

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>Which of the following is associated with metformin therapy?</p> <p>A. Weight gain B. Hypoglycemia C. Increase in MI D. Birth defects</p> <p>Answer: _____</p>	<p>Which of the following is associated with metformin therapy?</p> <p>A. Weight gain B. Hypoglycemia C. Increase in MI D. Birth defects E. None of the above</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>AR 24 D. Birth defects</p>	<p>AR 24 E. None of the above</p>

General Internal Medicine:

Page 222, Osteoporosis — Therapy

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>• Denosumab: new injectable anti-RANKL therapy; effective, but \$\$\$</p>	<p>• Denosumab: new 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 (below knee) at rest, worse at night</p>	<p>• Leg discomfort ± paresthesias (below knee) at rest, worse at night, relieved by movement</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 vaginal estrogen</p>

Rheumatology:

Page 467, Crystalline Arthritis > Hydroxyapatite / BCP Crystals

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 6 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. 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>Which of the following is the most appropriate next step in management?</p> <ul style="list-style-type: none"> A. Start allopurinol and target uric acid to goal ≤ 6.0 mg/dL. B. Start febuxostat and target uric acid to goal < 6.0 mg/dL. C. Start allopurinol and colchicine; target uric acid to goal < 5.0 mg/dL. D. Start indomethacin 75 mg po bid. E. Start colchicine 0.6 mg po bid. <p>Answer: _____</p>	<p>AR 6 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. 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>Which of the following is the most appropriate next step in management?</p> <ul style="list-style-type: none"> A. Start allopurinol and target uric acid to goal < 6.0 mg/dL. B. Start febuxostat and target uric acid to goal < 6.0 mg/dL. C. Start allopurinol and colchicine; target uric acid to goal < 5.0 mg/dL. D. Start indomethacin 75 mg po bid. E. Start colchicine 0.6 mg po bid. <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"> • No therapies exist for overall disease modification • Monitor BP regularly, renal function • No proven benefit of prophylactic ACE — for scleroderma renal crisis • Aggressive use of proton pump inhibitors for GERD • Annual PFTs (ILD) and echocardiogram <ul style="list-style-type: none"> – High-resolution CT chest if concern for ILD – Do R heart cath if pulmonary hypertension is present on echo • Interstitial lung disease <ul style="list-style-type: none"> – Mycophenolate mofetil – Azathioprine – Cyclophosphamide 	<p>Management of SSc</p> <ul style="list-style-type: none"> • No therapies exist for overall disease modification • Monitor BP regularly, renal function • No proven benefit of prophylactic ACE — for scleroderma renal crisis • Aggressive use of proton pump inhibitors for GERD • Annual PFTs (ILD) and echocardiogram <ul style="list-style-type: none"> – High-resolution CT chest if concern for ILD – Do R heart cath if pulmonary hypertension is present on echo • Interstitial lung disease <ul style="list-style-type: none"> – Mycophenolate mofetil – New: recent FDA approval for tocilizumab for SSc-related ILD – Azathioprine – Cyclophosphamide

Page 471, Myositis and Myopathies > AR 8

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 8</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>This patient is most likely to have:</p> <ol style="list-style-type: none"> A. Polymyositis B. Malignancy-associated dermatomyositis C. Statin-induced myopathy D. Steroid-induced myopathy E. Inclusion body myositis <p>Answer: _____</p>	<p>AR 8</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>This patient is most likely to have:</p> <ol style="list-style-type: none"> A. Polymyositis B. Malignancy-associated dermatomyositis C. Statin-induced myopathy D. Steroid-induced myopathy E. Inclusion body myositis <p>Answer: _____</p>

Page 475, Office Orthopedics > Shoulder Pain

<i>Text currently reads:</i>	<i>Text should read:</i>																
<p>Rotator Cuff Disorders — Treatment</p> <table border="1"> <thead> <tr> <th data-bbox="220 394 488 426">Disorder</th> <th data-bbox="488 394 777 426">Treatment</th> </tr> </thead> <tbody> <tr> <td data-bbox="220 426 488 533"> Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis </td> <td data-bbox="488 426 777 533"> Conservative: Oral analgesics Steroid injections Physical therapy </td> </tr> <tr> <td data-bbox="220 533 488 667"> Partial rotator cuff tears </td> <td data-bbox="488 533 777 667"> Usually conservative (as above) On occasion, surgery for patients with partial tears to fail conservative Tx </td> </tr> <tr> <td data-bbox="220 667 488 774"> Full thickness rotator cuff tear </td> <td data-bbox="488 667 777 774"> Immediate surgery for tears in younger patients Conservative Tx in older patients </td> </tr> </tbody> </table>	Disorder	Treatment	Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis	Conservative: Oral analgesics Steroid injections Physical therapy	Partial rotator cuff tears	Usually conservative (as above) On occasion, surgery for patients with partial tears to fail conservative Tx	Full thickness rotator cuff tear	Immediate surgery for tears in younger patients Conservative Tx in older patients	<p>Rotator Cuff Disorders — Treatment</p> <table border="1"> <thead> <tr> <th data-bbox="841 394 1109 426">Disorder</th> <th data-bbox="1109 394 1398 426">Treatment</th> </tr> </thead> <tbody> <tr> <td data-bbox="841 426 1109 533"> Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis </td> <td data-bbox="1109 426 1398 533"> Conservative: Oral analgesics Steroid injections Physical therapy </td> </tr> <tr> <td data-bbox="841 533 1109 667"> Partial rotator cuff tears </td> <td data-bbox="1109 533 1398 667"> Usually conservative (as above) On occasion, surgery for patients with partial tears who fail conservative Tx </td> </tr> <tr> <td data-bbox="841 667 1109 774"> Full thickness rotator cuff tear </td> <td data-bbox="1109 667 1398 774"> Immediate surgery for tears in younger patients Conservative Tx in older patients </td> </tr> </tbody> </table>	Disorder	Treatment	Impingement syndrome: Rotator cuff tendinitis Shoulder bursitis	Conservative: Oral analgesics Steroid injections Physical therapy	Partial rotator cuff tears	Usually conservative (as above) On occasion, surgery for patients with partial tears who fail conservative Tx	Full thickness rotator cuff tear	Immediate surgery for tears in younger patients Conservative Tx in older patients
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