1-What is the long term prognosis in Pt with Kawasaki who develops Coronary artery aneurysm ? ANS- Risk for future heart conditions

2-Prognosis of pt with Kawasaki who wasnt treated ?Ans: increased likelihood of developing coronary artery aneurysm in 10 days

3-Long term prognosis of women on HRT? Ans: Breast cancer in 5 years

4- New born with Thalasemia major treated with hyperstransfusion prognosis? Ans: couple of years survival with organ damage from Iron overload

5-Prognosis of Pulmonary Sarcoidosis? Ans: symptomatic Pxts or pxts with impaired PFTs usually receive 12 - 24 months of oral Glucocorticoids. Most (75%) resolve over time and do not recur.

6-Prognosis of patients with late life depression (age >65) ? Ans: Increased risk of developing Alzhimers and all forms of dementia

7-Worst prognosis of Sarcoidosis is seen in these pxts? Ans: Pxts age > 40, african american or those with progressive pulmonary fibrosis or extraocular manifestations such as cardiac or neurologic have worse outcomes

Cor pulmonale and nephrocalcinosis reflected the poorest prognosis while lupus pernio and sarcoidosis of the mucosa of the upper respiratory tract rarely resolved. Bone sarcoidosis also implied chronicity but in four of 31 patients there was no clinical evidence of disease activity two years after the initial diagnosis, although naturally the bone radiograph was still abnormal. Hepatomegaly carried a worse prognosis than splenomegaly, or indeed, than the finding of pulmonary mottling without hilar glands--a stage three chest radiog (pub med)

8-Prognosis of patients with Behavioral variant Fronto-temporal dementia ? Ans: Typically fatal within 8 years of disease onset

9-Prognosis of Parvovirus B19? Ans: There is no long term sequelae and the condition is usually self limited.

10- What is the prognosis of essential tremor? Ans: The tremor in pxts with benign or familial features gets worsen with time and can cause difficulty in the

of luminal features gets worsen with time and can cause difficulty in the performance of fine motor tasks. Also pxts can have normal life expectancy without any significant disability.

11- what are favorable prognostic factor in schizophrenia?

Ans: female, older age at onset >40 yr old, acute onset of sx no prodorme, predominant positive sx (rather than negative sx) ,presence of mood sx, good pre0morbid functioning, identifiable precipitant , no fam-hx of schizophrenia ,good family support, shorter duration of active sx.

12- What is the prognosis of late lyme arthritis in young children ?

Ans: lyme arthritis can be treated successfully with a 28-day course of oral amoxicillin or doxycycline. Most patients are disease-free within 6-12 months.

13- Prognosis of ADPKD - most develop progressive renal insufficiency as they age, approximately 50% require renal replacement therapy by age 60. (Uworld ID: 5961)

14- What is the prognosis of untreated progressive multifocalleukoencephalopathy in HIV patient?

Ans: Without treatment with highly active antiretroviral therapy (HAART), the majority of patients stricken with progressive multifocalleukoencephalopathy will die within 3-6 months of symptom onset. Usage of HAART in this patient population may prolong survival for more than two years.

14: What is the prognosis of lyme in pregnancy?

Ans: There is little to no risk to the fetus if the mother contracts Lyme disease during pregnancy if it is appropriately treated. (tx during pregnancy is amoxicillin or cefuroxime)

15: ARDS

Long-term sequelae (neurocognitive deficits, impaired muscle strength and lung function, psychiatric illness) are common following recovery from ARDS

16. Compartment syndrome prognosis (uworld ID: 10149) : Time to intervention is the most important factor predicting complete functional recovery of the limb.

