

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/ μ 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