MEDICAL EXAMINATION REVIEW

Volume 22

Gastroenterology

Fourth Edition

700 MULTIPLE CHOICE QUESTIONS AND REFERENCED EXPLANATORY ANSWERS

Lawrence D. Wruble, M.D. Myron Lewis, M.D. Michael Levinson, M.D.

FOURTH EDITION

700 Multiple Choice Questions and Referenced Explanatory Answers

Lawrence D. Wruble, M.D. Clinical Professor of Medicine

Myron Lewis, M.D. Clinical Associate Professor of Medicine

Michael Levinson, M.D. Clinical Assistant Professor of Medicine

Center for the Health Sciences Memphis, Tennessee

Medical examination review.

ISBN 0-87488-141-2

Vol. 22 published in Garden City, N. Y. Includes various editions of some volumes. Includes bibliographical references.

1. Medicine—Examinations, questions, etc. RC58.M4 610'.76 61-66847

Copyright © 1982 by MEDICAL EXAMINATION PUBLISHING CO., INC. an Excerpta Medica company 969 Stewart Avenue Garden City, New York

May 1982

All rights reserved. No part of this publication may be reproduced in any form or by any means, electronic or mechanical, including photocopy, without permission in writing from the publisher.

Printed in the United States of America

Preface

This gastroenterology review book was inspired by our patients and housestaff who have constantly raised questions in our own minds and who have served as a stimulus for us to search the literature to obtain in-depth information. The format of this text is such that questions are asked which will hopefully stimulate the reader to not only answer the questions but to seek the basis of the answers in the literature quoted. Each question is answered with a brief explanation, but of course there is no substitute for reading the original article.

This is not meant to be a shortcut to learning, as there are no shortcuts, but an enjoyable way to learn and to review. Hopefully, individuals preparing for their subspecialty examinations, specifically gastroenterology, will find the format and information helpful.

We would like to dedicate this book to our families, who have put up with our late hours and our studies, reviewing various articles and literature, in order to prepare this book which we have enjoyed producing and hope that the readers will enjoy reading.

notice

The authors and the publisher of this book have made every effort to ensure that all therapeutic modalities that are recommended are in accordance with accepted standards at the time of publication.

The drugs specified within this book may not have specific approval by the Food and Drug Administration in regard to the indications and dosages that are recommended by the authors. The manufacturer's package insert is the best source of current prescribing information.

Contents

PREFACE	V
QUESTIONS	1
REFERENCES	138
EXPLANATORY ANSWERS	145

GASTROENTEROLOGY

- Gastrin is a hormone which is secreted predominantly by the
 - A. gastric antrum
 - B. gastric fundus
 - C. duodenum
 - D. Brunner's glands
 - E. pancreas
 - REF. 28 p. 1
- 2. Transportation of a bolus of food through the esophagus is the function of
 - A. the primary peristaltic wave
 - B. the secondary peristaltic wave
 - C. the tertiary peristaltic wave
 - D. A and B only
 - E. all three types of waves
 - REF. 1 p. 121
- 3. Diffuse esophageal spasm
 - A. does not exist
 - B. is not found in persons under 50
 - C. is manifested by substernal chest pain through to the back
 - D. always requires surgery
 - E. never presents as dysphagia
 - REF. 66 p. 533

- 4. Nonocclusive mesenteric vascular disease is a frequently overlooked entity and until recently had a dismal prognosis. Which agent or agents have been shown to be of use in this illness?
 - A. Digitalis
 - B. Papaverine
 - C. Hydrochlorothiazide
 - D. Prostaglandin E
 - E. Phenoxybenzamine

REF. 67 - p. 851

- 5. In hemorrhagic shock the intestinal vasculature responds by which of the following?
 - A. Resistance to blood flow through the gut wall is elevated
 - B. Blood flow is redistributed away from the mucosa
 - C. Capillary filtration is decreased
 - D. The intestinal countercurrent mechanisms shunts ${\rm O}_2$ toward the villous tips
 - E. Intestinal vasoconstriction evoked by hemorrhage has been revised by glucagon

REF. 67 - p. 851

- 6. Phases of gastric acid secretion include
 - A. gastric phase
 - B. cephalic phase
 - C. intestinal phase
 - D. none of the above
 - E. all of the above