17. Hand Food Mouth Disease (uw)

Oral and skin lesions typically self-resolve within a week

Handwashing is important; still contagious for several weeks after rash resolution

18. Asthma (MTB 3)

Respiratory Acidosis with CO_2 retention -> ICU; also indication for intubation and ventilation

In Asthma, it should be respiratory alkalosis if there's hyperventilation; any decrease in pH or CO_2 >40 à ICU

19. Onychomycosis (UW)

Advice patient about risks of treatment (hepatotoxicity) and potential of treatment failure and recurrence

20. Asymptomatic bacteriuria

Common in women as they age (prevlance >20% in women of age >80)

Most are transient and resolve within 2 weeks. No treatment required. No repeat testing required. Reassured and observed

Treatment is recommended only for those who are pregnant, undergoing urologic procedure or w/in 3 months of renal transplantation;

Asymptomatic bacteriuria during pregnancy (> or = 100,000 colony-forming units/ml of a single bacteria from a clean catch urine specimen + no symptoms of UTI)

Increased risk for Acute pyelonephritis, Preterm labor and low birth weight

Screen and treat at initial pretnatal visit. Repeat urine culture after abx tx is completed

21. Steroid abuse

Testosterone levels usually recover in weeks to months after discontinuation but chronic AAS abuse can lead to prolonged and even permanent suppression of endogenous testosterone production

22. Renal Cell carcinoma

~65% with RCC patients have localized disease (confined to kidney) at the diagnosis; treatment with nephrectomy is usually curative

23. Solitary pulmonary nodule

<0.6 cm = unlikely to be malignant; no follow-up required

>0.8cm = requires additional management or surveillance

>0.8cm with intermediate or high probability for malignancy (> or = 5%) require biopsy or surgical excision; (>2.0cm = >50% probability of malignancy)

24. Schizophrenia – Negative symptoms

Persistent negative symptoms (alogia, flat affect, amotivation, social withdrawal) require referral for social skills training.

25. Iron Deficiency Anemia – children

W/in 1-2 weeks of starting supplement: Reticulocyte count increases quickly

(Moderate to severe iron deficiency) In a month, Hct and Hb increases and return to regular levels in a few months

After a month of iron supplement, an increase in hb > or = 1g/dL supports the dx

Ferrous sulfate should be maintained for 2-3 months after hb normalization to replenish iron stores.

26. Dumping syndrome after gastrectomy

Treatment: Decrease speed of passage of fluid and food into small gut; Diet = High protein, low carb, smaller but more frequent meals through the day

27. Febrile seizure

Nonfocal, last <15 min, no more than once per day

Clinically diagnosed; no further evaluation needed. Reassurance: febrile seizure are common and self-resolve without acute or long-term sequelae. “Antipyretics are administered for general fever reduction but doesn’t prevent future episodes of febrile seizures.”

28. Sarcoidosis

Asymptomatic patients often require no treatment; those with symptoms or pulmonary function impairment usually receive 12-24 months of oral glucocorticoids. Most (75%) resolve over time and do not recur.

29. HIV+ve mother and breastfeeding

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In industrialized countries (US) – formula feed the babies

Developing countries – breastfeeding is recommended (water is not clean)

30. Maternal combination antiretroviral therapy during pregnancy and neonatal zidovudine therapy can reduce perinatal HIV transmission to <1%

31. Pulmonary Aspergillosis

Tx: IV Voriconazole and reduction of immunosuppressive medication is standard of care. 1-year mortality is >80%

32. Iodine-induced thyrotoxicosis

Self-limiting if source of excess iodine is discontinued

It can persist for months and is usually refractory to antithyroid medications; beta-blockers for mild symptoms and antithyroid drugs for moderate to severe symptoms. Radioactive iodine ablation is ineffective; due to low radioactive iodine uptake. Potassium perchlorate can be used in refractory cases.

33. Jarisch-Herxheimer reaction

Self-limited; resolves w/in 48 hours

34. Pelvic organ prolapse

Majority of patients using a pessary have resolution of prolapse and bowel and bladder symptoms

35. Acute Rhinosinusitis

Most are due to viral and resolve spontaneously without antibiotics (no need to distinguish bacterial from viral as most bacterial infection also resolve w/o abx). Treat symptomatically: Acetaminophen, Saline irrigation, intranasal glucocorticoid sprays (especially allergic rhinitis pts). Consider Abx if doesn't improve within 7-10 days of symptomatic therapy or worsens acutely after initial improvement

36. Measles (Rubeola) – via airborne or direct contact

Treatment is supportive (antipyretics and fluids)

Pneumonia is most common cause of death

Child with Vit A deficiency may have increased morbidity with acute measles infection; give Vit A to the hospitalized patients

