PEARLS

Antidepressant with no sexual SE: Bupropion

-Li Fraumeni syndrome: rare, p53 mutation, malignancy in breast, brain, skin

-Pseudodementia: patient emphasizes disability related to memory loss

-Infectious mononucleosis: 90% develop diffuse maculopapular rash after administration of ampicillin

-CMV infection: Heterophile Ab test is negative

-Kawasaki disease: kids with chest pain and cherry red tongue

-Raynaud’s phenomenon: tx is quite smoking, move to southern US, vasodilators like nitrates or nifedipine. If medical tx fails, surgery

-Randu Weber Osler: telangiectasias in skin and GI, have GIB all the time so Hb is low, they can have high cardiac output that leads to death

-Venous spider angiomas: hyper-estrogenism, pregnancy, alcohol, liver disease

-Kaposi sarcoma: assoc. w/ herpes, GIB, thick skin (can bend needle), lung nodes, elephantiasis

-Aortic aneurysm: brassy cough related to luatic aneurysm

-SLE vasculitis in brain: SLE psychosis -Cyclophosphamide: ovarian fibrosis in 1/5 females. Also bladder problems

-Temporal arteritis: tx is high dose prednisone 60 mg. These pts later develop shoulder pain due to Polymyalgia rheumatica. tx is low dose prednisone 10mg once

-Beurger disease or thrombangitis obliterans: arteries, veins, nerves are involved. Smoker whose fingers fall off, tx is quite smoking or steroids

-Takayasu arteritis: pulseless dis of great vessels in young females. Dx is thru angiogram, biopsy. Tx is steroids

-Mechanism of aortitis of tertiary syphilis: endarteritis obliterans

-ESR > 100: vasculitis, underlying malignancy, TB, osteomyelitis
- HMG-CoA reductase inhibitors: dec. LDL, stabilize a plaque w/in 2 hrs so can't have Mi or stroke. Lipitor increases liver enz but newer drugs SE<1%

- Reloxafine: drug use for osteoprosis, inc HDL, dec LDL, doesn't tx hot flash

- CLL: stage I (lymphocytosis & lymphadenopathy) req no tx

- Narrow angle glaucoma: red eye, extreme pain, blurred vision w/ halos. Dx is thru tanometry. Tx is dec IOP (acetazolamide, glycerol, manintol)

- Membranous nephropathy: NS in adults is related to infectious n non-infectious states. Among infections, #1 is Hep B #2 syphilis

- Familial hypercholesterolemia: MI at young age, Fam hx, xanthoma, AD mutation in LDL receptor gene

- Abnormalities in Apo protein C II is rare, cause hyperlipoproteinemia V. Inc cholesterol n inc TG

- Abnormalities in Apo E cause hyperlipoproteinemia III. Inc choles, inc TG

- Lipoprotein Lipase abn cause hyperlipoproteinemia I n IV, recurrent pancreatitis n hepatosplenomegaly

- Problem drinker enrolled in a program: check CHO deficent transferring

- To avoid NSAID induced ulcers: misoprostol

- 3 most common causes of steatosis (fatty liver): alcohol, obesity, DM

- Paracentesis safely performed if PT (INR) is upto 5.0

- Jaundice is either due to hemolysis/ hepatocellular damage [medical tx] or due to obstruction (inc direct bilirubin, inc alk phosp, normal to inc aminotransferases [surgery]

- Common age for intussusception: 6 mo to 12 mo

- First line tx for major depression: SSRI like paroxetine [SE dec libido, difficulty with orgasm in 1-2%]

- Alprazolam: short acting benzodiazepine SE cognitive impairment, confusion, disinhibition, amnesia. Inc confusion if combined w/CYP3A inhibitors

- Obstructive jaundice (increase alkaline phosphatase) + dilated biliary ducts = malignancy. Dx is thru CT of upp abdomen
- Painless hematuria in elderly males. Next step in dx: cystoscopy

- Machinery oil like fluid: craniopharngioma

- Beckwith-Weideman synd: hypoglycemia, macrosomia, omphalocele, macroglossia

- Hurler synd: AR, coarse facies (large tongue, flat bridge, short neck), MR, hepatosplenomegaly, umbilical hernia, corneal clouding, severe HD

- Sudden cardiac death: #1 cause arrhythmia, others r massive pulmonary embolism, HOCM, Aortic stenosis, Mitral valve prolapse

- Pt w/ spot on fingernail: (1) trauma (2) melanoma (3) ABE

- Non Q wave MI: Ca channel blocker, diltiazam

- #1 cause of cong HD: Ventricular septal defect

- MI prognosis: based on ejection fraction

- Worst H/A of life, death n berry aneurysm on autopsy: (1) PKD (2) COA

- Pre-ductal COA: Turner synd

- Eisenmenger synd: In L to R shunt when RVH reverses
Pregnant females with SLE & SS Ab may have kids with heart block, tx pacemaker

- Autoimmune Hep: liver biopsy shows lymphocytic portal inflammation w/ early bridging necrosis. Type I (classic) assoc. w/ antinuclear & antismooth Ab. Type II (common in W European descent) has Ab to circulating liver-kidney microsomes

- HIV+ male w/ fungatating mass out of anus w/ inguinal node metastases: Squamous CA of anus

- Osteogenesis Imperfecta: deficiency in collagen I synthesis

- Interpretation: Technique used when therapist states something about pt’s behavior or thoughts which pt may not b aware of.

