1. A 32 yo woman, G1P1, comes in for a visit 6 months postpartum. She is fatigued, and has lost few of the 30 pounds she gained during pregnancy. She takes a multivitamin, no other medications.

PE: Weight is 150 pounds, height 5'2". Thyroid feels slightly enlarged, without nodules, non-tender.

Labs: CBC is normal. TSH is 24.

Which of the following is true?

A. Subacute thyroiditis is the most likely diagnosis.
B. This condition is likely to recur following subsequent pregnancies.
C. TPO antibodies are likely to be negative.
D. You should wait for spontaneous resolution rather than treating with thyroxine.
E. She should have a thyroid ultrasound.

2. A 28 yo woman comes to establish care. She has a long history of oligomenorrhea and hirsutism, and was diagnosed by her gynecologist with PCOS. Records indicate a normal prolactin and TSH, normal fasting 17-OH progesterone, and slightly elevated total testosterone. Last menstrual period was 4 months ago, which is not unusual for her. She takes no medications.

PE: 160 pounds, height 5'3". Blood pressure is normal. Slight terminal hair growth in the moustache and sideburn distribution, above her umbilicus, and around her nipples. Pelvic exam is limited by body habitus but appears WNL.

All of the following statements about PCOS are true except:

A. This condition is associated with increased risk for glucose intolerance or diabetes.
B. Risk for endometrial hyperplasia or cancer is increased.
C. The finding of polycystic ovaries on pelvic ultrasound is highly sensitive and specific for the diagnosis.
D. LH levels are not required to make the diagnosis.
E. Spironolactone may be useful in treatment of associated hirsutism.
3. A 48 year old woman reports irregular menstrual cycles for the past year. LMP was 9 weeks ago. She has been having hot flushes for the past 2 years which are interfering with sleep. She is healthy, without significant PMH. There is no family history of blood clots or breast cancer. She takes no medications. Physical exam is unremarkable, including normal pelvic exam and breast exam.

Which of the following statements is false?
A. FSH should be checked to confirm menopause.
B. A low dose oral contraceptive pill could be considered.
C. Hormone replacement therapy could be considered.
D. Treatment with SSRI may improve these symptoms.
E. Hot flushes are associated with an increase in skin temperature.

4. This patient decides at first to take nothing for her symptoms, but returns a year later with persistent hot flashes, and no menses for the past 6 months. She is interested in hormone replacement therapy. Complete exam is normal. Mammogram is negative.

Which of the following statements is false?
A. HRT is associated with increased risk for gallstones.
B. HRT increases the risk for deep venous thrombosis/pulmonary embolism.
C. Progestins may have negative effects on mood.
D. Vaginal bleeding is rare after the first three months on combined hormone replacement.
E. HRT increases the risk for stroke.

5. Postmenopausal estrogen therapy (alone) results in all of the following except:
A. Rise in triglyceride levels
B. Improvement in hot flashes
C. Increased risk of stroke
D. Reduced risk of hip fracture
E. Reduced risk of dementia

6. A 24 yo woman complains of irregular menstrual cycles. She reports a 30 pound weight gain over the past 3 years which she has attributed to a sedentary job. She takes no medications. On exam, she is 180 pounds, height 5'6". She has mild hirsutism, and acne on the face and back. Abdomen is obese, with pale striae.
Possible diagnoses include all of the following except:

A. Late onset congenital adrenal hyperplasia
B. Polycystic ovary syndrome
C. Cushing’s disease
D. Turner’s syndrome.
E. Androgen-secreting tumor.

7. A 62 yo woman comes to establish primary care. She is s/p menopause at age 50 and has never been on HRT. History is notable for right tibia fracture while skiing 10 y ago, and hypertension. She takes hydrochlorothiazide 25 mg daily. SH: cigarettes ½ ppd, no alcohol. She swims regularly for exercise. FH: no hip fracture. PE: Wt 114 pounds, height 5’4”. Blood pressure is 128/80. The rest of the exam is unremarkable.

Risk factors for osteoporosis in this woman include all of the following except:

A. Postmenopausal status
B. Cigarette smoking
C. Her weight
D. Her prior fracture
E. Use of hydrochlorothiazide

8. All of the following statements are true for the management of this patient except:

A. She should take in 1200 mg calcium daily.
B. Drinking 2 cups of milk daily will give her adequate Vitamin D.
C. Weight bearing exercise is recommended.
D. Calcium carbonate supplements should be taken with meals.
E. Swimming would not be expected to increase her bone density.

9. You order a bone density of the spine. T-score is –2.7. Z-score is –1.5. All of the following are true except:

A. She has osteoporosis.
B. Osteoarthritis of spine could falsely increase her bone density.
C. Her Z-score compares her to young normal women.
D. BMD is the single best predictor of fracture.
E. This Z-score would not suggest the need for a w/u for secondary causes of osteoporosis.

10. You discuss with her recommendations regarding calcium, vitamin D, weight bearing exercise, and encourage her to stop smoking. You also recommend treatment with an antiresorptive agent.
Which of the following statements is true?

