

GASTROINTESTINAL FINAL

Test: 8

Dr. Kuhn

Fall 1990

1. Peritonitis is defined as:
 - a. inflammation of the peritonsillar region of the oral vestibule
 - b. acute inflammation of the visceral and parietal peritoneum
 - c. a constellation of chronic immune suppression
 - d. a reportable disease

2. Peritonitis is most commonly:
 - a. a primary process
 - b. a secondary process
 - c. of unknown etiology
 - d. neoplastic process

3. In peritonitis the clinical picture may contain history of rebound tenderness, vomiting, muscle rigidity and abdominal surgery. A plain film of the abdomen (KUB) may demonstrate:
 - a. organomegaly
 - b. situs inversus
 - c. free air under the diaphragm
 - d. hiatal hernia

4. Ectopic pancreas presents radiographically similar to a benign ulcer. Like a benign ulcer the lesion may be irritative and/or:
 - a. asymptomatic
 - b. pre-malignant
 - c. proliferative
 - d. obstructive

5. The principle difference between chronic pancreatitis and acute relapsing pancreatitis:
 - a. is that acute relapsing pancreatitis is associated with calcific changes in the pancreas.
 - b. is that chronic pancreatitis is not associated with any abnormal lab findings
 - c. is that chronic pancreatitis results in permanent functional impairment
 - d. is that acute relapsing pancreatitis results in permanent functional impairment

6. Pancreatic carcinoma is most commonly found in the:

- a. head
- b. tail
- c. duct
- d. post-mortum

7. Chronic pancreatitis should be considered:

- a. a more serious form of acute pancreatitis
- b. completely distinct from acute pancreatitis
- c. a benign process with no serious attendant complications
- d. universally fatal

8. Diet recommendations regarding the patients diet include alcohol elimination and:

(FOR PANCREATITIS)

- a. low fiber diet
- b. low fat diet
- c. diet high in refined carbohydrates
- d. inclusion of dairy products to replace lost calcium

9. _____ is typified by secretion of an abnormal and obstructive mucous, commonly associated with a variety of pulmonary diseases and is the most common fatal heredity disorder of caucasians in the USA.

- a. Mucinous adenocarcinoma
- b. cystic fibrosis
- c. diabetes mellitus
- d. SLE

10. The first steps in treating peritonitis are to control the infection, restore fluid and electrolyte levels and remove the source of the disease. The patient is not released from care until:

- a. abscess formation has been ruled out
- b. KUB exam is performed and found to be negative
- c. full psychological profile has been performed
- d. the patient is afebrile

11. Examination of the abdomen can be performed cost effectively with virtually no risk to the patient by which of the following:

- a. ultra sound
- b. computerized tomography
- c. ERCP
- d. Angiography

12. In general, conservative care of pancreatitis includes evaluation of the:

- a. lower cervical region
- b. cranio occipital region
- c. mid to lower thoracic spine
- d. mid to lower lumbar spine

13. Vomiting is an early sign of peritonitis, this is due to:

- a. a decrease in G.I. motility leading to pooling of G.I. secretions
- b. parasympathetic hyperstimulation
- c. purely psychosomatic events
- d. the thought of your bill

14. Courvoisier state that jaundice in a patient with a palpable _____ may indicate neoplastic obstruction.

- a. kidney
- b. pancreas
- c. gall bladder
- d. liver

- 15. Cholecystitis ^{DE} distention by clear mucous secretions
- 16. Choledocholithiasis ^D stasis leads to increased incidence
- 17. Cholelithiasis ^{BB} biliary duct inflammation
- 18. Cholangitis ^C may present as a triad of pain, fever (chills) and jaundice
- 19. Hydrops ^A exceedingly painful, may refer to the tip of the scapula

Questions 20-22 refer to the following 48 year old female presents with sever epigastric pain that is constant. She states she has vomited once and still feels nauseous. You check vitals: HR 95 bpm, B.P. 135/85, Resp. rate 17 ~~bpm~~ temperature 99.5F. Murphys test is positive.

