

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

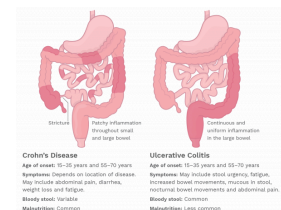
- **What is the MCC of SBO?**
 - Prior surgery → adhesions
- **What are the symptoms of pyloric stenosis ?**
 - Post prandial Projectile, nonbilious emesis
- **What is the gold standard test for diagnosis of celiac disease?**
 - Endoscopy with Biopsy

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

Toxic Megacolon	
At least 3 of the following:	<ul style="list-style-type: none"> Fever (≥101°F) Leukocytosis (WBC ≥15,000) Colonic distention (≥6 cm)
At least 1 of the following:	<ul style="list-style-type: none"> Dehydration Altered mental status Hypotension

- **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