A. Raloxifene therapy would be expected both to improve bone density and to reduce hot flashes.
B. Calcitonin reduces risk for hip fracture.
C. Neither alendronate nor risedronate may be taken with food.
D. Raloxifene does not increase risk for blood clots.
E. Routine dental work should be deferred in patients taking bisphosphonates.

11. A 48 yo woman who has been your patient for several years comes in complaining of constipation and abdominal pain. She has seen 2 outside gastroenterologists for these complaints in the past year and had colonoscopy, barium enema, endoscopy, and abdominal CT scan, all negative.
She has been well except for a fx of the radius in a fall down the stairs the preceding year.
She is married, without children.
Exam is remarkable only for ecchymoses on the back and right arm.

You should:

A. Repeat a colonoscopy at your institution.
B. Ask her whether she has ever been hurt or threatened in her relationship.
C. Ask her generally about how she is doing, but avoid asking directly about domestic violence.
D. Call her husband and discuss the situation with him.

12. A 37 yo woman comes for evaluation of a lump she discovered in the left breast 1 month earlier. She is G1P1, status post menarche at age 14. She has regular menses monthly, LMP was last week. She drinks 4 cups of coffee daily
FH: No breast cancer. Her mother has fibrocystic breast disease.
PE: Well appearing. There is a 1.5 cm mass palpable in the left breast upper outer quadrant, which is slightly tender to palpation. No axillary adenopathy.
You order a mammogram, which is negative.

Which of the following would be the most appropriate next step?

A. Reassure her. No intervention indicated.
B. Schedule repeat mammogram in 4-6 mos.
C. Tell her to stop coffee and other caffeine intake and return in 4-6 months for re-examination.
D. Order an ultrasound; referral should be made for biopsy unless the mass is c/w a simple cyst.

13. A 30 yo G0PO with 10 y history of Type 1 DM is interested in becoming pregnant. She has history of non-proliferative retinopathy. Last eye exam was 2 y ago. She checks blood sugars once daily.
Medications: NPH 20U/ Regular 8U AM, NPH 10U at night; Prenatal vitamin
Blood pressure is 124/80, rest of exam is unremarkable.
Labs: HbA1c 9.0, creatinine 1.3 mg/dl trace protein on urine dipstick
All of the following would be recommended prior to conception except:
A. An angiotensin converting enzyme inhibitor should be started to minimize progression of renal disease in pregnancy.
B. She should increase her frequency of blood sugar monitoring
C. She should be referred to Ophthalmology
D. Blood sugar control should be tightened to achieve a normal hemoglobin A1c.
E. She should have a prescription for glucagon.

14. Routine PAP smear in a 42 yo woman shows atypical cells. She is in a monogamous relationship and has had normal PAP smears in previous years. Which of the following would be most appropriate?
A. Treat empirically with doxycycline and repeat PAP in 3 months
B. This is a normal finding in a perimenopausal woman and does not require follow-up.
C. Endometrial sampling should be done to exclude endometrial cancer.
D. Perform HPV testing for high risk subtypes.

15. A 32 yo woman, G1P0, 16 weeks pregnant, presents with palpitations and weight loss. TSH is < 0.05, T4 is 22. Pulse is 110. She has lid lag but no appreciable exophthalmos. Thyroid gland is symmetrically enlarged to about 1 ½ times normal size.

16. A 22 yo woman, G0P0, comes for contraceptive counseling. All of the following are true except:

A. The risks associated with use of OCPs outweigh the benefits for women with a history of coronary heart disease or stroke.
B. OCP use is associated with a reduced risk for ovarian cancer.
C. IUD use is not associated with an increased risk of infertility in monogamous women.
D. Currently used OCPs are associated with a two fold increase in breast cancer risk.

17. You are paged by a 32 yo woman who is worried about pregnancy after having had unprotected intercourse 36 hours prior. LMP was 16 d ago. Which of the following is true?
A. Loestrin (20 micrograms EE), 2 now and 2 more in 12 hours, is appropriate for use as emergency contraception.
B. Levonorgestrel 1.5 mg as a single dose is appropriate for use as emergency contraception.
C. It is too late to use emergency contraception
D. Emergency contraception is not warranted at this time in the cycle.
18. A 32 yo woman G1P0, pre-gravid BMI of 28 kg/m², 28 wks gestation, has a high glucose level (160 mg/dl) after 50 g glucose loading test. Oral glucose tolerance test is c/w gestational diabetes. Which of the following is false?

A. She is at increased risk for c-section.
B. Glyburide has been used safely in managing gestational diabetes.
C. Risk for diabetes outside of pregnancy is no greater than for a women with uncomplicated pregnancy.
D. She should be referred to a nutritionist.
E. Treatment to reduce glucose levels reduces the risk for serious perinatal complications.

19. A 18 year old woman sees you for primary care. She has recently become sexually active. Recommended management would include:

A. Pap smears annually starting at this visit.
B. HPV screening at this visit.
C. Initiate PAP smear screening at age 21.
D. Initiate HPV screening at age 21.

Disclosure

None