

Internal Medicine

February 9, 2009

MORNING REPORT

MKSAP Question #1

- A 45-year-old woman undergoes an open cholecystectomy for multiple gallstones. Her medical history is significant only for alcohol abuse, and she is not taking any medications. At the conclusion of the operative procedure, the anesthesiologist notices that her end-tidal carbon dioxide has increased and her peak airway pressures have increased. Her temperature has abruptly increased to 39.2 °C (102.5 °F). Her heart rate increases to 110/min and blood pressure increases to 190/110 mm Hg. The endotracheal tube position is unchanged, and her lungs are clear to auscultation.

MKSAP Question #1

- ◉ Which of the following is the most appropriate next step in her management?
 - A: Inform the surgeon the patient may be bleeding
 - B: Lower the blood pressure with sodium nitroprusside
 - C: Continue hydration and administer intravenous dantrolene.
 - D: Administer a neuromuscular blocker
 - E: Administer intravenous corticosteroids

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Malignant hyperthermia

- Inherited skeletal muscle disorder characterized by a hypermetabolic state precipitated by exposure to volatile inhalational anesthetics and depolarizing muscle relaxants
 - Can occur on exposure or many hours later
 - Fever, tachypnea, HTN, tachycardia, hypercapnea, muscle rigidity are characteristic features
 - Mortality is up to 10%
- Supportive care and dantrolene are mainstays of treatment

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MKSAP Question #1

- Which of the following is the most appropriate next step in her management?
 - A: Inform the surgeon the patient may be bleeding
 - No evidence of bleeding
 - B: Lower the blood pressure with sodium nitroprusside
 - Will not treat underlying hypermetabolic state
 - **C: Continue hydration and administer intravenous dantrolene.**
 - **Prompt recognition and treatment is key for malignant hyperthermia**
 - D: Administer a neuromuscular blocker
 - Will not treat underlying hypermetabolic state
 - E: Administer intravenous corticosteroids
 - No indication for steroids in tx of malignant hyperthermia

MKSAP Question #2

- A 42-year-old man is evaluated for a nonpruritic, nonpainful spreading rash he has noticed over the past several weeks. The patient has been outdoors more often over the past few weeks as the weather has warmed, and his skin is beginning to tan. He has used over-the-counter corticosteroid cream without success. His medical history is significant for hyperlipidemia controlled with simvastatin.

MKSAP Question

- Laboratory examination of the skin showed a total cholesterol level of 11.0 mmol/L and serum low-density lipoprotein cholesterol level of 11.0 mmol/L. Findings of direct microscopic examination of the skin scale with 10% potassium hydroxide showed large, blunt hyphae and spores in a “spaghetti and meatballs” pattern. Liver chemistries were normal.



MKSAP Question #2

- Which of the following is the most appropriate treatment for this patient?
 - A: Oral terbinafine
 - B: Oral itraconazole
 - C: Topical triamcinolone
 - D: Topical ketoconazole
 - E: Oral griseofulvin

MKSAP Question #2



Tinea versicolor

Malassezia furfur

- Spaghetti and meatballs pattern on KOH prep
- Azole treatment is very effective
 - ketoconazole, itraconazole, fluconazole
- Topical treatment preferred, but oral works as well

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● A:

○ Not effective for treatment (although topical works)

● B: Oral itraconazole

○ Effective, but contraindicated if pt is on a statin

● C: Topical triamcinolone

○ Topical steroids not effective in treatment

● D: Topical ketoconazole

○ Very effective treatment for tinea versicolor

● E: Oral griseofulvin

○ Not effective in treatment of tinea versicolor

Itraconazole is a very potent CYP3A4 inhibitor, which can lead to increased serum levels of statins and greatly increase the risk for severe myopathy.

•Effect is greatest with simvastatin and lovastatin, but can be seen with atorvastatin also

MKSAP Question #3

- A 32-year-old woman with distal ileal Crohn's disease has a 2-week history of increasingly severe right lower quadrant abdominal pain, five or six nonbloody bowel movements daily, nausea, and anorexia. She has lost 3.2 kg (7 lb) during this time. The patient has not had vomiting, abdominal distention, fever, chills, or excessive sweating. Until her current symptoms developed, she had been maintained in remission on mesalamine.

