Gastroenterology Board Review Questions
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No Disclosures

1. A 57 year old woman presents with a two week history of pruritus and mild fatigue. Her skin examination reveals excoriations, but no visible rash. Laboratory examination reveals an alkaline phosphatase elevated to 5 times normal, with otherwise normal liver enzymes. Her TSH is also elevated, and she has a positive thyroid peroxidase antibody test.

What is the most likely diagnosis and what treatment is indicated?
A. Primary sclerosing cholangitis; ursodiol
B. Primary biliary cirrhosis; prednisone
C. Primary sclerosing cholangitis; liver transplantation
D. Primary biliary cirrhosis; ursodiol
E. Congenital Hepatic Fibrosis; liver transplantation

2. A patient with persistently elevated transaminases is diagnosed with chronic hepatitis C. Therapy with pegylated interferon and ribavirin is initiated. Which of the following factors does NOT predict response to therapy?
A. Viral genotype
B. Quantitative HCV RNA level (“viral load”)
C. Degree of transaminase elevation
D. Gender
E. Extent of fibrosis seen on liver biopsy

3. A 55 year old man presents with a 4 month history of mild watery diarrhea and epigastric pain and is diagnosed with four duodenal ulcers at endoscopy. His symptoms fail to respond to omeprazole 20 mg po BID, and H. pylori testing is negative. A fasting serum gastrin level is 1850 pg/ml.

Which of the following is TRUE of this disorder?
A. The patient most likely has a somatostatinoma
B. Omeprazole may falsely lower serum gastrin levels
C. The tumor responsible for this disorder is most often located in the duodenum
D. The tumor responsible for this disorder is usually benign
E. The duodenal ulcers will not respond to any level of acid suppression therapy
4. A 48 year-old woman with a long history of gastroesophageal reflux disease undergoes an EGD which reveals several 2-3 centimeter long finger-like projections of salmon-colored mucosa extending proximally from the gastroesophageal. Biopsies reveal Barrett’s esophagus. No dysplasia is noted. Another endoscopy one year later notes similar findings. What is the proper subsequent surveillance protocol for this patient?

A. Biopsy of the Barrett’s segment every 3-6 months
B. Biopsy of the Barrett’s segment annually
C. Biopsy of the Barrett’s segment every 3-5 yrs
D. Biopsy of the Barrett’s segment every 10 yrs
E. No further surveillance is necessary

5. Which of the following is NOT an extraintestinal manifestation of Crohn’s Disease?

A. Sacroiliitis
B. Iritis
C. Renal calculi
D. Erythema nodosum
E. Thyroiditis

6. A patient with hepatic cirrhosis due to alcohol abuse is found to have large esophageal varices on upper endoscopy, but has no history of gastrointestinal bleeding. What is the appropriate therapy to prevent future variceal bleeding?

A. Ursodiol
B. Interferon
C. Nonselective B-blocker
D. Endoscopic sclerotherapy
E. A proton pump inhibitor

7. A 67 year-old man with a history of congestive heart failure and peripheral vascular disease presents with 48 hours of left lower quadrant pain, diarrhea with intermittent bleeding, and low grade fever. Stool cultures are negative and ischemic colitis is considered as a possible cause for his symptoms.
Which of the following is TRUE of this disorder?

A. Digoxin may predispose patients to bowel ischemia
B. Urgent angiography is indicated in order to identify a culprit blood vessel
C. This disorder has the highest mortality rate of the ischemic intestinal disorders
D. The diagnosis can be made on CT scan.
E. Serum lactate levels are markedly elevated in this disorder

Which of the following statements regarding this disorder is FALSE?

A. Dietary modification will probably decrease the risk of small intestinal lymphoma
B. This disease is more common in patients with diabetes mellitus
C. This disease is seen most commonly in patients of Mediterranean background
D. Small intestinal biopsy will reveal villous atrophy and deepened crypts, with intraepithelial lymphocytes
E. There is an association between this disease and autoimmune thyroid disorders

Which is the next test that should be ordered?

