

# GASTROENTEROLOGY HIGH YIELD PANCE REVIEW QUESTIONS

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## **Esophageal**

- **What is the histopathology of Barrett Esophagus?**
  - Adenocarcinoma (distal esophagus)
- **What kind of esophageal cancer is MC in smokers?**
  - Squamous cell (Upper esophagus)
- **Quick remembering tips**
  - Squamous = Smoking
  - Smoking → inhalation, which is why it affects the upper esophagus
  - Barrett's is due to GERD (reflux of gastric contents) which is why it is MC in distal esophagus
- **What is the most common non cardiac cause of chest pain?**
  - GERD
- **What is the first-line treatment for gastroesophageal reflux disease (GERD)?**
  - Proton pump inhibitors (PPIs)
- **What is the MCC of PUD?**
  - H. Pylori

## **Stomach**

- **What is the mcc of upper GI bleed?**
  - bleeding PUD
- **What is the triple therapy for H. Pylori? What is the quadrupole therapy?**
  - Triple therapy - PPI, Clarithromycin, Amoxicillin
  - Quad therapy - PPI, Bismuth subsalicylate, tetracycline, metronidazole
- **What are the sx of neuroendocrine tumors?**
  - Facial flushing, Edema, and cramps, diarrhea
- **What is Virchow node?**
  - L supraclavicular lymph node associated with malignant gastric tumors

## **Small intestines**

- **What is the MCC of SBO?**
  - Prior surgery → adhesions
- **What are the symptoms of pyloric stenosis ?**
  - Post prandial Projectile, nonbilious emesis
- **What is the gold standard test for diagnosis of celiac disease?**
  - Endoscopy with Biopsy

## Large Bowel

- At what age does colon cancer screening begin?
  - 45 -75 y/o or 10 yrs prior to the age of 1st degree relative dx with colon cancer
- How do right and left sided colon cancer differ in characteristics?
  - Right sided colon cancer → hematochezia
  - Left sided colon cancer → pencil thin stools
- What is the anatomical landmark that separates internal from external hemorrhoids?
  - the dentate line
- True or false: internal hemorrhoids are painful
  - false
- What location of anal fissures are most commonly seen in patients with crohn's (secondary fissures)?
  - lateral
  - posterior midline fissures are primary fissures and are caused by trauma, constipation, delivery
- What criteria is needed to diagnose toxic megacolon?
  - Colonic distention +  $\frac{3}{4}$ 
    - fever and/or, HR>120 and/or WBC > 10.5, and/or anemia + at least 1:
    - dehydration, AMS, electrolyte abnormalities, hypotension
    - 
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- What is the MCC of lower GI bleed?
  - Diverticulosis
- Which of the following is the first-line treatment for Crohn's disease during an acute flare-up?
  - a) Systemic corticosteroids
  - b) Mesalamine
  - c) Methotrexate
  - d) Azathioprine
- Describe the characteristic differences between Crohn's and UC?
  - Crohn's - Cobblestone appearance in the mucosa, skip lesions, transmural inflammation
  - Ulcerative colitis - continuous involvement of the colon, affecting the mucosa/ submucosa



## **Hepatobiliary**

- **What is the MCC of pancreatitis?**
  - Gallstones
- **A 50-year-old patient presents with RUQ pain, fever, and jaundice. What is the most likely diagnosis?**
  - Ascending cholangitis (charcot's triad)
- **What is the primary cause of ascites in a patient with cirrhosis?**
  - Portal HTN
- **Which hepatitis infection most commonly causes chronic infection & cirrhosis?**
  - Hep C
- **What is the Serology of an Acute Hep B infection?**
  - HBsAg (surface antigen) - positive
  - anti-HBs (surface antibody) - negative
  - Anti-HBc (core antibody) - IgM
  - HBeAg - can be positive or negative (it's an indicator of infectivity)
- **What is anti-HBs an indicator of?**
  - Immunity or recovery (previous infection or immunization)
- **From PPP:**
  - Window period: positive core IgM
  - Successful vaccination: positive surface Ab (anti-HBs)
  - Acute hep: (+) HBsAg, Core IgM
  - Chronic Hep: (+) HBsAg, Core IgG (G for gone)

## **Hernias**

- **What is the most common type of inguinal hernia in men?**
  - Indirect inguinal hernia
- **What is the primary difference between direct and indirect inguinal hernias?**
  - **Direct inguinal hernia:** Protrudes through the Hesselbach's triangle, which is an area of weakness in the abdominal wall. It occurs medial to the inferior epigastric vessels.
  - **Indirect inguinal hernia:** Passes through the deep inguinal ring, following the pathway of the spermatic cord (in males) or the round ligament (in females). It is lateral to the inferior epigastric vessels.
- **What is the most common type of hernia in females?**
  - Inguinal hernia
- **What type of hernia occurs more commonly in females?**
  - Femoral

## **Diarrhea**

- **Which bacterial pathogen is most commonly associated with antibiotic-associated diarrhea and pseudomembranous colitis?**
  - C. diff → > 3 loose stools in 24 hrs
- **What is the classic presentation of traveler's diarrhea, and which organism is most commonly responsible?**
  - watery diarrhea, abdominal cramps, and sometimes nausea and vomiting
  - Enterotoxigenic Escherichia coli (ETEC).
- **What is the MCC of gastroenteritis worldwide?**
  - Norovirus
- **What bacteria causes “rice-water” stools?**
  - Cholerae
- **What is the first line treatment for cholera aside from supportive measures?**
  - Abx - tetracyclines are 1st line
- **What are the inflammatory Diarrheas? & how are they characterized?**
  - Shigella, Salmonella, Campylobacter, and Enteroinvasive Escherichia coli
  - bloody stools, fever, and abdominal pain.
- **What causes “backpackers” diarrhea?**
  - Giardia (protozoan) → frothy, greasy, foul-smelling