20. This crisis was likely precipitated by:

- a. strenuous yard work
- b. L₅/S₁ discopathy
- c. chronic aspirin use
- d. large and/or fatty meal

21. In your office it may be advisable to perform:

- a. underwater US
- b. KUB
- c. soft tissue manipulation of the abdomen
- d. galvanic therapy

22. The prognosis for the above case is generally:

- a. good
- b. poor

23. Which of the following has been ~~shown~~^{shown} to be helpful in the re-population of intestinal flora:

- a. peppermint oil capsules
- b. lactobacillus acidophilus
- c. Vitamin C
- d. anti biotic therapy

24. When treating conditions that manifest malabsorption signs and symptoms, massive doses of vitamins are used:

- a. to force absorption thru artificially high concentration gradients
- b. as antibodies
- c. stimulate G.I. function
- d. as diarrhetics

25. If a patient is currently being treated with RetinA for acute vulgaris, use of which of the following is not advised:

- a. Vitamin A
- b. Vitamin D
- c. Vitamin E
- d. Vitamin K

26. The corner stone of Irritable bowel syndrome treatment regiments is:

- a. remove gluten from the diet
- b. stress reduction
- c. anti biotic therapy
- d. bed rest

27. One way to differentiate between icterus (Jaundice) and carotenemia is to examine the oral mucosa and the:

- a. sclera
- b. fingernails
- c. stool
- d. back of their hand

28. As health care practioners we assume certain risks as part and parcel of our professions. Which of the following is one such risk:

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis Non A Non B
- d. none of the above is a known occupational risk factor

29. When treating oral leukoplakia with selenium the patient must be advised regarding:

- a. seleniums tendency to cause diarrhea
- b. seleniums tendency to cause constipation
- c. seleniums tendency to cause alopecia
- d. seleniums tendency to cause toxicity in amounts exceeding 200 mg/day

30. Please answer honestly. I am now _____ likely to treat patients for more than NHS conditions.

- a. none

IKINIOX

Great Po

97 Test

#7724 GASTROINTESTINAL

DI EWITT II

Dr. Kuhn

FINAL TEST A

December 6, 1991

1. Which of the following is most commonly spread via the fecal route?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis non A, non B
- e. all of the above

2

2. Antigens for Hepatitis A appear 7 - 10 days prior to the onset of symptoms in which of the following?

- a. venous blood sample
- b. arterial blood sample
- c. fecal samples
- d. gastric secretions
- e. all of the above

58

3. An incubation period of 60 - 120 days is common for Hepatitis B. It is transmitted through which of the following means?

- a. feces
- b. urine
- c. saliva
- d. tears
- e. all of the above

15

4. Which of the following represents the most mild presentation of Hepatitis?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis D
- d. Hepatitis non A, non B
- e. Hepatitis C

58

5. Which of the following has the most severe clinical course?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D
- e. Hepatitis non A, non B

62

6. Hepatitis patients exhibit jaundice in what percentage of the cases?

- a. 10%

b. 33%

7. Which of the following regarding hepatitis is true?

2

- a. It is almost always fatal
- b. It is more serious than AIDS
- c. With proper precautions the risk is near zero
- d. The resulting liver damage is always permanent

8. A patient with acute pancreatitis will often exhibit which of the following?

15

- a. patient sits and leans forward
- b. patient prefers to supine
- c. patient prefers to walk
- d. patient prefers to be semi-reclined

9. Your patient exhibits decreased levels of albumin and serum cact, H&C 12-20,000 proteinuria, casts, glycosuria. Which of the following would confirm your diagnosis of acute pancreatitis?

24

- a. pathology report revealing permanent changes in the pancreas
- b. history of alcohol ingestion
- c. elevated levels of AST and ALT
- d. elevated levels of serum amylase

10. _____ is typified by secretion of an abnormal and obstructive mucous, commonly associated with a variety of pulmonary diseases and is the most common fatal heredity disorder of caucasians in the U.S.A.

2

- a. Mucinous adenocarcinoma
- b. cystic fibrosis
- c. diabetes mellitus
- d. SLE

11. The first steps in treating peritonitis are to control the infection, restore fluid and electrolyte levels and remove the source of the disease. The patient is not released from care until:

2

- a. abscess formation has been ruled out
- b. KUB exam is performed and found to be negative
- c. full psychological profile has been performed
- d. the patient is afebrile

12. Examination of the abdomen can be performed cost effectively with virtually no risk to the patient by which of the following:

2

- a. ultra sound
- b. computerized tomography
- c. ERCP
- d. Angiography

2

KAREN

July 31, 1992

1. Which of the following may produce localized peritonitis?

- a. ruptured diverticulum
- b. ruptured appendix
- c. ruptured colon
- d. ruptured ulcer

