Internal Medicine

February 11, 2009

Morning Report

MKSAP Question #1

- A 28-year-old man is evaluated for a 1-month history of a sensation of scrotal heaviness and an enlarging testicle. His medical history is otherwise noncontributory, and his family history is unremarkable.
- On physical examination, he has a large, firm, right testicular mass. The remainder of the examination is normal.

MKSAP Question #1

- The preoperative serum β-human chorionic gonadotropin concentration (β-hCG) is 20 mU/mL (normal <5 mU/mL), and α-fetoprotein and lactate dehydrogenase concentrations are normal. Chest CT is normal, but abdominal CT shows three enlarged retroperitoneal lymph nodes, each 2 to 3 cm in diameter. High inguinal radical orchiectomy reveals a tumor that is 95% seminomatous, but with approximately 5% nonseminomatous chorionic elements. One week after surgery, serum concentrations for all three tumor markers are normal.

MKSAP Question #1

- Which of the following is the most appropriate next step in management?
  - A: Repeated CT of the abdomen
  - B: Abdominal radiation therapy
  - C: Chemotherapy
  - D: Abdominal radiation therapy plus chemotherapy

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This pt has stage II testicular cancer

- If the tumor has *any* non-seminomatous involvement, it should be treated as a non-seminomatous cancer
- Chemotherapy is highly effective and curative

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no CT
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MKSAP Question #1

- Which of the following is the most appropriate next step in management?
  - A: Repeated CT of the abdomen
    - Will not change management decisions
  - B: Abdominal radiation therapy
    - XRT alone is inadequate to produce cure
  - C: Chemotherapy
    - Very effective and curative in mixed testicular CA
  - D: Abdominal radiation therapy plus chemotherapy
    - Addition of XRT to chemotherapy is unnecessary

MKSAP Question #2

- A 59-year-old man undergoes cardiac evaluation prior to radical prostatectomy for a recently diagnosed prostate cancer. Two years ago, he was diagnosed with symptomatic aortic stenosis and underwent aortic valve replacement with a bileaflet tilting disk valve. Since his valve replacement, he has done very well. He has no angina, exertional dyspnea, palpitations, syncope, or symptoms of congestive heart failure. His current medications include warfarin and a low-dose angiotensin-converting enzyme inhibitor.

MKSAP Question #2

- The only significant findings on physical examination are a nonradiating grade 2/6 systolic murmur heard over the left upper sternal border and a mechanical S_2 on auscultation of his heart.

MKSAP Question #2

- Which preoperative recommendation regarding management of this patient's anticoagulation regimen is the most appropriate?
  - A: Continue warfarin through the surgery without interruption
  - B: Discontinue warfarin 3 days prior to surgery
  - C: Start full-dose aspirin in lieu of warfarin 3 days prior to surgery
  - D: Start intravenous heparin and discontinue warfarin 3 days prior to surgery

Heparin bridging when discontinuing warfarin is only needed in high-risk patients

- Defined as conditions that cause slow trans-valvular blood flow
- Any prosthetic valve in the mitral position
- Atrial fibrillation
- History of previous thromboembolic event
- Older ball-and-cage valves (Starr-Edwards)

palpitations, syncope, or symptoms of congestive heart failure. His current medications include warfarin and a low-dose angiotensin-converting enzyme inhibitor.

MKSAP Question #2

- Which preoperative recommendation regarding management of this patient's anticoagulation regimen is the most appropriate?
  - A: Continue warfarin through the surgery without interruption
    - Would increase peri-operative bleeding risks
  - B: Discontinue warfarin 3 days prior to surgery
    - Lower risk for thrombosis, no heparin bridge needed
  - C: Start full-dose aspirin in lieu of warfarin 3 days prior to surgery
    - ASA is not a sufficient anticoagulation surrogate
  - D: Start intravenous heparin and discontinue warfarin 3 days prior to surgery
    - This pt does not fit high-risk criteria for heparin bridging

MKSAP Question #3

- A 27-year-old woman has a 1-day history of dysuria, left flank pain, and fever. The patient is sexually active. She had one episode of cystitis 3 months ago that was treated successfully with trimethoprim-sulfamethoxazole. Urine cultures were not obtained at that time.
- On physical examination, the patient appears uncomfortable but not acutely ill. Temperature is 38.5 °C (101.3 °F), pulse rate is 100/min, respiration rate is 18/min, and blood pressure is 120/78 mm Hg. There is pain on percussion of the left flank.
- The leukocyte count is 20,000/µL (20×10^9/L) with 80% segmented neutrophils and 5% band forms. Urinalysis shows a leukocyte count of 100/hpf and a positive test for leukocyte esterase.

MKSAP Question #3

- Which of the following is the most appropriate empiric therapy for this patient?
  - A: Oral trimethoprim–sulfamethoxazole
  - B: Intravenous trimethoprim–sulfamethoxazole
  - C: Oral amoxicillin–clavulanate
  - D: Oral levofloxacin
  - E: Intravenous levofloxacin

MKS

Acute pyelonephritis

- In compliant pts with no significant nausea/vomiting, an oral FQ is an appropriate empiric treatment pending culture results
- If poor po intake, an IV abx is indicated

- A 2 … left flan … She had … eated suc … ne cult
- On physical examination, the patient appears unco … 5 °C (101 … 18/min, and … on perc

Appropriate empiric abx include FQ, 3rd gen ceph, carbapenems, aminoglycosides

- The … 80% segmented neutrophils and 5% band forms. Urinalysis shows a leukocyte count of 100/hpf and a positive test for leukocyte esterase.

