An 84-year-old male is referred for fatigue, malaise, anemia and an ESR of 120 mm/hr. Symptoms began 6 weeks earlier. Patient tires easily and notes difficulties completing routine daily activities. Denies headaches or visual complaints, fever or chills. Notes 4 pound weight loss.

On exam: tired looking but otherwise normal exam.

LABS: HCT 28.4%, MCV 94, PLT 186k, WBC 5.0
ESR 120 mm/hr repeated 117

WHAT WOULD YOU DO NEXT?

a) Biopsy of single temporal artery
b) Biopsy of both temporal arteries
c) Trial of prednisone 60mg qd
d) Trial of prednisone 15mg qd
e) Serum protein electrophoresis

Question 1

A 65-year-old male with long standing gout is maintained on colchicine 1.2mg qd and allopurinol 200mg daily. He complains of new weakness of his legs. He notes trouble walking and lately has started to trip over his feet. He also complains of a new sensation some pins and needles in both feet.

O/E: He has weakness on plantar flexion of the right foot > than left. There is some reduced sensation to pinprick in an L 4-5 distribution on the right. The right ankle jerk is reduced.

WHAT WOULD YOU DO NEXT?

a) Stop colchicine
b) Stop allopurinol
c) Obtain MRI of LS spine
d) Obtain EMG study of legs
e) Obtain MRI of brain

Question 2

WHICH OF THE FOLLOWING STATEMENTS REGARDING HLA-B27 ANTIGEN IS CORRECT?

a) Majority of patients who carry it will develop AS
b) Found in approximately 20% of healthy Caucasians
c) Predicts peripheral joint arthritis in AS
d) Correlates with sacroiliitis in RA
e) Nearly half of patients with uveitis are B27 positive

Question 3
Question 4
A 42 year-old female with long standing asthma maintained on frequent doses of corticosteroid for flares of asthma is seen for follow up of weakness. She’s having trouble climbing stairs and getting up from a chair has become more difficult as well. Does not note any upper extremity weakness. Denies any pain or stiffness associated with the weakness. Lab studies include normal CBC, CPK, TSH, and ESR.

You suspect she has developed a corticosteroid induced myopathy.

WHICH OF THE FOLLOWING STATEMENTS REGARDING THIS CONDITION IS CORRECT?

a) Pain and stiffness are usually noted
b) The serum CPK may be raised 2 to 3 times normal
c) Patients typically describe difficulty arising out of chairs
d) Shoulder girdle symptoms are generally greater than hip girdle symptoms
e) The development of this condition is independent of the steroid dose consumed.

Question 5
A 27 year-old female with Graves disease maintained on propylthiouracil (PTU) has developed new ulcerating skin lesions on her legs.

On examination you note several discrete ulcerating lesions measuring 1cm or less over the distal lower extremities. The remainder of the exam is unremarkable.

LABS: HCT 36.7%, WBC 8.8, PLT 198k, CR 1.0, LFTS Normal
U/A: 1+ protein, no cells or casts
p-ANCA: 1400U (N < 5)

WHICH OF THE FOLLOWING RECOMMENDATIONS WOULD YOU MAKE?

a) Stop PTU
b) Begin prednisone
c) Begin prednisone and cyclophosphamide
d) Begin hydroxychloroquine
e) Arrange for renal biopsy.

Question 6
A 38 year-old male with crystal proven gout is about to start allopurinol. What should be the optimal serum uric acid level target?

a) Less than 4mg/dL
b) Less than 5mg/dL
c) Less than 6mg/dL
d) Less than 7mg/dL
e) Less than 8mg/dL

Question 7
A 42 year-old female presents with pain and swelling of her left wrist. This began acutely four days ago without any history of trauma.

WHICH OF THE FOLLOWING CLUES SHOULD THE DOCTOR LOOK FOR?

a) A clue at MCP
b) A clue at the base of the thumb
c) A clue at the distal ulna

<<<< clue @MCP

>>>>>> clue @distal ulna
The patient has insurance through HMO Cheap
And they will only pay for one test per diagnosis.

WHICH OF THE FOLLOWING BLOOD TESTS SHOULD BE ORDERED?

a) Serum iron level
b) Serum potassium
c) Rheumatoid factor
d) ANA
e) Serum uric acid

A 72 year-old female presents with a 6-week history of abrupt onset of stiffness around her neck and shoulders. She notes pain when trying to dress herself in the morning. She also notes difficulty at night and rolls from side to side seeking a comfortable position. She describes feeling better as the day progresses and then notes pains once again developing in the early evening.

Past medical history notable for hypertension - on HCTZ

O/E: full range of motion in all joints tested except for some mildly decreased range of motion with external rotation in either shoulder. Motor strength appropriate in upper and lower extremities.

LABS: HCT 40.1, WBC 7.4, PLT 257k, TSH 1.3, ESR 12

WHICH TEST WOULD YOU ORDER NEXT?

a) ESR
b) MRI of Lumbar spine
c) EMG and nerve conduction studies
d) Anti-GAD (Glutamic acid decarboxylase Ab
e) Radionuclide bone scan

A 20 y.o male student is seen for new SX of stiffness and soreness of his body in the morning upon arising. In fact he takes a hot shower to get going but nonetheless feels stiff for about one hour each day. He has some nighttime pain which awakens him at 3 to 4 am and this why he is here today.

You see him as an add-on visit at the end of your day at 6pm. His examination at that time is completely unremarkable.

