

Structured Board Review 1402 Questions: GI 1-5; Child. 37-41; MSK 21-29; Adults 71-80

GI

1. A patient with risk factors for hepatitis C virus (HCV) has a positive HCV antibody test. Which one of the following additional tests is most important for deciding whether the patient should receive antiviral drugs to treat HCV infection?
  - A. Genotype testing.
  - B. Hepatitis C RNA (viral load).
  - C. Liver biopsy.
  - D. Liver transaminase levels.
  - E. Liver ultrasound.
  
2. Which one of the following is the most common side effect experienced by patients who receive standard treatment for hepatitis C virus with pegylated interferon alfa and ribavirin?
  - A. Depression.
  - B. Flu-like symptoms of fatigue, headache, and fever.
  - C. Hemolytic anemia.
  - D. Irritability and insomnia.
  - E. Thyroiditis.
  
3. Test results for a patient who is positive for hepatitis B surface antigen include positive total antibodies to hepatitis B core antigen, negative immunoglobulin M antibodies to hepatitis B core antigen, and negative antibodies to the hepatitis B surface antigen. Which one of the following is the correct interpretation of these results?
  - A. Chronic infection.
  - B. Early acute infection.
  - C. False-positive result (not infected).
  - D. Past infection resolved; currently immune.
  - E. Acute infection resolving.
  
4. Which one of the following statements most accurately represents the recommendations for immunization against hepatitis A virus in patients with chronic hepatitis B or C virus?

- A. Hepatitis A immunization is recommended for patients with hepatitis B or C virus, regardless of status of immunity to hepatitis A virus.
  - B. If not already immune to hepatitis A virus, hepatitis A immunization is recommended for patients with hepatitis B virus but not hepatitis C virus.
  - C. If not already immune to hepatitis A virus, hepatitis A immunization should be given to patients with hepatitis B or C virus.
  - D. If not already immune to hepatitis A virus, hepatitis A immunization is recommended for patients with hepatitis C virus but not hepatitis B virus.
5. For patients with hepatitis B or C virus who are at high risk for hepatocellular carcinoma (HCC), which one of the following is the appropriate interval at which to perform ultrasound screening for detection of HCC?
- A. Every 3 to 6 months.
  - B. Every 6 to 12 months.
  - C. Every 2 years.
  - D. Every 3 years.
  - E. Every 5 years.

## Children

37. Which one of the following is an established risk factor for the development of functional abdominal pain in children?
- A. Physical abuse.
  - B. Sexual abuse.
  - C. Lower socioeconomic status.
  - D. *Helicobacter pylori* infection.
38. Which one of the following is a red flag sign/symptom finding in the evaluation of a child with recurrent abdominal pain?
- A. Rapid weight gain.
  - B. Constipation.
  - C. Predominantly left-sided pain.
  - D. Diffuse abdominal tenderness.
  - E. Oral ulcers.

39. Which diagnostic investigations are appropriate for a 10-year-old boy who meets the criteria for functional abdominal pain and has no red flag findings on history and physical examination?
- A. No testing is indicated.
  - B. Complete blood cell count.
  - C. Erythrocyte sedimentation rate.
  - D. C-reactive protein.
  - E. Tests of liver function.
40. Which one of the following interventions has the best evidence of benefit for children with functional abdominal pain?
- A. Dietary probiotics.
  - B. Cognitive-behavioral therapy.
  - C. Fiber supplementation.
  - D. Meditation.
  - E. Peppermint oil.
41. Which one of the following is the most common cyanotic congenital heart disease identified in the first week after birth?
- A. Coarctation of the aorta.
  - B. Hypoplastic left heart syndrome.
  - C. Tetralogy of Fallot.
  - D. Transposition of great arteries.
  - E. Ventricular septal defect.

## Musculoskeletal

21. A patient presents with heel pain that has increased in severity over the past 3 months. She has tried heel cup inserts with little improvement. Which of the following helps establish the diagnosis of plantar fasciitis?
- A. Pain extending from the heel into the second and third toes.
  - B. Pain that is least severe upon first heel strike and becoming worse after the first few steps.