2. Early in the course of peritonitis the patient exhibits fever, pain and vomiting. Which best explains the vomiting?

- a. hyperperistalsis
- b. neoplastic mass
- c. gastric outlet obstruction
- d. decrease in G.I. activity associated with pooling of gastric secretions

3. The patient with peritonitis should not be released from care until:

- a. the fever is resolved
- b. abscess can be excluded
- c. electrolyte balance is restored
- d. the course of antibiotics is finished

4. Conservative care for acute pancreatitis includes manipulation in the T5-11 region as well as which of the following?

- a. Vitamin A
- b. B complex
- c. Vitamin C
- d. Vitamin E
- e. all of the above

5. Which of the following signs or symptoms of cholecystitis is always present?

- a. shaking chills
- b. fever
- c. jaundice
- d. leukocytosis

Antigens for Hepatitis A appear 7 - 10 days prior to the onset of symptoms in which of the following?

- a. venous blood sample
- b. arterial blood sample
- c. fecal samples
- d. gastric secretions
- e. all of the above

...with acute pancreatitis will often exhibit which of the following?

GAB

- a. patient sits and leans forward
- b. patient prefers to be supine
- c. patient prefers to walk
- d. patient prefers to be semi-reclined

8. All of the following are appropriate tools for the diagnosis of cholecystitis except:

- a. us
- b. oral cholecystogram
- c. radionuclide imaging
- d. all of the above are appropriate

9. Courvoisier stated that jaundice in a patient with a palpable _____ may indicate neoplastic obstruction.

- a. kidney
- b. pancreas
- c. gall bladder
- d. liver

10. Your patient exhibits decreased levels of albumin and serum ca⁺⁺, HBC 12-20,000 proteinuria, casts, glycosuria. Which of the following would confirm your diagnosis of acute pancreatitis?

- a. pathology report revealing permanent changes in the pancreas
- b. history of alcohol ingestion
- c. elevated levels of AST and ALT
- d. elevated levels of serum amylase

11. Which of the following regarding ectopic pancreas is true?

- a. associated with Meckel's diverticulum
- b. may be an irritative or obstructive lesion
- c. associated with Zollinger-Ellison
- d. all of the above are true

12. Which of the following is a risk factor for gallstone development?

- a. rapid weight reduction
- b. diabetes mellitus
- c. biliary cirrhosis
- d. fatty diet
- e. all of the above are risk factors

13. Hepatitis patients exhibit jaundice in what percentage of the cases?

- a. 10%
- b. 33%
- c. 50%
- d. 75%

~~Handwritten scribbles and markings at the bottom right of the page.~~

feels nauseous. You check vitals: HR 95 bpm, B.P. 135/85, Resp. rate 17 bpm. Murphy's test is positive.

21. This crisis was likely precipitated by:
- strenuous yard work
 - L5/S1 discopathy
 - chronic aspirin use
 - large and/or fatty meal
22. In your office it may be advisable to perform:
- underwater US
 - KUB
 - soft tissue manipulation of the abdomen
 - galvanic therapy
23. The prognosis for the above case is generally:
- good
 - poor
24. Peritonitis is defined as:
- inflammation of the peritonsillar region of the oral vestibule
 - acute inflammation of the visceral and parietal peritoneum
 - a constellation of chronic immune suppression
 - a reportable disease
25. Peritonitis is most commonly:
- a primary process
 - a secondary process
 - of unknown etiology
 - neoplastic process
26. In peritonitis the clinical picture may contain history of rebound tenderness, vomiting, muscle rigidity and abdominal surgery. A plain film of the abdomen (KUB) may demonstrate:
- organomegaly
 - situs inversus
 - free air under the diaphragm
 - hiatal hernia

27. The principle difference between chronic pancreatitis and acute relapsing pancreatitis:

- a. is that acute relapsing pancreatitis is associated with calcific changes in the pancreas
- b. is that chronic pancreatitis is not associated with any abnormal lab finding
- c. is that chronic pancreatitis results in permanent functional impairment
- d. is that acute relapsing pancreatitis results in permanent functional impairment

28. Which of the following is NOT the result of increased Sympathetic activity?

- a. increased cardiac output
- b. increased adrenal medulla activity
- c. decreased gastric function
- d. decreased blood glucose levels

29. All of the following are associated with or are complications of reflux esophagitis. Which of the following progresses to adenocarcinoma in 10-15% of the cases?

- a. esophageal stricture
- b. esophageal ulcer
- c. Barrett's epithelium
- d. scleroderma

30. Musculoskeletal pain and segmental dysfunction as a result of visceral pathology is an example of which of the following reflexes?