REF. 66 - p. 153

- A recent review of liver blood flow found all of the following to be true EXCEPT
 - A. increase in blood flow through the hepatic artery leads to an inflow resistance in the portal circulation
 - B. increase in blood flow through the hepatic artery leads to decrease in resistance in the portal circulation
 - C. hypocapnia and the resulting alkalosis cause reduction in hepatic arterial and portal venous blood flows
 - D. total liver blood flow increases after eating
 - E. hydrodynamic interaction between hepatic artery and the portal vein accounts for a partial reciprocity of blood flow between the two circuits which may be important in determining the overall hepatic vascular response to an extrinsic regulatory mechanism

REF. 107 - p. 159

- 8. The major components of intestinal gas are
 - A. N2
 - B. O₂
 - C. CO₂
 - D. methane
 - E. H₂S
 - REF. 66 p. 387
- It is critical to understand drug interactions. An extremely important one was recently studied. The only FALSE statement concerning this interaction is
 - A. cimetidine, acute therapy, reduced liver blood flow by 25% in fasting patients
 - B. chronic cimetidine therapy reduced liver blood flow by 33%
 - C. cimetidine inhibited the metabolism of oral propranolol
 - D. inhibition of drug metabolism is dose-related
 - E. cimetidine alone causes an effect on atrial H₂ receptor causing tachycardia
 - REF. 113 p. 642
- 10. The following are maximally absorbed in the duodenum
 - A. Ca⁺⁺ (calcium)
 - B. Fe++ (iron)
 - C. vitamin B₁₂
 - D. folates
 - E. bile salts
 - REF. 66 p. 251
- The following drugs may interfere with digestion and/or absorption
 - A. cholestyramine
 - B. cathartics
 - C. colchicine
 - D. neomycin
 - E. all of the above
 - REF. 66 p. 292
- If oral mannitol is used for bowel preparation before colonoscopic polypectomy, the following precautions are necessary
 - A. none
 - B. oral antibiotics
 - C. insufflation with CO2
 - D. IV diazepam
 - E. cardiac monitor
 - REF. 107 p. 1

Match the following headings with the proper descriptive statement

- A. Serum gastrin elevated
- B. Serum gastrin normal
- C. Serum gastrin decreased
- 13. Patients with hypochlorhydria or achlorhydria
- 14. Zollinger-Ellison syndrome
- 15. After meals
- 16. Pyloric obstruction
- 17. Early morning before breakfast REF. 66 p. 120
- 18. Prominent veins across the upper abdomen whose direction of flow is toward the pelvis suggests
 - A. portal hypertension
 - B. inferior vena caval obstruction
 - C. superior vena caval obstruction
 - D. thrombosis at the bifurcation of the iliac veins
 - E. hepatic vein thrombosis

REF. 1 - p. 79

- 19. Radiologically, esophageal webs are usually located by what views?
 - A. Posterior
 - B. Oblique
 - C. Lateral
 - D. None of the above

REF. 66 - p. 569

- 20. The only intra-abdominal organ that does not move with respiration is
 - A. kidney
 - B. pancreas
 - C. spleen
 - D. transverse colon
 - E. stomach

REF. 1 - p. 118

- 21. The hepatorenal syndrome in the end stage alcoholic cirrhotic has grave consequences. Which of the following are true?
 - A. It occurs in chronic liver disease with ascites
 - B. It is usually of slow onset
 - C. Urine to plasma osmolarity >1.0
 - D. Urine sodium concentration <10
 - E. All of the above

REF. 5 - p. 129

- 22. The lower esophageal ring (Schatzki ring) is
 - A. a normal part of esophageal anatomy
 - B. a cause of dysphagia
 - C. always associated with iron deficiency anemia
 - D. a complication of vagotomy
 - REF. 1 p. 119
- 23. Asterixis, the "flapping" tremor, is the peripheral manifestation of a central nervous system abnormality. Although characteristic of portal systemic encephalopathy, it is not diagnostic. It is also seen in
 - A. respiratory failure
 - B. uremia
 - C. hypoglycemia
 - D. barbiturate intoxication
 - E. severe congestive heart failure
 - REF. 4 p. 861
- 24. Ocular complications of ulcerative colitis include
 - A. scleromalacia perforans
 - B. uveitis
 - C. conjunctivitis
 - D. episcleritis
 - E. optic neuritis
 - REF. 107 p. 153
- 25. Evaluation of gastric ulcers includes
 - A. x-rays
 - B. gastroscopy
 - C. gastric biopsy
 - D. gastric cytology
 - E. routine arteriograms
 - REF. 66 p. 660

