LEK4

1. Four months ago, a 36-year-old man with a peptic

ulcer underwent a Billroth II anastomosis, antrectomy, vagotomy,

and gastrojejunostomy. He now returns for evaluation

of a stomal (anastomotic) ulcer. Fasting serum gastrin

level is 350 ng/L; 5 min after the intravenous infusion

of secretin the serum gastrin level is 200 ng/L. The man

should be advised that the most appropriate treatment for

his condition is

(A) total vagotomy

(B) total gastrectomy

(C) resection of the distal antrum attached to the duodenal Stump

2. Chronic reflux esophagitis is LEAST likely to result

in the development of

(A) gastrointestinal bleeding

(B) an esophageal peptic stricture

(C) a lower esophageal ring

(D) Barrett’s esophagus (esophagus lined by columnar

epithelium)

(E) adenocarcinoma

3. A 70-year-old man with a history of hypertension,

peptic ulcer disease, chronic renal insufficiency, and diabetes

presents with an acutely swollen and painful left

knee. His vital signs and general physical examination are

unremarkable, but his left knee has an obvious effusion

and is warm, swollen, and red. Arthrocentesis reveals

WBC of 50,000/\_L, negative Gram stain, and strongly

birefringent needle-shaped intracellular crystals. Which of

the following statements concerning this situation is correct?

(A) The serum uric acid level will be elevated

(B) Intraarticular glucocorticoid may be given now

(C) Antibiotics are required

4. During a routine checkup, a 67-year-old man is

found to have a level of serum alkaline phosphatase three

times the upper limit of normal. Serum calcium and phosphorus

concentrations and liver function test results are

normal. He is asymptomatic. The most likely diagnosis is

(A) metastatic bone disease

(B) primary hyperparathyroidism

(C) occult plasmacytoma

(D) Paget’s disease

5. A 66-year-old male presents with a complaint of fatigue. There is no

history of alcohol abuse or liver disease; the patient is on no medication.

Scleral icterus is noted on physical exam. There is no evidence for chronic

liver disease on physical exam, and the liver and spleen are nonpalpable.

The patient is noted to have a normocytic, normochromic anemia. The first

step in evaluation of this patient is

(a). CT scan of the abdomen

(b). Hepatitis profile

(c). Liver function tests, including direct versus indirect bilirubin and urine bilirubin

(d). Abdominal ultrasound