

### Questions Esophageal Diseases:

1. A 21 year old female presents to the ER with a food bolus. She states this has occurred previously but she is usually able to advance the food with fluid. On EGD you notice whitish plaques and multiple ring-like appearance of the esophagus. What would help confirm the likely diagnosis?

- a. trial of proton pump inhibitor
- b. 15 eosinophils per high powered field on esophageal biopsies**
- c. manometry results showing high amplitude contractions
- d. UGI x-ray showing dilated esophagus and tight LES

Key: diagnosis of eosinophilic esophagitis

2. A 40 yo female is seen for a 1 year history of reflux symptoms. She complains of heartburn and regurgitation several times a week. She was educated on lifestyle modification and an empiric trial of once daily ppi with minimal improvement. For 6 weeks now she has been taking ppi BID again with minimal relief. She has occasional solid food dysphagia.

Physical exam discloses normal vital signs and BMI of 35.

Which of the following is the most appropriate next step in management?

- a. Add an H2 blocker at night
- b. Ambulatory esophageal pH study
- c. Endoscopy**
- d. Fundoplication

3. A 65-year-old woman with a 6 month history of amyotrophic lateral sclerosis is evaluated for a 1-month history of difficulty swallowing. She experiences choking and coughing while attempting to swallow solids or liquids and has intermittent nasal regurgitation of liquids. Two weeks ago she was treated for pneumonia.

On PE vital signs are normal. Tongue fasciculations and jaw clonus are present, and there is definite weakness of the masseter and pterygoid muscles. There is weakness of the proximal arms and the intrinsic muscles of the hands, but deep tendon reflexes are preserved. The plantar response is extensor.

Which of the following is the most appropriate initial diagnostic test to evaluate this patient's swallowing disorder?

- a. Endoscopy
- b. Esophageal manometry
- c. Upper gastrointestinal series
- d. videofluoroscopy

key point: diagnostic test of choice for oropharyngeal dysphagia is videofluoroscopy. Oropharyngeal phase of swallowing is assessed with foods of different consistencies

### Questions GI surgery:

1. A 39-year-old female is evaluated in the ER for a 1-day history of generalized abdominal pain. She denies nausea, vomiting, diarrhea, melena, or hematochezia. She denies dyspnea or cough. One week ago she underwent laparoscopic Roux-en-Y gastric bypass for obesity, and she had an uncomplicated cholecystectomy 2 years ago. Her medications are vitamin B12 injections, oral iron, and a multivitamin that contains folate.

On PE she is afebrile, BP: 110/75mmHg, pulse 130/min, RR 12/min; BMI is 46. Bowel sounds are normal. There is diffuse abdominal tenderness but no guarding or rebound.

Lab is normal, plain x-ray is normal.

Which of the following is the most appropriate next step in management?

- a. CT angiography of the chest
- b. Emergent surgical exploration
- c. Upper endoscopy
- d. Upper GI oral contrast radiograph

Key point: sustained tachycardia with heart rate >120/min can be an indicator of an anastomotic leak after bariatric surgery in the absence of GI bleeding.

## Questions Diseases of the Liver:

1. Which of the following is true concerning NASH (nonalcoholic steatohepatitis)?

- a. Hepatomegaly is present in the majority of patients
- b. The AST/ALT ratio is 2-3:1
- c. Most patients have a pear-shaped body habitus
- d. Obese patients should be placed on a rapid weight loss program such as Optifast
- e. Presence of Mallory bodies suggest the patient is lying about alcohol consumption

2. A 45-year-old man is admitted to the hospital for a 2-day history of fever and abdominal pain. His medical history is notable for cirrhosis due to chronic hepatitis C, esophageal varices, and ascites. His medications are furosemide, spironolactone, nadolol, lactulose.

On physical exam temperature is 97.7F, BP: 100/50mmHg, P: 84/min, Resp rate 20/min. BMI is 28. Abdominal examination discloses distention consistent with ascites. The abdomen is nontender to palpation.