37. Phenylketonuria (PKU)

Patients who wish to become pregnant: it's best to lower phenylalaine to below 6mg/dl before becoming pregnant and maintain low levels throughout the pregnancy to reduce risk of neonatal sequelae

38. Hepatitis E (+ve sense, SS, RNA hepevirus)

Acute, self-limited infection but in pregnant patients, it can progress to fulminant liver failure; patients at 3rd trimester are at greatest risk with mortality approaching 20%

39. Rheumatoid Arthritis

RF is positive in only 50% of pt at the time of diagnosis

Anti-CCP = 80% sensitivity and >90% specificity (high specificity)

If assay is positive for either RF or anti-CCP, it's associated with more aggressive disease and development of joint erosions. Negative for both tend to have less aggressive course (seronegative RA)

40. Ankylosing spondylitis

Although HLA-B27 is positive in >90% of patients with ankylosing spondylitis, only 5% of individuals with HLA-B27 develop ankylosing spondylitis.

41. Sickle Cell Trait

No contraindications to sports participation but they're at risk for explosive rhabdomyolysis when engaging in strenuous exercise, particularly when dehydrated or overheated; should gradually acclimate to heat, humidity, and altitude.

Breaks for hydration are recommended to prevent exertional rhabdomyolysis

Severe muscle breakdown and release of myoglobin in the circulation may cause renal failure

On rare occasions, activities at high altitude (eg, mountain climbing) may increase the risk of splenic infarction and pain, as the novel exposure to lower oxygen tension can lead to red blood cell sickling

42. Subcutaneous emphysema (Sudden, painless soft tissue swelling in the upper chest, neck, and/or face)

One of the complications due to pulmonary barotrauma, for example, from the usage of noninvasive positive pressure ventilation (NPPV) on patients with underlying lung disease (eg COPD)

Dx: Clinical exam shows crepitus; confirmed by CXR

Most are self-limited and resolve with cessation of NPPV (if possible) and supportive care.

43. Benign essential or Familial Tremors

Autosomal Dominant if familial, presents at young age

Tremor in distal upper extremities becomes more pronounced with outstretching of the arm; increases at the end of an activity or movement; head tremor is possible

No associated neurological symptoms

Doesn't cause any significant disability

Normal life expectancy

44. Herpes Zoster – Rash

Can transmit others from onset of the skin lesion until completely crusted; cover the lesions at gatherings if the lesions are not crusted.

Most transmissions are direct contact primarily; aerosolization can spread but is rare

Outpatient management: advice: can do normal activities without restriction. Cover the rash (if not completely crusted)to prevent direct contact; if still active lesion, avoid pregnant women, ppl who never had varicella or varicella vaccine, low-birth-weight infants, and immunocompromised

Inpatient (admitted) AND disseminated: visitors must wear mask and gloves

45. SLE (Systemic lupus erythematosus)

--Cardiovascular events are the leading cause of mortality in patients with SLE (almost 50-fold increase in CAD risk compared to other women age 35-44

--Premature coronary atherosclerosis (accelerated) due to combined traditional (HTN, HLD) and disease-related (chronic inflammation, glucocorticoid use) risk factors

--Most SLE pts benefit and well-tolerated from Hydroxychloroquine but its rare effect is retinal toxicity à irreversible vision loss, most commonly after 5-7 years of therapy; Monitor with baseline ophthalmic exam with annual exam after 5 years of therapy.

46. Chronic Urticaria

Self-limited

Without angioedema => not life threatening; doesn't need epinephrine injector

Acute urticarial + angioedema = life threatening allergic reaction, requires epinephrine

IgE-mediated food reactions are not associated with chronic urticarial

IgE-mediated food reactions may cause acute urticaria and can improve with diet modification after finding the causative allergen.

>50% patients respond to standard therapy w/o difficulty in controlling the symptoms

Resolves spontaneously w/in 2-5 yrs

Remission rate of 30-50% at 1 yr; up to 70% by 5 yrs.

47. Melanoma

Prognosis relates to the depth of vertical invasion

Superficial spreading type has best prognosis

Nodular type has worst prognosis

48. Diffuse Axonal Injury (acceleration-deceleration injuries to the head)

Terrible prognosis; surgery cannot help

Therapy is for prevention of further injury from increased ICP.