MKSAP Question #3

- Which of the following is the most appropriate empiric therapy for this patient?
  - A: Oral trimethoprim–sulfamethoxazole
    - Not recommended for pyelo due to resistance
  - B: Intravenous trimethoprim–sulfamethoxazole
    - IV TMP/SMX used only for PCP PNA
  - C: Oral amoxicillin–clavulanate
    - Recent studies show that PCNs inferior to FQ
  - D: Oral levofloxacin
    - Appropriate treatment, pt without N/V
  - E: Intravenous levofloxacin
    - Indicated only if nausea/vomiting, decreased po intake

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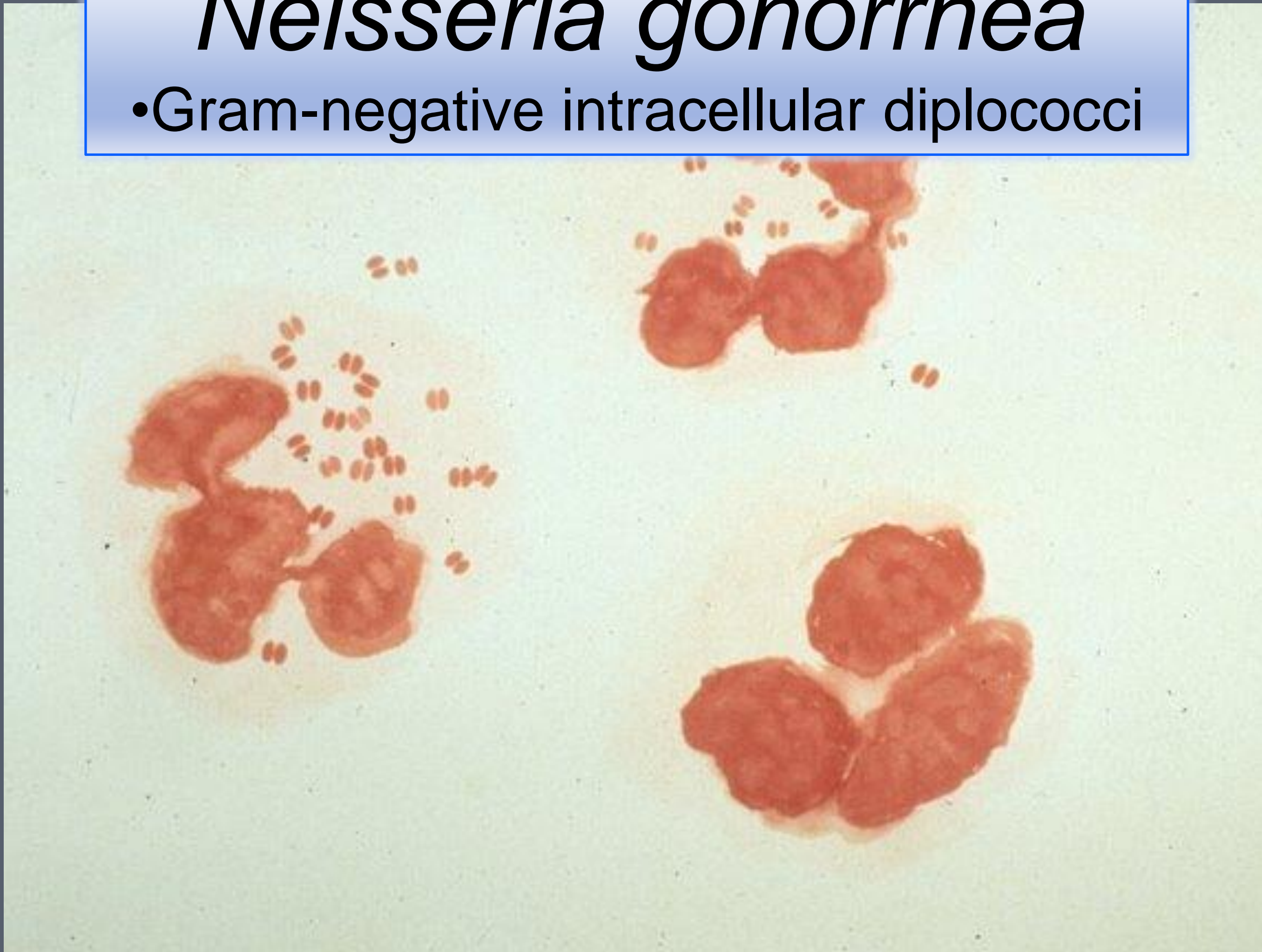
- B
- C
- D

Image of the Day

Neisseria gonorrhea

- Gram-negative intracellular diplococci



Case Presentation

Dr. Treye Springs