MKSAP Question #3

- On physical examination, she appears mildly ill. Vital signs are normal. Abdominal examination discloses mild right lower quadrant tenderness without masses, guarding, or rebound. CT enterography shows mural edema, hyperenhancement, and hypervascularity in the distal 15 cm of ileum with some inflammatory stranding around the ileum. No phlegmon, abscess, or lymphadenopathy is noted. Colonoscopy shows fissuring ulcers and cobblestoning in the distal ileum with no evidence of colitis.

MKSAP Question #3

- Which of the following medications is most appropriate for the acute management of this patient's disease flare?
 - A: Prednisone
 - B: Balsalazide
 - C: Metronidazole
 - D: Budesonide
 - E: 6-Mercaptopurine

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MKSAP Question #3

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Crohn's disease flare limited to the terminal ileum

Corticosteroids can produce prompt remission of symptoms, but systemic effects of steroids are always a concern.

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MKSAP Question #3

- Which of the following medications is most appropriate for the acute management of this patient's disease flare?
 - A: Prednisone
 - Effective, but concern for systemic side effects
 - B: Balsalazide
 - Salicylate designed to deliver drug to the colon
 - C: Metronidazole
 - Abx indicated for colonic involvement of Crohn's disease
 - **D: Budesonide**
 - **Oral formulation designed to deliver steroid to terminal ileum only and limit systemic absorption**
 - E: 6-Mercaptopurine
 - Appropriate as maintenance therapy, not acute treatment

MKSAP Question #4

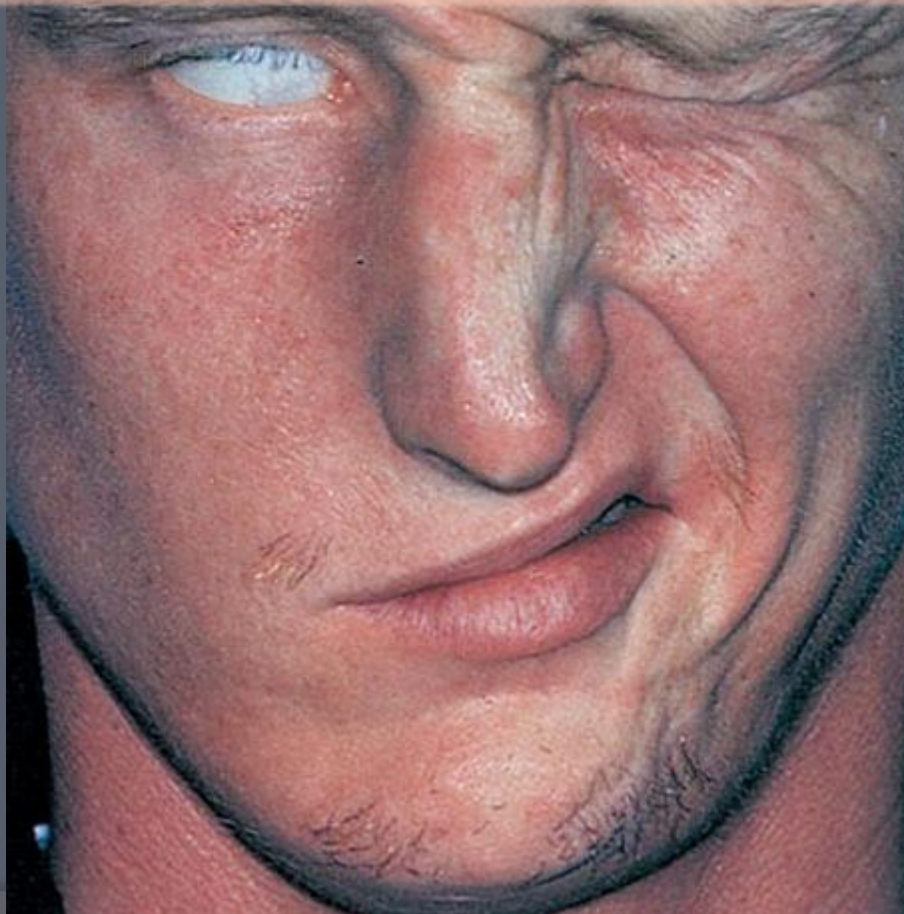
- What is the name of Lloyd Christmas' parrot who encounters an unfortunate demise in *Dumb and Dumber*?
 - A: Frankie
 - B: Petey
 - C: Harold
 - D: Tweety



Image

Ramsay-Hunt Syndrome

- Associated with VZV reactivation, typically in ear
- Involvement of CN VII, can mimic stroke
- Hearing loss and tinnitus also common



Case Presentation

Dr. Xanthia
Samaropoulos