49. Multiple Sclerosis

Disease course is variable and unpredictable

Long-term prognosis is generally poor

50. Pancreatic cancer

Prognosis <5% survival at 5 years

51. Chemical eye burn

Alkaline burn have worse prognosis because they tend to penetrate more deeply into the eye

52. Diaphragmatic hernia

Prognosis is related to lung development, not the hernia.

53. Turner syndrome (45, X) (TS)

Short stature, amenorrhea, aortic coarctation

Cardiovascular abnormalities are most life-threatening comorbidity associated with TS

Requires screening for cardiac disease with 4-extremity blood pressures and echo

Left-sided cardiac anomalies are most common; bicuspid aortic valve and Coarctation of aorta

Patients with Coarctation, aortic valve disease or HTN are increased risk of aortic root dilation => Aortic dissection or rupture

Increased risk of osteoporotic fracture due to estrogen deficiency from ovarian dysgenesis

Tx: Estrogen HRT to prevent bone loss and to treat normal sexual maturation.

54. Abdominal Aortic Aneurysm (AAA)

Most common location: Infrarenal (> or = 3cm)

Smoking cessation has greatest impact on decreasing the likelihood of aneurysm expansion; current cigarette smoking is most important modifiable risk factor; associated with highest rate of aneurysm expansion and rupture. Pathophysiology: increased inflammation and degeneration of connective tissue in the aortic wall. Statin has no impact on rate or AAA expansion; lowering blood pressure also has no impact.

Risk factors associated with aneurysm rupture:

Large diameter: 20% risk in >6cm

Rate of expansion (>0.5 cm in 6 months)

Current cigarette smoking

55. Childhood Absence Epilepsy (Absence Seizure)

Dx based on EEG: ~3Hz spike and wave pattern

Well controlled with Ethosuximide monotherapy; some antiepileptics (eg carbamazepine) can exacerbate and others (phenytoin, phenobarbital) are ineffective

Often spontaneously remits by early puberty with no major long-term sequelae

After seizure-free for 2 yrs, antiepileptic frequently can be tapered

56. Infectious mononucleosis

Postantibiotic rash after administration of ampicillin or amoxicillin is typically polymorphous and maculopapular

Rash is not true drug allergy; patients can receive same antibiotic in the future without reaction

Avoid sports for > or = 3 weeks (contact sport > or = 4 weeks) due to risk of splenic rupture

57. Cryptorchidism

· If testes don't descend by age 6 months, it will unlikely descend spontaneously and require surgery

· Orchiopexy must be done before 1 year old to avoid complications (torsion, infertility); higher rate of testicular torsion without surgery on undescended

· Risk of testicular torsion is decreased with surgery

· Early surgery will improve fertility but sperm count and quality will remain below average after surgery

· Surgery decreases rate of malignant transformation but risk is still remains elevated after surgery compared to general population

58. Desmoid Tumor

Benign but aggressive locally (fibroblastic elements w/in muscle or fascial planes)

Low potential for metastasis or differentiation

Rare but increased risk in patients with familial adenomatosis polyposis (ie gardner syndrome)

High rate of recurrence even after aggressive surgery

Dx: CT or MRI with biopsy for histologic dx

Tx: Sx is definitive therapy for symptomatic, recurrent or causing risk to adjacent structures or cosmetic issues; if not Sx candidate, treatment with radiation

59. Cat Scratch disease

Bartonella henselae, fastidious gram-ve bacilli

Lymphadenopathy (ipsilateral axillary or inguinal)

Parinaud syndrome (oculoglandular syndrome) – Conjunctivitis, ipsilateral preauricular and cervical adenopathy

Most common complication: Lymph node suppuration

Self-limiting within months; Azithromycin to speed up the recovery

Self-limiting within months; Azithromycin to speed up the recovery

60. Erb palsy (Erb-Duchenne palsy)

C5-C7 brachial plexus injury

Dx: clinical

Most cases spontaneously improve over weeks to months

61. Primary Biliary Cirrhosis

Greatest risk for Progressive bone loss, Osteopenia; Screen with bone densitometry

Ursodeoxycholic acid decreases the progression; only curative treatment is transplant

DO NOT USE STEROIDS!