A. Percutaneous liver biopsy
B. Serum B12 and folate levels
C. Glucose tolerance testing
D. Testing for the hereditary hemochromatosis gene mutation
E. Abdominal CT scan with IV contrast
11. Which of the following is NOT a feature of the hereditary non-polyposis colon cancer (HNPCC) syndromes?
   A. The mean age of first colon cancer is 40
   B. There is a predominance of distal colon cancers (distal to the splenic flexure)
   C. The risk of synchronous colon cancers is nearly 20%
   D. There may be a family history of adenocarcinoma of the ovary, endometrium, or stomach
   E. The disorder is transmitted in an autosomal dominant fashion

12. All of the following statements regarding Hepatitis E are true EXCEPT:
   A. The virus is endemic in India and Southeast Asia
   B. The clinical features of hepatitis E are similar to those of hepatitis A
   C. The virus is transmitted primarily via percutaneous blood exposure
   D. Hepatitis E is associated with a high rate of fulminant hepatic failure in pregnant women.
   E. A vaccine has been developed for Hepatitis E

13. All of the following may be atypical manifestations of gastroesophageal reflux disease EXCEPT:
   A. Hoarseness
   B. Chronic cough
   C. Nocturnal asthma
   D. Chronic diarrhea
   E. Atypical chest pain

14. A 46 year-old man presents with a complaint of intermittent dysphagia for ten years. He reports that food “sticks in his chest” approximately 1-2 times per month, and he needs to either “wash down” the bolus with water or regurgitate the bolus. He has symptoms only with solid foods, primarily meat or bread, and has never had problems with liquids. He has no odynophagia, and has no difficulty swallowing between episodes. He reports no weight loss and otherwise has no complaints. His laboratory studies are entirely normal. The most likely cause for his symptoms is:
   A. Schatzki’s ring
   B. Esophageal cancer
   C. Achalasia
   D. Esophageal spasm
   E. Peptic stricture

15. All of the following are sequelae of H. pylori infection EXCEPT:
   A. Gastric cancer
   B. Atrophic gastritis
   C. Gastric MALT lymphoma
   D. Duodenal adenocarcinoma
   E. Duodenal ulcer
16. A 42 year-old man with a 15-year history of inflammatory bowel disease presents with new onset jaundice, right upper quadrant pain, and fever. An ultrasound reveals a dilated common bile duct, and an ERCP reveals multiple strictures in the common bile duct and in the intrahepatic ducts. A distal CBD stricture is dilated, and the patients symptoms resolve, although his serum alkaline phosphatase remains persistently elevated at 3 times the upper limit of normal.

Which of the following statements regarding this disorder is TRUE?

A. This disorder is more common in Crohn’s disease than in ulcerative colitis
B. Liver biopsy is the definitive diagnostic test for this disorder
C. Ursodiol has been proven to be effective in treating this disorder
D. The risk of cholangiocarcinoma is greatly increased in this disorder
E. This disorder will not recur after liver transplantation

17. An 86 year-old man develops abdominal cramps, watery diarrhea and low grade fevers. Within two days, his stools become bloody, and he feels weak and light-headed. You see him in your office and note a fever of 100.8, with mild orthostasis. He has a diffusely tender abdomen with no peritoneal signs, and bloody stool in the rectal vault. He also has a fine petechial rash on his lower extremities. Laboratory studies reveal an hematocrit of 27, a platelet count of 48,000, and a creatinine of 3.5 (his prior labs have all been within the normal range)

Which of the following statements regarding this disorder is FALSE?

A. The hematologic and renal complications of this disorder are seen most often in young children and in the elderly
B. The illness is primarily transmitted through the ingestion of poorly-cooked meat products
C. Antibiotics are effective in preventing complications in this illness
D. In general, the diarrheal illness is self-limited
E. The disease is caused by a Gram-negative bacterium

18. A 38 year-old landscape artist presents with a 6 month history of bullous lesions on the dorsum of his hands, his forearms, and his neck. His physical examination is otherwise unremarkable. He reports drinking 1-2 six-packs of beer every day, and on laboratory examination he has a mildly elevated ALT (1.5 times normal). He reports that he was once refused as a blood donor, but he does not know the reason for this.

Which of the following statements about this patient and his condition is FALSE?

A. Abstinence from alcohol may improve his skin lesions
B. He is likely to be HCV positive
C. He is likely to have episodes of severe abdominal pain
D. Phlebotomy is the accepted treatment for this disorder
19. A 21-year-old presents for routine health examination. His family history is notable for colon cancer in his mother (age 47) as well as his maternal uncle (age 58) and maternal grandmother (age 65). The patient is asymptomatic and stool examination is negative for occult blood.

Which of the following represents appropriate screening for this patient?