CBC is normal except for platelets 70,000/uL

INR 1.5 (normal range, 0.8-1.2), albumin 2.5g/dL, Alkaline phos 220units/L

ALT 30units/L, AST 40units/L Total bili 4mg/dL, creatinine 1.8mg/dL

Abdominal US discloses cirrhosis, splenomegaly, and ascites. The portal and hepatic veins are patent, and there is no hydronephrosis. Diagnostic paracentesis discloses a cell count of 2000/uL with 20% neutrophils, a total protein level of 1g/dL, and an albumin level of 0.7g/dL, consistent with spontaneous bacterial peritonitis.

Which of the following is the most appropriate treatment?

- a. Cefotaxime
- b. Cefotaxime and albumin
- c. furosemide and spironolactone
- d. large-volume paracentesis

key point: patients with SBP the concomitant use of IV albumin with antibiotic therapy is associated with a survival benefit compared with antibiotic therapy alone if pt has kidney dysfunction.

3. An 18 yo presents to the psychiatric floor with acute psychosis. The physician consults you for increased liver function tests. You have an eye exam done and find Kayser-flescher rings. The patient most likely has what disease?
- a. Autoimmune hepatitis
  - b. Primary biliary cirrhosis
  - c. Alcoholic liver disease
  - d. Wilsons disease
  - e. Hemochromatosis
4. A 26-year-old male presents with abnormal liver tests for > 6 months. He denies bleeding, anorexia, weight loss or prior medical problems. He admits to occasional loose stools.
- PMHx negative
- PE: normal, BMI: 20
- Lab: Alk Phos 264, ALT 62, Hgb 12.3, MCV 73. US is normal. Colonoscopy normal
- What is the most appropriate next step?
- a. Antinuclear antibody
  - b. MRCP
  - c. Liver biopsy
  - d. CT scan
  - e. Tissue transglutaminase antibody

Key point: consider celiac disease and abnormal liver tests. Abnormal liver tests are seen in 40% of patients with celiac.

### Questions Small Bowel Diseases:

1. A 22-year-old female with a history of diabetes mellitus type-1 presents with nausea, weight loss and diarrhea. She has an EGD and the duodenum has a flattening of the mucosa with a scalloping appearance. In addition to pathology results, what antibody test will help confirm her diagnosis?
- a. helicobacter pylori antibody
  - b. hepatitis b IgG
  - c. tissue transglutaminase antibody
  - d. serum IgA

2. A 35-year-old female presents for a second opinion concerning IBS (irritable bowel syndrome). She states 2 years ago she was in Mexico and got severe diarrhea that got better with antibiotics. However, since that time she experiences increased abdominal bloating, cramps, and diarrhea after eating. She has kept a food diary and you notice her symptoms are worse after she has yogurt, pizza, or ice cream. What is her likely diagnosis?

- a. Secondary lactase deficiency
- b. Congenital lactase deficiency
- c. Celiac Sprue
- d. Irritable bowel syndrome
- e. Crohn's disease

3. 55-year-old female presents with complaints of diarrhea and bloating for 6-7 months. She has 4-6 loose stools per day. She admits to occasional nocturnal stools. She has had occasional fecal incontinence with urgency. She admits to occasional oily stool and weight loss of 15lb. Denies melena, hematochezia or fever. No recent travel, antibiotics, or medication change.

She had a colonoscopy 1 year ago that was normal.

PMH: systemic sclerosis

Meds: omeprazole

PE: VS normal BMI: 22 Facial telangiectasias present and bilateral skin thickening of the hands. Abd: mildly distended, BS normal. Rectal exam: normal

Lab shows macrocytic anemia. Low B12. Slightly elevated folate. Normal TSH, glucose, tissue transglutaminase Ab. Stools studies are normal.

Which of the following is the most likely diagnosis?

- a. Celiac disease
- b. Irritable bowel syndrome
- c. Small intestinal bacterial overgrowth
- d. Lactose malabsorption
- e. Microscopic colitis

Key point: SIBO should be considered in patients presenting with diarrhea, bloating, or weight loss; Vit B12 deficiency or an elevated serum folate level can be lab clues.