- a. somato-visceral
- b. visceral somatic
- c. visceral-visceral
- d. somato-somato

31. Which of the following is a common complication of Duodenal Ulcers?

- a. hyperdynamic circulation
- b. stools with bright red blood
- c. malignant degeneration
- d. obstruction

32. Diverticulitis generally present with _____ pain that is steady and severe and lasts for hours.

- a. LUQ
- b. LLQ

inal ascites is most commonly secondary to:

- a. liver cirrhosis
- b. cholecystitis
- c. G.I. neoplasms
- d. CHF

Regarding symptomatic, uncomplicated cholelithiasis, which of the following is true?

- a. these patients exhibit fever and leukocytosis
- b. the doctor may employ "watchful waiting"
- c. stones larger than 15mm readily respond to medical therapy
- d. surgery is almost always required

25. Acute pancreatitis demonstrates pancreatic edema and cellular infiltration caused by:

- a. release of plasma kinins
- b. ductal obstruction
- c. bacterial infection
- d. high fever
- e. all of the above

26. Which of the following types of gallstones is associated with infection?

- a. cholesterol stone
- b. black pigment stone
- c. cholesterol monohydrate stones
- d. brown pigment stone

27. Which of the following is most commonly spread via the fecal route?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis non A, non B
- e. all of the above

28. Regarding pancreatitis diet recommendations for the patient includes alcohol elimination and:

- a. low fiber diet
- b. low fat diet
- c. diet high in refined carbohydrates
- d. inclusion of dairy products to replace lost calcium

Qns 29-34 refer to the following: A 48 year old female presents with epigastric pain that is constant. She states she has vomited once and feels nauseous. You check vitals: HR 95 bpm, B.P. 135/85, resp. rate 17 bpm, temperature 99.5F. Murphy's test is positive.

29. This crisis was likely precipitated by:

- a. strenuous yard work
- b. L₅/S₁ discopathy
- c. chronic aspirin use
- d. large and/or fatty meal

30. In your office it may be advisable to perform:

- a. underwater US
- b. KUB
- c. soft tissue manipulation of the abdomen
- d. galvanic therapy

31. The prognosis for the above case is generally:

- a. good
- b. poor

32. Peritonitis is defined as:

- a. inflammation of the peritonsillar region of the oral vestibule
- b. acute inflammation of the visceral and parietal peritoneum
- c. a constellation of chronic immune suppression
- d. a reportable disease

33. Peritonitis is most commonly:

- a. a primary process
- b. a secondary process
- c. of unknown etiology
- d. neoplastic process

34. In peritonitis the clinical picture may contain history of rebound tenderness, vomiting, muscle rigidity and abdominal surgery. A plain film of the abdomen (KUB) may demonstrate:

- a. organomegaly
- b. situs inversus
- c. free air under the diaphragm
- d. hiatal hernia

33. Colon carcinoma is a common cancer that most often involves the _____ and usually can be examined _____

- 40
- a. rectum; digitally or with sigmoidoscope
 - b. cecum; only by single contrast barium enema
 - c. descending colon; digitally or with sigmoidoscope
 - d. sigmoid colon; digitally

34. When treating conditions that manifest malabsorption signs and symptoms, massive doses of vitamins are used:

- Z
- a. to force absorption thru artificially high concentration gradients
 - b. as antibodies
 - c. stimulate G.I. function
 - d. as diarrhetics

35. The corner stone of Irritable Bowel Syndrome treatment regiments is:

- Z
- a. remove gluten from the diet
 - b. stress reduction
 - c. anti biotic therapy
 - d. bed rest

36. One way to differentiate between icterus (Jaundice) and carotenemia is to examine the oral mucosa and the:

- 1
- a. sclera
 - b. fingernails
 - c. stool
 - d. back of their hand

37. Intussusception is uncommon and sometimes appears in otherwise healthy infants and children. When it appears in adults we should consider the possibility of:

- a. a tumor
- b. ulcerative colitis
- c. congenital malrotation
- d. drug induced etiologies

38. Which of the following is not an obstructive lesion?

- a. hernia
- b. situs inversus
- c. adhesions
- d. volvulus

39. Which of the following is characterized by hypersensitivity or antigen-antibody response to gluten or gliadin?

- a. lactose deficiency
- b. celiac sprue
- c. Whipples disease
- d. Disaccharidase deficiency