- C. Pain elicited during the tarsal tunnel syndrome test after 5 to 10 seconds.
  - D. Pain elicited with passive plantarflexion of the talocrural joint.
  - E. Palpation of the Achilles tendon.
- 22.** The predominant goal of plantar fasciitis treatment is to maximize pain relief and restore function. Which of the following initial steps should be considered for such treatment?
- A. Weight loss.
  - B. Replacement of worn shoes.
  - C. Customized shoe inserts.
  - D. Corticosteroid injection.
  - E. Both A and B.
- 23.** Although customized foot orthoses appear to be more effective plantar fasciitis treatment than no shoe insert or night splints, they might not be more effective than which of the following?
- A. Prefabricated orthoses.
  - B. Routine plantar stretching.
  - C. Physical therapy.
  - D. All of the above.
  - E. None of the above.
- 24.** A patient with plantar fasciitis returns for a follow-up visit after 2 weeks of treatment with acetaminophen and calf stretching exercises. She continues to have heel pain. Which of the following would you recommend based on strong supporting evidence?
- A. Dorsiflexion night splints.
  - B. Custom foot orthoses.
  - C. Corticosteroid injection in the plantar fascia.
  - D. Extracorporeal shock wave therapy.
  - E. Surgical treatment.

25. After successful treatment with a corticosteroid injection in the plantar fascia, a patient returns with recurrent pain. You are concerned that repeated injection may cause fat pad atrophy and recommend a trial of low-energy extracorporeal shock wave therapy (ESWT). What should you tell your patient about this treatment?
- A. Anesthesia will be needed.
  - B. ESWT is more effective than physical therapy.
  - C. ESWT acts to stimulate soft-tissue healing and reduce pain.
  - D. Most insurance companies will reimburse the cost of ESWT.
  - E. Studies consistently show benefit.
26. A 52-year-old woman who just completed treatment for a corn between the fourth and fifth toes asks about prevention. She has no obvious foot deformities. Which of the following options would you advise?
- A. Low-heeled shoes with a soft, wide toe box.
  - B. High-heeled shoes with a soft toe box.
  - C. Loose-fitting shoes.
  - D. Extra changes of shoes.
  - E. Offloading shoe inserts.
27. A 64-year-old woman with a recalcitrant callus under the second metatarsal head requests surgery. Which of the following options would you advise?
- A. Surgery to change foot mechanics.
  - B. Surgery to remove the callus.
  - C. Surgery to remove bony prominences.
  - D. Surgery should be avoided and conservative treatment used.
  - E. All of the above.
28. A 52-year-old woman presents with a painful, rough, skin-colored lesion on the bottom of her right foot. Which of the following would help confirm a plantar wart?
- A. Lesion does not obscure skin markings.
  - B. Thrombosed capillaries evident when paring down the lesion.

- C. Wickham striae.
- D. Horn cysts within the lesion.
- E. Pigmented, *stuck* on appearance.

29. Which of the following is considered first-line treatment for plantar warts?

- A. Topical salicylic acid.
- B. Topical dinitrochlorobenzene.
- C. Cryotherapy.
- D. Imiquimod 5% cream.
- E. 5-Fluorouracil 5% cream.

## Adults

71. Which one of the following statements most accurately describes the etiology of traveler's diarrhea (TD)?

- A. Approximately 30% of cases are attributed to enteropathic viruses.
- B. Approximately 5% of cases are attributed to intestinal parasites.
- C. Approximately 50% of cases are attributed to bacteria.
- D. The most common etiology of TD is enterotoxigenic *Escherichia coli*.

72. Which one of the following statements reflects the most appropriate regimen for antibiotic management of traveler's diarrhea?