Even with transplant, it can recur!!!

62. Paget's disease of bone

s/s: bone pain, headache, hearing loss

Increase Alk Phos, serum and bone specific. Normal Ca and phosphate. Increase urinehydroxyproline.

Treatment Bisphosphonates or Calcitonin;

Treatment only slows the progression of hearing loss but doesn't reverse the loss.

63. Dermatomyositis

Associated with Malignancy; most common: adenocarcinoma of cervix, ovaries, lung, pancreas, bladder and stomach

Symptoms may resolve if cancer is treated successfully

CXR to screen interstitial lung disease

64. Most common cause of death in Pregnancy? PE (source: ACOG)

65. Prognosis of pseudodementia (aka late life depression with reversible cognitive impairment) even when treated with antidepressants?

Answer --> Although antidepressants may improve the cognitive impairment in these pxts, but Pxts with psuedodementia (especially in age > 65 y/o) are at high risk of developing vascular dementia or alzheimer dementia in contrast to pxts with depression in earlier years. Thus, physicians should remain vigilant for symptoms of dementia in pxts with late life depression.

66. Tuberous Sclerosis(TSC) Prognosis?

Answer:

- Neurologic impairment is the leading cause of death in pxts with TSC
  - Death is directly from tumors (mass effect from subependymal tumors) OR
  - From impairment caused by tumors (e.g. status epilepticus, aspiration pneumonia, obstructive hydrocephalus)
- Optimal seizure control is strongly associated with prolonged life span
- Obstructive renal angiomyolipomas are the second most common cause of death after neurologic involvement.

Ques 67 : Prognosis of Developmental Dysplasia of hip (DDH) ?

Answer: When DDH is identified and treated in infancy, the prognosis is excellent as > 95% of the infants have a reduction of a dislocated hip.

What if the Dx is missed due to unrecognized symptoms in newborn period?

Answer:

- Children with DDH may be initially asymptomatic until they are weight bearing.
- However, due to posterior positioning of the hip as adolescents and young adults may have a leg-length discrepancy and gait abnormalities such as toe - walking on the affected side, trendelenburg gait
- Other complications → abnormal traction on the dysplastic hip joint accelerates wear on the cartilage ---> premature joint degeneration and osteoarthritis in adolescents and young adults leading to symptoms of activity related hip and groin pain

Q: 68 Prognosis of poorly controlled asthma in pregnancy?

Answer:

- Poorly controlled asthma in pregnancy is associated with increased risk of maternal mortality, premature birth, low birth weight, and preeclampsia.

Q:69 UW ID 5315: HIV patient with Primary CNS lymphoma, asking for the best prognostic sign:

A: Increased CD4 Count after starting HAART.

Q: 70 UW3 ID 6104 Prognosis of Lung cancer once pxt quits smoking

Answer: Studies have shown that individuals who have not smoked for > 15 years have an 80 - 90% risk reduction lung cancer development compared to current smokers. However, Lung cancer risk continues to remain elevated by 10 -80% in former smokers compared to individuals who have never smoked.

Overall, Smoking cessation reduces the risk of developing lung cancer and reduce the number of COPD exacerbations, even in long term heavy smokers.

Q 71: UW ID: 5806 --> Which Antibiotic would increase risk of Pyloric stenosis if is given to infants?

A: erythromycin or Azithromycin.

Q72: Risk factors of having Pyloric stenosis -->

A: Hx of Pyloric stenosis in first born baby, erythromycin, bottle feeding.

Q # 73: Source UW 3 ID (6055) Prognosis of seborrheic dermatitis?

Answer: Prognosis - Initial treatment can provide significant improvement but is rarely adequate enough to induce long term remission. As a result pxts usually benefit from intermittent re-treatment with topical ketoconazole or ciclopirox every 1-2 weeks.

Q # 74: Source UW CK CHARTS!! Prognosis of IgA nephropathy?

Answer: Usually benign; May progress to RPGN or nephrotic syndrome with worse prognosis .

Q # 75: Prognosis of Postinfectious GN

Answer: Children have good prognosis

However, in adults it can progress to CKD(Chronic kidney disease)

Q # 76: Prognosis with humoral hypercalcemia of malignancy (HHM) ?