WHAT IS THE MOST LIKELY DIAGNOSIS?

a) Polymyositis
b) Early rheumatoid arthritis
c) Fibromyalgia
d) Polymyalgia rheumatica
e) Metabolic myopathy

A 38 year-old patient of yours with rheumatoid arthritis has been treated with methotrexate 12.5mg weekly for the past 4 months. She has only had some modest improvement. According to your notes the number of swollen joints has dropped from 15 to 11 and the number of tender joints has dropped from 18 to 13.

LABS: HCT 36.1
RF 390 IU
CCP Antibody 72 IU
ESR 50mm/hr
C-RP 14.1
**WHAT WOULD YOU RECOMMEND?**

a) Begin anti-TNF therapy  
b) Begin anti B-Cell therapy  
c) Begin anti CTLA-4 lg therapy  
d) Increase MTX to 25 mg weekly  
e) Add prednisone 10 mg daily

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A 40 year-old male is referred to you for evaluation for diffuse polyarthralgias. For 3 weeks he notes intense pain and discomfort in both shoulders, both elbows, both wrists all PIP joints and both knees.

You review the notes of his referring doctor who did not document any joint swelling at any of his many visits with her. The labs drawn in the past included normal CBC, ESR 12 and the RF was 186.

O/E: There was no evidence of any joint swelling but there was intense joint tenderness over most of the PIPs, both wrists and knees.

There was livedo reticularis over both lower extremities. Pulses were easily felt in all distal extremities.

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**WHICH TEST WOULD YOU ORDER NEXT?**

a) ANA  
b) Hepatitis B surface antigen  
c) Hepatitis C antibody  
d) HIV antibody  
e) Parvovirus B 19

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A 23 year old male is seen for painful swollen toe. This began 3 weeks ago and he is having difficulty stepping off that foot. He denies any trauma. Review of systems is negative.

Past medical history: excellent health

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**WHAT IS THE MOST LIKELY DIAGNOSIS?**

a) Rheumatoid arthritis  
b) Gout  
c) Osteomyelitis  
d) Reactive arthritis  
e) Peripheral vasculitis

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A 23 year old female college student is seen in the ER for acute bilateral ankle swelling and pain over both shins. This began 3 days ago and she's now noticing trouble walking. Denies any recent travel no trauma.

O/E:

There is bilateral swelling of ankles and pt. has difficulty walking because of pain. There is a lesion on the distal tibia which is painful to palpation.
WHICH TEST WOULD YOU ORDER NEXT?

a) Chest X-ray
b) Echocardiogram
c) ACE (angiotensin converting enzyme) level
d) Rheumatoid factor
e) ANCA antibody

Question 14
The Anti-Ro (SS-A) antibody is associated with all of the following disorders EXCEPT:

a) Sjogren’s syndrome
b) Neonatal lupus
c) Cutaneous lupus
d) Diffuse proliferative glomerulonephritis
e) Congenital heart block

Question 15
A 56 year old male was admitted to the ICU because of a multi system illness. He developed a rather sudden onset of shortness of breath and cough. Two days later he noted progressive numbness and tingling and weakness in his feet.

On admission, the serum cr. was 4.4 mg/dl, WBC was 18,400 with 60% eosinophils. The chest x-ray demonstrated multiple lung nodules.

Additional info obtained from his wife indicated a prior history of asthma with a recent flare up occurring the day before the patient’s illness began.

LABS: ANCA 253 IU
You are not certain whether the patient has Churg-Strauss Syndrome or Wegener’s Granulomatosis.

Which one of the following features favors the diagnosis of CSS?

a) Asthma
b) Peripheral eosinophilia
c) Peripheral neuropathy
d) Lung nodules
e) Renal failure

Question 16
A 68 year old male has been admitted for a multi system disease characterized by painful red ears, pain over the rib cage and throat pain.
Which one of the following features is associated with this condition?

a) ANCA antibody  
b) Anti RNP antibody  
c) Valvular Heart Disease  
d) Polymyositis  
e) Positive ANA

Which one of the following statements regarding rheumatoid factor (RF) is correct?

a) It is present in approximately 25% of Hepatitis B surface antigen positive patients  
b) It is present in about 50% in patients with RA  
c) It is always present in patients who have rheumatoid nodules  
d) The titer promptly drops following treatment with anti-TNF therapy

Question 17

Which one of the following features is associated with this condition?

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b) Anti RNP antibody  
c) Valvular Heart Disease  
d) Polymyositis  
e) Positive ANA

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Question 18

A 28 year old female is seen for a rather acute onset of pain and swelling of her joints. She describes symptoms of pain and stiffness and swelling in the small joints of both hands. This has been present for 3 weeks.

She describes excellent health.

No history of any recent travel.

She works as a kindergarten teacher.

O/E: There is a very faint erythematous rash on both her cheeks.

There is mild but definite soft tissue swelling of several PIP and MCP joints bilaterally. Minimally swollen and tender wrists bilaterally and trace effusions in both knees.

LABS:

- HCT 35.5%, WBC 6.8, PLT 305k
- ESR 40
- ANA 1:40
- RF 24

WHAT WOULD YOU RECOMMEND?

a) Observe for now- treat symptoms with NSAIDs  
b) Begin hydroxychloroquine 400 mg qd  
c) Begin methotrexate 15 mg q week  
d) Begin prednisone 20 mg qd

Question 19

A 34 year old colleague sees you for left shoulder pain. She is a competitive tennis player and noticed some pain in her left deltoid area for the past 3 weeks.

The pain is made worse by movements such as shoulder abduction or rotation.

O/E: There is full range of motion on abduction. Forced abduction is painful but she can resist. Forward flexion and extension are maintained.

X ray no fracture
Which is the most likely diagnosis?

A. Supraspinatus tendonitis
B. Rotator cuff tear
C. Bicipital tendonitis
D. Calcific tendonitis
E. Deltoid myositis