Match the following headings with the proper descriptive statement

- A. PAO, peak acid output
- B. MAO, maximal acid output
- C. Both
- D. Neither
- 26. Sum of four highest 15-min acid output produced by a stimulant above which acid secretion is not greater
- 27. Sum of two highest 10- or 15-min period of acid secretion
- Can be converted into mEq/hr by multiplying by 3 or 2, depending on time period

REF. 66 - p. 644

29. Hyperamylasemia may also be caused by

A. administration of morphine

B. perforation of a peptic ulcer

C. infraction of small intestine

D. mumps

E. ectopic pregnancy

REF. 31 - p. 5

 Chronic idiopathic intestinal pseudoobstruction typically involves the

A. stomach

B. small bowel

C. colon

D. pancreas

E. esophagus

REF. 79 - p. 107

31. Some common sequelae of inflammatory disease of the pancreas include

A. hypocalcemia

B. hypoglycemia

C. abscesses

D. pseudocyst formation

E. all of the above

REF. 79 - p. 134

32. In hepatocellular disease, which clotting factor usually retains its activity?

A. II

B. V

C. VII

D. VIII

E. IX

REF. 32 - p. 108

33. The best single test for the diagnosis of cystic fibrosis is

A. serum amylase

B. sweat test for Na+ and C1-

C. fecal fat

D. serum lipase

E. urine amylase

REF. 66 - p. 1480

- 34. Criteria suggestive of an incomplete vagotomy include
 - A. decrease in volume of gastric secretion after insulin
 - B. BAO equal to or greater than 2 mEq/hr
 - C. total acid output in excess of 2 mEq/hr in any postinsulin hour
 - D. gastric acid concentration elevated by 20 mEq/L
 - E. all of the above
 - REF. 66 p. 976
- 35. Menetrier's disease classically represents
 - A. large gastric folds
 - B. hypoproteinemia
 - C. elevated acids
 - D. edema
 - E. all of the above
 - REF. 66 p. 740
- 36. The most common chronic GI disorder in the civilized countries is
 - A. duodenal ulcer
 - B. diverticulitis
 - C. carcinoma of the colon
 - D. irritable colon syndrome
 - E. reflux esophagitis
 - REF. 66 p. 1585
- 37. Acute peptic ulcer disease is rarely found in
 - A. hypothyroidism
 - B. cirrhosis
 - C. polycythemia vera
 - D. Cushing's syndrome
 - E. pregnancy
 - REF. 1 p. 591
- 38. Which of the following foodstuffs has the greatest acid secretory effect?
 - A. Protein
 - B. Fat
 - C. Carbohydrate
 - REF. 1 p. 586
- 39. Which of the following are features of the milk-alkali syndrome?
 - A. Hypercalcemia
 - B. Hypercalciuria
 - C. Hypophosphatemia
 - D. Increased alkaline phosphatase
 - E. Azotemia
 - REF. 1 p. 687

- 40. Which of the following found in hyperparathyroidism helps to differentiate it from milk-alkali syndrome?
 - A. Hypercalcemia
 - B. Hypercalciuria
 - C. Azotemia
 - D. Hyperphosphatasemia

REF. 1 - p. 687

- 41. A high-folate diet would include
 - A. various nuts
 - B. vegetables
 - C. corn
 - D. milk
 - E. liver

REF. 34 - p. 449

- 42. Some of the common findings in acute peptic ulcer perfora-
 - A. fever
 - B. vomiting
 - C. shoulder pain
 - D. abdominal pain
 - E. hyperperistalsis

REF. 1 - p. 725

- 43. GI manifestations of a pheochromocytoma include
 - A. nausea and vomiting
 - B. abdominal pain
 - C. diarrhea
 - D. GI bleeding
 - E. all of the above

REF. 35 - p. 581

- 44. Marked elevations of serum amylase (fivefold) almost invariably signify the presence of
 - A. parotitis
 - B. pancreatitis
 - C. intestinal obstruction
 - D. carcinoma of the pancreas
 - E. penetrating ulcer

REF. 1 - p. 743

- 45. Macroamylasemia has been associated with
 - A. intestinal malabsorption
 - B. acute intermittent porphyria
 - C. normal urinary amylase
 - D. all of the above
 - E. none of the above

REF. 36 - p. 903

- 46. With amebic abscesses of the liver
 - A. serological tests are unreliable
 - B. aspiration is of therapeutic value
 - C. surgical drainage is advisable
 - D. secondary bacterial infection is present in 10-15% of
 - E. none of the above