Answer: Usually poor prognosis, as HHM usually seen in advanced malignancy.

Q#77 Prognosis of congenital hypothyroidism - with treatment(Rx)? and without treatment?

Answer: With Rx - excellent prognosis. Without treatment, at risk of permanent neurological defects (intellectual disability) if Hormone replacement is not started within 2 wks of diagnosing infant with congenital hypothyroidism.

Q#78 SLE nephritic subtype with a) favorable prognosis? with b)worse prognosis? Source UW3 ID 4993

Answer: a) Mesangial proliferative subtype II has favorable prognosis and usually does not require any treament.

b) Diffuse Type IV - which is also the most common subtype of lupus nephritis carries a poor prognosis and usually requires treatment with immunosuppression with Glucocorticoids (methylprednisone, prednisone) and cyclophosphamide, or mycophenolate mofetil

Q # 79 Prognosis of Keloids once treated? (Source UW3 ID 10018 - 10019)

Answer: Intralesional Glucocorticoids are the preferred mode of treating keloids and up to 70% pxts responding well. However, other 30% may require additional interventions such as surgical excision. In addition, pxts should be advised that a significant number may experience recurrent keloid formation that will require additional treatment in the future.

Q # 80

UW3 ID 10153 Prognosis of ADHD

- Research indicates that 1 - 2/3s of children diagnosed with ADHD will experience persistent symptoms into adulthood. If left untreated, ADHD is associated with increased risk of academic underachievement, underemployment, antisocial behaviors, MVCs(motor vehicle collisions), substance use, and/or behavioral therapy. Although hyperactivity often improves with age as children develop better control of their motor skills, impulsivity and attention deficit often persist.
- Thus, pxts should be advised to resume medication and/or behavioral therapy.

Q # 81 - Prognosis of Rectal prolapse (Source UW3 ID 5059).

Untreated complete rectal prolapse ---> strangulation and gangrene of rectal mucosa. The prognosis is generally good with prompt and appropriate care.

Medical Mgmt--->

- For no full thickness prolapse ---> adequate fluid and fiber intake, pelvic floor muscle exercises and biofeedback for fecal incontinence

Surgical Mgmt ---> using intra-abdominal or perineal approach

- Full thickness prolapse or sensation of prolapse OR prolapse with fecal incontinence &/or constipation

Q # 82 Prognosis of Rabies (Source uw 3 id 5526)

PEP prophylaxis is effective only in preventing disease prior to manifestations. After disease onset, treatment is primarily palliative, most pxts suffer from coma and death within weeks of illness onset.

Q # 83 Prognosis of Transient hypertrophic cardiomyopathy as a result of poor maternal glycemic control (Source uw3 id 6320)

ASx --> no treatment required-

if Heart failure symptoms develop --> Mgmt is Propanolol and IVFs

Prognosis: Spontaneous resolution is expected within a few wks after birth; echo findings normalize within a year. After birth, infant is no longer exposed to maternal

prognosis step 3.docx

ormalize. Excess glycogen within olic processes during periods of fasting.

Q # 84 Prognosis of Acute Limb Ischemia (UW3 ID 5766)

All pxts with clinical S/S of ALI should receive anticoagulation (IV heparin bolus followed by continuous heparin infusion) while awaiting further interventions.

Pxts with an immediately threatened extremity are at increased risk for irreversible myonecrosis within 4-6 hours and should have emergent surgical revascularization.

Q # 85 2nd Line Mgmt and Prognosis of Pemphigoid Gestations:

- Dz unresponsive to topical steroids → give systemic steroids (oral prednisone), or rarely, immunosuppressants (cyclosporine or azathioprine).
- Intractable dz maybe an indication for early term delivery.
- OB complications ---> premature birth, FGR(fetal growth restriction), and neonatal pemphigoid gestations.
- Prognosis - Sx typically resolve after delivery, but women are at risk of

- Prognosis - Sx typically resolve after delivery, but women are at risk of recurrence with subsequent pregnancies.

86: Previous studies of the outcome as a function of initial electrophysiologic mechanisms recorded at the scene of prehospital cardiac arrest have demonstrated that bradyarrythmias and asystole have the worst prognosis (Source NBME FORM 2 BLOCK 4).