- A. Ciprofloxacin 250 to 500 mg 2 times/day for 1 to 3 days.
- B. Ciprofloxacin 750 mg, repeat after 12 hours.
- C. Azithromycin 500 mg on 3 consecutive days.
- D. Ofloxacin 1,000 mg once.
- E. Levofloxacin 500 mg 3 times/day for 1 to 3 days.

73. Which one of the following statements most accurately describes a health risk from consuming fish?

- A. Anisakiasis typically manifests as profuse watery diarrhea within hours of consuming raw fish.
- B. Ciguatera poisoning manifests as acute gastrointestinal symptoms within 1 to 3 hours of consuming contaminated large predatory reef fish.
- C. Neurologic symptoms can occur early in ciguatera poisoning.
- D. Scombroid poisoning occurs 1 to 3 days after consuming contaminated freshwater fish.
- E. Raw or undercooked saltwater tuna can transmit liver flukes.

74. Which one of the following statements about animal and insect injuries is most accurate?

- A. After a tick bite in an endemic area, doxycycline 4 mg/kg is indicated for Lyme disease prophylaxis.
- B. After an insect bite in an endemic area, amoxicillin 500 mg 2 times/day for 3 days is indicated for scrub typhus prophylaxis.
- C. Snake bites are the third most common animal-related injury in US tourists overseas.
- D. Jellyfish stings should be immersed in cold, fresh water promptly.

75. Which one of the following statements about sun exposure is most accurate?

- A. To be effective, sunscreens should have a sun protection factor of at least 10.
- B. Sunscreen may be applied simultaneously with *N,N*-diethyl-3-methylbenzamide (DEET).
- C. Sunscreen should be applied immediately before sun exposure to prevent loss of protection through absorption into the skin.
- D. Topical steroids are effective for sunburn management.
- E. Photosensitivity is a risk of doxycycline and chloroquine.

76. Which one of the following statements about stand-by emergency treatment (SBET) for malaria is most accurate?

- A. It should be offered to all travelers to endemic areas.
- B. It should be offered to all travelers to chloroquine-resistant areas.
- C. It is no longer recommended because modern chemoprophylaxis is safe and effective.
- D. In chloroquine-sensitive areas, a 3-day course of chloroquine treatment is recommended for SBET.

77. Which one of the following statements about travel to high altitudes is most accurate?

- A. Altitude-related symptoms are uncommon below 3,500 m (11,483 ft).
- B. Children are less likely to develop altitude-related symptoms than adults.
- C. Physical conditioning before ascent reduces the risk of altitude sickness.
- D. Up to 50% of travelers to elevations of 4,000 m (13,124 ft) experience symptomatic altitude sickness.
- E. Prophylactic acetazolamide is safe during pregnancy and while breastfeeding.

**78.** Which one of the following statements about the symptomatic returned traveler is most accurate?

- A. Approximately 15% of travelers seek medical attention for symptomatic illness on returning to the United States.
- B. Fever is an urgent sign in the returned traveler.
- C. Nausea and vomiting are among the most common symptoms reported by returned travelers.
- D. Pulmonary embolism is the most common cause of new-onset cough within 3 days of completed air travel.
- E. Cutaneous complaints are uncommon in returned travelers.

**79.** Which one of the following statements about dengue fever is most accurate?

- A. The incubation period typically is 3 weeks.
- B. Children with dengue fever might present with shock.
- C. Nonsteroidal anti-inflammatory drugs are recommended to relieve dengue fever.
- D. Patients with dengue fever typically experience moderate, intermittent fevers.

**80.** Which one of the following statements about skin conditions in travelers is most accurate?

- A. Cutaneous larva migrans can be contracted by walking barefoot on a contaminated beach.
- B. Scabies usually is managed with albendazole 400 mg as a single dose.
- C. Pruritus, especially of the palms and soles, is typical of scombroid fish poisoning.
- D. Cutaneous leishmaniasis is characterized by a serpiginous moving lesion.
- E. Cutaneous leishmaniasis often manifests as a painful ulcer with a rolling border.