

2022–2023 Internal Medicine Review Syllabus

Cardiology:

Page 50, Acute Coronary Syndrome (ACS) > Management with STEMI > Right Ventricular (RV) Myocardial Infarction

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Right Ventricular (RV) Myocardial Infarction<sup>[96][97]</sup></b></p> <ul style="list-style-type: none"> <li>• <b>RIGHT ON, CHER!!!:</b></li> </ul> <p>Suspect <b>RIGHT V STEMI</b> if:</p> <ul style="list-style-type: none"> <li>– Clear lung fields</li> <li>– Hypotension</li> <li>– Elevated JVP (Kussmaul sign)</li> <li>– RV Infarction (50% of <b>INFERIOR STEM</b>)</li> </ul>	<p><b>Right Ventricular (RV) Myocardial Infarction<sup>[96][97]</sup></b></p> <ul style="list-style-type: none"> <li>• <b>RIGHT ON, CHER!!!:</b></li> </ul> <p>Suspect <b>RIGHT V STEMI</b> if:</p> <ul style="list-style-type: none"> <li>– Clear lung fields</li> <li>– Hypotension</li> <li>– Elevated JVP (Kussmaul sign)</li> <li>– RV Infarction (50% of <b>INFERIOR STEMI</b>)</li> </ul>

Page 64, Infective Endocarditis (IE) > Antibiotic Prophylaxis — Highest-Risk Dental Patients Only!

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>• Cardiac transplant with valve regurgitation</li> <li>• Only dental (teeth/gingiva/oral mucosa) need it!</li> <li>• Amoxicillin 2 g PO/Ampicillin 2 g IM/IV, cefalexin 2 g PO or clindamycin 600 mg PO/IM/IV or azithro-/clarithromycin 500 mg 30–60 mins before</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac transplant with valve regurgitation</li> <li>• Only dental (teeth/gingiva/oral mucosa) need it!</li> <li>• Amoxicillin 2 g PO/Ampicillin 2 g IM/IV, cefalexin 2 g PO or <del>clindamycin 600 mg PO/IM/IV</del> or azithro-/clarithromycin 500 mg 30–60 mins before</li> </ul>

Endocrinology:

Page 164, Diabetes Mellitus (DM) > Classification > ADA Guidelines

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>ADA Guidelines</b></p> <ul style="list-style-type: none"> <li>• All adults starting at <b>45</b> years of age</li> <li>• Screen earlier if BMI &gt; 25 kg/m<sup>2</sup> (or ≥ 23 kg/m<sup>2</sup> in Asian Americans) and &gt; 1 risk factor               <ul style="list-style-type: none"> <li>– HTN</li> <li>– 1° relative with DM</li> </ul> </li> </ul>	<p>New as of February 2022</p> <p><b>ADA Guidelines</b></p> <ul style="list-style-type: none"> <li>• All adults starting at <b>35</b> years of age</li> <li>• Screen earlier if BMI &gt; 25 kg/m<sup>2</sup> (or ≥ 23 kg/m<sup>2</sup> in Asian Americans) and &gt; 1 risk factor               <ul style="list-style-type: none"> <li>– HTN</li> <li>– 1° relative with DM</li> </ul> </li> </ul>

Gastroenterology:

Page 175, Diffuse Esophageal Spasm (DES) > Manometry

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Manometry</b></p> <ul style="list-style-type: none"> <li>• <b>Standard manometry</b></li> <li>• <b>New</b> high-resolution manometry: general principles                             <ul style="list-style-type: none"> <li>– Purple/Red = high pressure</li> <li>– Blue = low pressure</li> <li>– Chicago classification                                     <ul style="list-style-type: none"> <li>• Impaired EGJ relaxation (i.e., achalasia)</li> <li>• Normal EGJ relaxation</li> </ul> </li> </ul> </li> </ul>	<p><b>Manometry</b></p> <ul style="list-style-type: none"> <li>• <b>High-resolution esophageal manometry:</b> general principles                             <ul style="list-style-type: none"> <li>– Purple/Red = high pressure</li> <li>– Blue = low pressure</li> <li>– Chicago classification                                     <ul style="list-style-type: none"> <li>• Impaired EGJ relaxation (i.e., achalasia)</li> <li>• Normal EGJ relaxation</li> </ul> </li> </ul> </li> </ul>

Page 185, Small Intestine and Colon > Inflammatory Bowel Disease (IBD) > Ulcerative Colitis (UC) — Treatment