- Blood transfusion from 1978 to 1985 may result in HIV+ status

- Small umbilical hernia can close spontaneously upto 2 yrs

- Diverticulitis: no bloody diarrhea

- Advanced restrictive disease: auscultation fine basilar inspiratory crackles
- Emphysema: Inc AP diameter & hyperresonance to percussion
- Diffuse expiratory wheezes: asthma or chronic bronchitis
- Dull to percussion at base: pleural effusion
- Wiskott Aldrich synd: XR immunodef triad of thrombocytopenia, eczema, recurrent infection. T & B cell defect. Inc risk of ALL & lymphoma. Tx is splenectomy, continued antibiotics, IVIG, bone marrow transplant
- De Querrain’s tenosynovitis: + Finkelstein sign (pain reproduced by ulnar deviation to stretch affected tendons
- Morton’s neuroma: Benign plantar interdigital neuroma in females after wearing high healed shoes
- Hallux rigidus: osteoarthritis of first MTP joint. Tender deformity & LOM
- Kleine Levin synd: adolescent males w/alternate periods of bulimia and hypersomnia
- Kleptomania: recurrent failure to resist impulses to steal objects not needed for personal use
- Eosinophilic fascitis: orange peel skin on ant extremities. Scleroderma like disorder involves arms, legs, sometimes face and trunk. Biopsy shows cellular infiltrates w/histiocytes, plasma cells, lymphocytes or only in few cases eosinophils. Tx is high dose prednisone (taper to low dose in 2-5 yr)
- Post MI, ECG shows sinus rhythm: tx is IV atropine
- MRI: to detect microadenoma
- Best biological age for female conception: 18-24 yrs
- Most common cause of bacterial diarrhea: Campylobacter
- IVDA w/R sided hemiplegia & H/A: brain abscess
- Increase PTT in anti-phospholipid Ab synd: recurrent thrombosis
- Isolated ascites or disproportionate to peripheral edema: alcoh cirrhosis
- Ascites and peripheral edema (bags under eye): CHF
- Primary thrombocythemia is part of myeloproliferative dis (polycytemia vera, CML, idiopathic myelofibrosis) is seen in age 50-70 yrs w/ platelets >500,000 to even
1000,000. Smear: platelet agg, giant platelets, megakarocyte fragments. Secondary thrombocythemia is due to other processes like acute infections, chronic inflam (RA, IBD, TB, sarcoidosis, WG), hemorrhage, Fe def, tumors

-Astrocytoma: age 40-60 yr, H/A, FND, seiz. High grade tumors on MRI show diffusely enhance intra axial abn

-Digoxin tox: xanthopsia/verofopsia (yellow green cast to vision), bradycardia and diff types of arrhythmias.

-Gilbert dis: #1 cause of unconjugated bilirubinemia in totally asx pt

Inc ST seg in II, III, aVF R coronary art occ (ant, post seg)
Inc ST seg in V5-V6, I-aVL Circumflex art occ (anterolat seg)
Inc ST seg in V1-V4 LAD art occ (antseptal/antapical)
Inc ST seg in V1-V6, I, aVL L coronary art occ (LAD & circumf)
Tall R waves in V1-V2 Post desc art occ (post aspect)

-Misoprostol: SE is diarrhea. Contraindicated in pregnancy

-#1 malabs dis is Celiac dis. Dx: d-xylose test (checks the small bowel)

-Malabsorption intial dx: qualitative fecal fat but gold standard is 72 hr quantitative fecal fat

-PABA test positive: pancreatic problem

-Bile salt def test: prob is liver dis or ileal dis

-Dermatitis herpiformis is pathognomonic: Celiac dis

-Crohn’s dis: all pts have their gall bladders out due to cholilithiasis

-Ca oxalate stone in urine: cause is Crohn’s dis or anti freeze

-#1 cause of Erythema nodosum: strep infection

-Sulfazalasine: useless in small bowel Crohn’s dis, tx is 5ASA (mesalamine)

-Fistulas in Crohn’s dis: 6-mercaptopurine

-Crohn’s dis: afliximab
-RA : etransap (embral)