A. Colonoscopy every 3-5 years beginning at age 40.
B. Colonoscopy every 10 years beginning at age 50.
C. Colonoscopy every 2 years beginning at age 21 until age 40, and annually thereafter.
D. Annual flexible sigmoidoscopy beginning at puberty.

20. A 35-year-old man presents with evidence of ascites and abnormal LFTs. He does not drink alcohol. All viral serologies are negative. He has a history of emphysema diagnosed in his 20’s. Which of the following phenotypes would most likely lead to this clinical presentation?

A. Pi MM
B. Pi SS
C. Pi ZZ
D. Pi MZ

21. A 58-year-old presents with a 5-year history of progressive dysphagia for liquids and solids. She describes occasional nocturnal regurgitation of food. An UGI series reveals a dilated esophagus with beak-like narrowing at the level of the gastroesophageal junction. An upper endoscopy reveals no masses. Esophageal manometry is notable for high normal basal lower esophageal sphincter (LES) pressure, failure of the LES to relax with swallows and esophageal body aperistalsis.

Appropriate options for management of her disease would include any of the following, EXCEPT:

A. Pneumatic dilation
B. Surgical resection of the distal esophagus
C. Surgical myotomy
D. Botulinum toxin injection

22. A 35-year-old with Crohn’s disease presents with intense epigastric pain. He reports heavy alcohol use the night before. His medications include Asacol and 6-MP. Laboratory studies are notable for lipase of 2500 U/L, amylase 700 U/L, total bilirubin 2.5 mg/dL, direct bilirubin 0.5 mg/dL, AST 17 U/L, ALT 25 U/L, and alkaline phosphatase 72 U/L. All of the following are appropriate steps in the initial management of this patient, EXCEPT?

A. Abdominal ultrasound
B. Discontinue 6-MP
C. Narcotic analgesics
D. ERCP
E. Intravenous fluid hydration
23. All of the following may be associated with occult intestinal blood loss, EXCEPT?

A. Small intestinal or colonic angiodysplasia  
B. Erosive gastritis or duodenitis  
C. Colonic diverticula  
D. Cameron lesions  
E. Reflux esophagitis

24. A 41 year old with AIDS, CD4 count of 80, presents with colicy RUQ abdominal pain for 2 weeks. He is afebrile and vital signs are normal. Laboratory tests are notable for total bilirubin 2.7 mg/DL direct bilirubin 1.7mg/dL, alkaline phosphatase 480 U/L, AST 84 U/L, AST 104 U/L. The white blood cell count is normal. An abdominal ultrasound is notable for mild gallbladder wall thickening, absence of gallstones, and no pericholecystic fluid or sonographic Murphy’s sign. The common bile duct diameter is 9mm.

The next step in the management of this patient is?

A. Liver biopsy  
B. ERCP  
C. Stool cultures  
D. Intravenous antibiotics  
E. Surgical consultation for cholecystectomy

25. Which one of the following gastrointestinal disorders is often associated with the sicca syndrome?

A. GERD  
B. Small intestinal bacterial overgrowth  
C. Gallstone pancreatitis  
D. Primary biliary cirrhosis

26. All of the following are common benign causes of a focal liver lesion, EXCEPT?

A. Focal nodular hyperplasia (FNH)  
B. Cavernous hemangioma  
C. Gastrointestinal stromal tumor (GIST)  
D. Hepatic adenoma

27. Which of the following statements is true regarding Whipple’s disease?

A. Chronic diarrhea is common, but extraintestinal symptoms are rare  
B. Prolonged antibiotic treatment is required to eradicate the causative organism  
C. The causative organism, Tropheryma whippelii, a gram-positive bacillus, is easily cultured  
D. The disease is more common in women than men
28. New protease inhibitor therapy, when combined with pegylated interferon and ribavirin, has led to advances in treatment of which hepatitis C genotype?

A. Genotype 1  
B. Genotype 2  
C. Genotype 3  
D. Genotype 4

29. All of the following are true about reactive arthritis that may follow an enteric infection, EXCEPT?

A. Intestinal infection with ameba has been associated with this syndrome
B. Most people are HLA-B27 antigen-positive
C. There is a high male to female ratio
D. It may be associated with a triad of arthritis, conjunctivitis and urethritis

30. Common causes of the globus sensation include all of the following, EXCEPT?

A. Goiter
B. Early hypopharyngeal cancer
C. Anxiety disorder
D. Myasthenia gravis
E. Gastroesophageal reflux disease