REF. 36 - p. 952

- 47. All patients considered to have inflammatory bowel disease should have the following blood tests
 - A. FANA
 - B. hemagglutination tests for amebiasis
 - C. Australia antibody
 - D. hetrophile
 - E. FTA-ABS

REF. 80 - p. 262

- 48. Which of the following liver complications have been associated with renal transplants?
 - A. Hepatitis A
 - B. Hepatitis B
 - C. Cytomegalic disease
 - D. Drug-induced liver disease
 - E. All of the above

REF. 94 - p. 72

- 49. Indications for upper GI endoscopy include
 - A. dvsphagia
 - B. nausea
 - C. negative x-rays and ulcer symptoms
 - D. odynophagia
 - E. none of the above

REF. 109 - p. 1

- 50. Which of the following suggest the possibility of ulcer penetration?
 - A. Supervention of night pain
 - B. Diminished response to antacids
 - C. Back pain
 - D. Increase in pain intensity
 - E. Change in the rhythmic pattern of ulcer pain

REF. 1 - p. 741

- 51. The incidence of endoscopically verified stress ulceration in acutely traumatized patients is
 - A. 10%
 - B. 30%
 - C. 60%
 - D. 80%
 - E. almost 100%
 - REF. 82 p. 1041
- 52. A significant finding in gastric outlet obstruction is
 - A. bilious vomiting
 - B. abdominal bruit
 - C. resonance over Traube's space
 - D. succussion splash
 - E. visible peristalsis
 - REF. 1 p. 748
- Derangement of body fluid and electrolytes characteristic of gastric outlet obstruction are
 - A. HCO2 18 mEq/L; K 4-5 mEq/L; Cl 101 mEq/L; Na 135 mEq/L
 - B. $\mathrm{HCO_3}$ 10 $\mathrm{mEq/L}$; K 2.5 $\mathrm{mEq/L}$; Cl 112 $\mathrm{mEq/L}$; Na 140 $\mathrm{mEq/L}$
 - C. HCO_3 35 mEq/L; Cl 105 mEq/L; K 3.0 mEq/L; Na 140 mEq/L
 - D. $\rm HCO_3$ 37 mEq/L; Cl 71 mEq/L; K 2.8 mEq/L; Na 135 mEq/L
 - E. HCO3 27 mEq/L; Cl 101 mEq/L; K 4.0 mEq/L; Na 140 mEq/L
 - REF. 1 p. 749
- 54. Bilocular or hourglass stomach is usually caused by
 - A. syphilis
 - B. lymphoma
 - C. gastric ulcer
 - D. congenital abnormality
 - E. paraesophageal hiatal hernia
 - REF. 1 p. 757
- 55. Anatomically, the most common site for a subdiaphragmatic abscess is the
 - A. right posterior suprahepatic space
 - B. left posterior infrahepatic space
 - C. right anterior suprahepatic space
 - D. left anterior infrahepatic space
 - E. right infrahepatic space REF. 1 p. 606

- 56. The following diseases may be associated with elevated serum alkaline phosphatase
 - A. pyelonephritis
 - B. Paget's disease
 - C. subacute thyroiditis
 - D. liver disease
 - E. all of the above
 - REF. 83 p. 505
- 57. Which of the following symptoms are common accompaniments of subdiaphragmatic abscess?
 - A. Fever
 - B. Dyspnea
 - C. Cough
 - D. Hiccups
 - E. Pain
 - REF. 1 p. 607
- 58. Which of the following physical signs are found in patients with subdiaphragmatic abscess?
 - A. Elevated, fixed hemidiaphragm
 - B. Smooth, sharp liver edge beneath the costal margins
 - C. Hepatic tenderness
 - D. Resonance over the liver
 - E. Diminished breath sounds at the right lung base REF. 1 p. 607
 - кег. 1 р. оот
- 59. Smallest amount of blood that can cause melena is stated to be
 - A. 25 ml
 - B. 60 ml
 - C. 100 ml
 - D. 250 ml
 - E. 500 ml
 - REF. 1 p. 765
- 60. Melena may be simulated by alterations in the color of feces following the ingestion of which of the following agents?
 - A. Iron
 - B. Aluminum hydroxide
 - C. Charcoal
 - D. Bismuth
 - E. Psyllium seed
 - REF. 1 p. 765