-Pyoderma gangranosum : can be seen in Crohn’s dis & UC

-Blue black stools : Fe ingestion or peptobismol

-Normonatremia : can be dehydrated e.g., in diarrhea, pt loose equal amounts of Na+ and H2O

-Hypernatremia : almost always dehydrated. Dec albumin, inc Na+

-SIADH : Hyponatremia. First check medication, if not taking any then check CXR to r/o lung CA. Inc urine osmolality (conc urine, inc urine spot Na+) & dec serum osmolality from reabsorbing free H2O (dilute serum)

-Psychogenic H2O drinker : dilute serum & dilute urine
Medicine weakness (hypokalemia) : check urine spot K+. If low or N (prob is in GIT due to V,D). If high (think kidney tubular prob e.g., Conn synd)

-Hypokalemia : Diarrhea, diuretics, asthmatics on B-agonists

-Hyperkalemia tx: 2,2,2,10 rule (2amp Ca gluconate, 2amp D50, 2amp HCO3-, 10amp insulin, furosemide & kayxelate (careful in HF pt)

-Diarrhea: metabolic acidosis

-Vomiting, Hyperemesis gravidarum: metabolic alkalosis

-PE, hyperventilation, CHF, salisalate tox, gm-shock, hyperprogesteronism: respiratory alkalosis

-AFP: release when liver regenerates (fulminant hepatic failure)

-Anti-microsomal Ab : thyroid dis

-Chronic autoimmune Hepatitis or lupoid Hepatitis : +ANA anti-smooth Ab

-Anti-sm Ab : SLE

-Nyquil : has alcohol & acetaminophen

-Fulminant Hep: protein load (due to GIB) leads to encephalopathy

-Hepatorenal synd: mortality 90+% , RF, inc urine Na+

-First time binge drinker: hypoglycemia leads to death
-#1 cause of liver transplantation: Hepatitis C

-OCP, anabolic steroids, heliosis: Bloody ascites

-Hep B pts: quit smoking n coffee

-Anti-core IgM Hep B : window period

-10% pts w/ HBsAg don’t form anti-HBs : some loose HbeAg, they r healthy carriers known as chronic persistent Hep. Others keep HbeAg, they r infective carriers known as Chronic active Hep (bridging necrosis n piece meal necrosis)

Some more pointers, hope this help:

-Recurrent portal bleeding-tx: B blocker, nitrates

-Primary biliary cirrhosis- itching, high cholesterol. Dx: ERCP

-40 yr male with decrease phosphate: think drinker

-Increase Fe in menstruating female: think drinker

-Hepatocellular CA associated w/paraneoplastic syndrome: hypoglycemia, sec polycythemia

-Causes of pancreatitis: pentamidine, ddi, steroids, scorpion bites, type I hypertriglyceridemia, valproic acid, azathioprine, sulfonamide, thiazide

-10% of pancreatitis pts get Left pleural effusion rich in amylase

-Serum osmolality : 2 x Na+

-If severe dec serum Na+, it sucks water goes into brain or in other words in severe hyponatremia, pt can have seizures n delirium

-If severe inc serum Na+, it sucks up water from brain so in severe hypernatremia, pt gets dry

-To correct hypernatremia for hyperglycemia, for every glucose >100, drop Na 1.5 x

-Generally if add 2 to creatinine value, GFR cuts down to half
- Types of Non-nephrotic proteinuria: postural (from standing for several hours), isolated (problem present but don’t know y yet), transient (due to high fever, bladder infection etc.)

- Peptic ulcer dis + hypercalcemia = primary hyperparathyroidism

- Mechanism of #1 type of kidney stones (Ca oxalate): hypercalciuria

- Never do IVP on a Multiple myeloma pt

- To prevent recurrent kidney stone formation: low dose thiazide

- Spike n dome pattern on kidney biopsy: Membranous GN

- Aluminium toxicity (in dialysis pt): osteomalacia, dementia

- Thermometers, old wells: mercury poisoning

- #1 Mechanism of acute pyelonephritis: Vesicourethral reflex

- Cause of Honeymoon cystitis: staph saprophyticus

- To differentiate between pyelonephritis (febrile) and cystitis (no F): Fever

- Drug of choice for cystitis: TMP/SMX 3 days course; if allergic to sulfa drugs: quinolone

- Drug of choice for pyelonephritis: out pt quinolone for 2 wks

- Causes of renal papillary necrosis: sever acute pyelonephritis, Diabetes, analgesic abuse, sickle cell disease

- If product of Ca+ x PO4- is around 60: problem (nephrocalcinosis)

- Aminoglycoside + loop diuretic: oto n nephrotoxicity

- Amphotericin B: Renal tubular acidosis I

- Cisplatin: hypomagnesia

- HTN + pregnancy: alpha methyl dopa