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>• <u>Moderate/Severe</u> disease options                             <ul style="list-style-type: none"> <li>– Initial therapy often oral prednisone (outpatient)</li> <li>– Initial inpatient therapy (severe disease) can involve prednisone IV, biologic (i.e., infliximab), <b>or IV cyclosporine</b> <ul style="list-style-type: none"> <li>• If “fulminant,” patient may need colectomy, particularly if poor response to meds</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <u>Moderate/Severe</u> disease options                             <ul style="list-style-type: none"> <li>– Initial therapy often oral prednisone (outpatient)</li> <li>– Initial inpatient therapy (severe disease) can involve prednisone IV, biologic (i.e., infliximab), <del>or</del> <b>IV cyclosporine</b> <ul style="list-style-type: none"> <li>• If “fulminant,” patient may need colectomy, particularly if poor response to meds</li> </ul> </li> </ul> </li> </ul>

General Internal Medicine:

Page 224, Preventive Medicine > Screening Tests > Important Screening Exams to Know

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Important Screening Exams to Know<sup>[4]</sup></b></p> <ul style="list-style-type: none"> <li>• <b>Diabetes</b> <ul style="list-style-type: none"> <li>– All adults starting at 45 years of age</li> <li>– Screen earlier if BMI &gt; 25* and ≥ 1 risk factor                                     <ul style="list-style-type: none"> <li>• HTN</li> <li>• 1° relative with DM</li> <li>• Vascular disease</li> <li>• Gestational DM</li> </ul> </li> </ul> </li> </ul>	<p>New as of February 2022</p> <p><b>Important Screening Exams to Know<sup>[4]</sup></b></p> <ul style="list-style-type: none"> <li>• <b>Diabetes</b> <ul style="list-style-type: none"> <li>– All adults starting at <b>35</b> years of age</li> <li>– Screen earlier if BMI &gt; 25* and ≥ 1 risk factor                                     <ul style="list-style-type: none"> <li>• HTN</li> <li>• 1° relative with DM</li> <li>• Vascular disease</li> <li>• Gestational DM</li> </ul> </li> </ul> </li> </ul>

Page 225, Preventive Medicine > Vaccines

Text currently reads:	Text should read:
<p><b>AR 25</b>                      A woman makes an appointment for a physical exam when she turns 65. She has not seen a physician for 12 years, and that visit was for a skin rash. She has not had a regular doctor because she lacked insurance.</p> <p><b>In addition to mammography, appropriate preventive care should include:</b></p> <p>A. Pap smear                      B. CBC                      C. CBC and FIT  <b>D. Pap smear and FIT</b>                      E. Pap smear, CBC, and FIT</p> <p>Answer: _____</p>	<p><b>AR 25</b>                      A woman makes an appointment for a physical exam when she turns 65. She has not seen a physician for 12 years, and that visit was for a skin rash. She has not had a regular doctor because she lacked insurance.</p> <p><b>In addition to mammography, appropriate preventive care should include:</b></p> <p>A. Pap smear                      B. CBC                      C. CBC and FIT  <b>D. HPV and FIT</b>                      E. Pap smear, CBC, and FIT</p> <p>Answer: _____</p>

Infectious Disease:

Page 308, COVID-19 > COVID-19 Drugs (FDA approved or EUA) Mechanisms of Action

Text currently reads:	Text should read:
<p><b>COVID-19 Drugs (FDA approved or EUA) Mechanisms of Action</b></p> <ul style="list-style-type: none"> <li>• <b><u>IL-6 receptor antagonists</u></b> <ul style="list-style-type: none"> <li>– Tocilizumab</li> </ul> </li> <li>• <b><u>RNA polymerase inhibitors</u></b> <ul style="list-style-type: none"> <li>– Remdesivir</li> </ul> </li> <li>• <b><u>Spike protein monoclonal antibodies combinations</u></b> <ul style="list-style-type: none"> <li>– Casirivimab/Imdevimab</li> <li>– Bamlanivimab/Etesevimab</li> </ul> </li> <li>• <b><u>Janus kinase inhibitors</u></b> <ul style="list-style-type: none"> <li>– Baricitinib</li> </ul> </li> </ul>	<p><b>COVID-19 Drugs (FDA approved or EUA) Mechanisms of Action</b></p> <ul style="list-style-type: none"> <li>• <b><u>IL-6 receptor antagonists</u></b> <ul style="list-style-type: none"> <li>– Tocilizumab</li> </ul> </li> <li>• <b><u>RNA polymerase inhibitors</u></b> <ul style="list-style-type: none"> <li>– Remdesivir</li> <li>– <b>Molnupiravir</b></li> </ul> </li> <li>• <b><u>Protease inhibitors</u></b> <ul style="list-style-type: none"> <li>– <b>Nirmatrelvir/Ritonavir</b></li> </ul> </li> <li>• <b><u>Spike protein monoclonal antibodies combinations</u></b> <ul style="list-style-type: none"> <li>– Casirivimab/Imdevimab</li> <li>– Bamlanivimab/Etesevimab</li> <li>– <b>Sotrovimab</b></li> <li>– <b>Bebtelovimab</b></li> </ul> </li> <li>• <b><u>Janus kinase inhibitors</u></b> <ul style="list-style-type: none"> <li>– Baricitinib</li> </ul> </li> </ul>

