are falsely positive).

Page 15-46, Overdose and Poisoning > Overdose Management > Overdose — Other Prescription Drugs
> Theophylline

<i>Text currently reads:</i>	<i>Text should read:</i>
If vomiting is too severe to allow for charcoal, give ondansetron +/- ranitidine .	If vomiting is too severe to allow for charcoal, give ondansetron +/- famotidine . Note: On April 1, 2020, the FDA requested to pull all prescription and over-the-counter ranitidine drugs from the market immediately.

Psychiatry:

Page 16-35, Complications of Drug Therapy > Neuroleptic Malignant Syndrome > Management

<i>Text currently reads:</i>	<i>Text should read:</i>
Use of bromocriptine (muscle relaxant) and dantrolene (dopamine agonist) have been controversial, but they can be used if clinically indicated.	Use of bromocriptine (dopamine agonist) and dantrolene (muscle relaxant) have been controversial, but they can be used if clinically indicated.