Table currently reads:

Drug	Postexposure prophylaxis	Ambulatory	Hospital pO <sub>2</sub> > 94%	Hospital pO <sub>2</sub> ≤ 94%	Hospital ICU
Bamlanivimab/ Etesevimab	Suggested†	Suggested†			
Casirivimab/ Imdevimab		Suggested†			
Sotrovimab		Suggested			
Nirmatrelvir + Ritonavir		Suggested			
Molnupiravir		Alternative			
Remdesivir				Suggested	
Baricitinib				Suggested	
Tocilizumab				Suggested	Suggested
Dexamethasone				Suggested	Recommended

Table should read:

Drug	Postexposure prophylaxis	Ambulatory	Hospital pO <sub>2</sub> > 94%	Hospital pO <sub>2</sub> ≤ 94%	Hospital ICU
Bamlanivimab/ Etesevimab	Suggested†	Suggested†			
Casirivimab/ Imdevimab		Suggested†			
Nirmatrelvir + Ritonavir		Suggested			
Sotrovimab		Suggested			
Bebtelovimab		Suggested			
Molnupiravir		Alternative			
Remdesivir				Suggested	
Baricitinib				Suggested	
Tocilizumab				Suggested	Suggested
Dexamethasone				Suggested	Recommended

**Nephrology:**

**Page 336, Polycystic Kidney Disease (PKD) > Complications of PKD**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Complications of PCKD</b></p> <ul style="list-style-type: none"> <li>• Renal failure, hypertension</li> <li>• Hemorrhage into cysts</li> <li>• Infected cysts → use ciprofloxacin</li> <li>• <u>40% of patients have cysts in liver</u></li> <li>• High risk for stones</li> </ul>	<p><b>Complications of PKD</b></p> <ul style="list-style-type: none"> <li>• Renal failure, hypertension</li> <li>• Hemorrhage into cysts</li> <li>• Infected cysts → use ciprofloxacin</li> <li>• <u>40% of patients have cysts in liver</u></li> <li>• High risk for stones</li> </ul>

**Neurology:**

**Page 344, Myopathies > Motor Neuron Disease**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>Motor Neuron Disease</b></p> <ul style="list-style-type: none"> <li>• Amyotrophic lateral sclerosis (a.k.a. Lou Gehrig disease)</li> <li>• Most common anterior horn cell disease (motor neuron disease)</li> <li>• Hallmark — simultaneous upper and lower motor neuron signs</li> <li>• Tongue fasciculations</li> <li>• Progressive disease with pseudobulbar affect</li> <li>• Prognosis — 3–5 years with variance</li> <li>• Riluzole, <b>edaravone (approved in 2017)</b></li> <li>• Differential includes B<sub>12</sub> deficiency, cervical myelopathy, syringomyelia</li> </ul>	<p>Edaravone no longer recommended as of Feb. 2022</p> <p><b>Motor Neuron Disease</b></p> <ul style="list-style-type: none"> <li>• Amyotrophic lateral sclerosis (a.k.a. Lou Gehrig disease)</li> <li>• Most common anterior horn cell disease (motor neuron disease)</li> <li>• Hallmark — simultaneous upper and lower motor neuron signs</li> <li>• Tongue fasciculations</li> <li>• Progressive disease with pseudobulbar affect</li> <li>• Prognosis — 3–5 years with variance</li> <li>• Riluzole, <del>edaravone (approved in 2017)</del></li> <li>• Differential includes B<sub>12</sub> deficiency, cervical myelopathy, syringomyelia</li> </ul>

**Psychiatry:**

**Page 386, Complications of Psychotropic Drug Therapy > Neuroleptic Malignant Syndrome**

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 7</b></p> <p>A 68-year-old man is brought to the ED by his wife for evaluation of fever and confusion.</p> <p><b>PMH:</b> Parkinson’s, HTN</p> <p><b>Meds:</b> omeprazole, lorazepam, enalapril; he <b>stopped</b> taking levodopa-carbidopa 1 week ago</p> <p><b>Exam:</b> T 104.2°F (40.1°C), BP 185/110 mmHg, P 135 bpm, diaphoretic; Ext: marked muscle rigidity with hypoactive reflexes</p>	<p><b>AR 7</b></p> <p>A 68-year-old man is brought to the ED by his wife for evaluation of fever and confusion.</p> <p><b>PMH:</b> Parkinson’s, HTN</p> <p><b>Meds:</b> omeprazole, lorazepam, enalapril; he <b>started</b> taking levodopa-carbidopa 1 week ago</p> <p><b>Exam:</b> T 104.2°F (40.1°C), BP 185/110 mmHg, P 135 bpm, diaphoretic; Ext: marked muscle rigidity with hypoactive reflexes</p>