Question #1

Case

An otherwise healthy 65-year-old man has been treated in the past for reflux esophagitis. He has come to see you because lately he has to chew food more carefully, take more liquids with meals, and swallow small portions as it stuck in the upper part of his stomach, just below the breast bone. He recalls that 4 months ago it was much less severe.

Question

What is your differential diagnosis at this time? Select up to one.

1) Achalasia

2) Eosinophilic esophagitis

3) Esophageal carcinoma

4) Mallory-Weiss syndrome

5) Plummer-Vinson syndrome

6) Symptomatic diffuse esophageal spasm

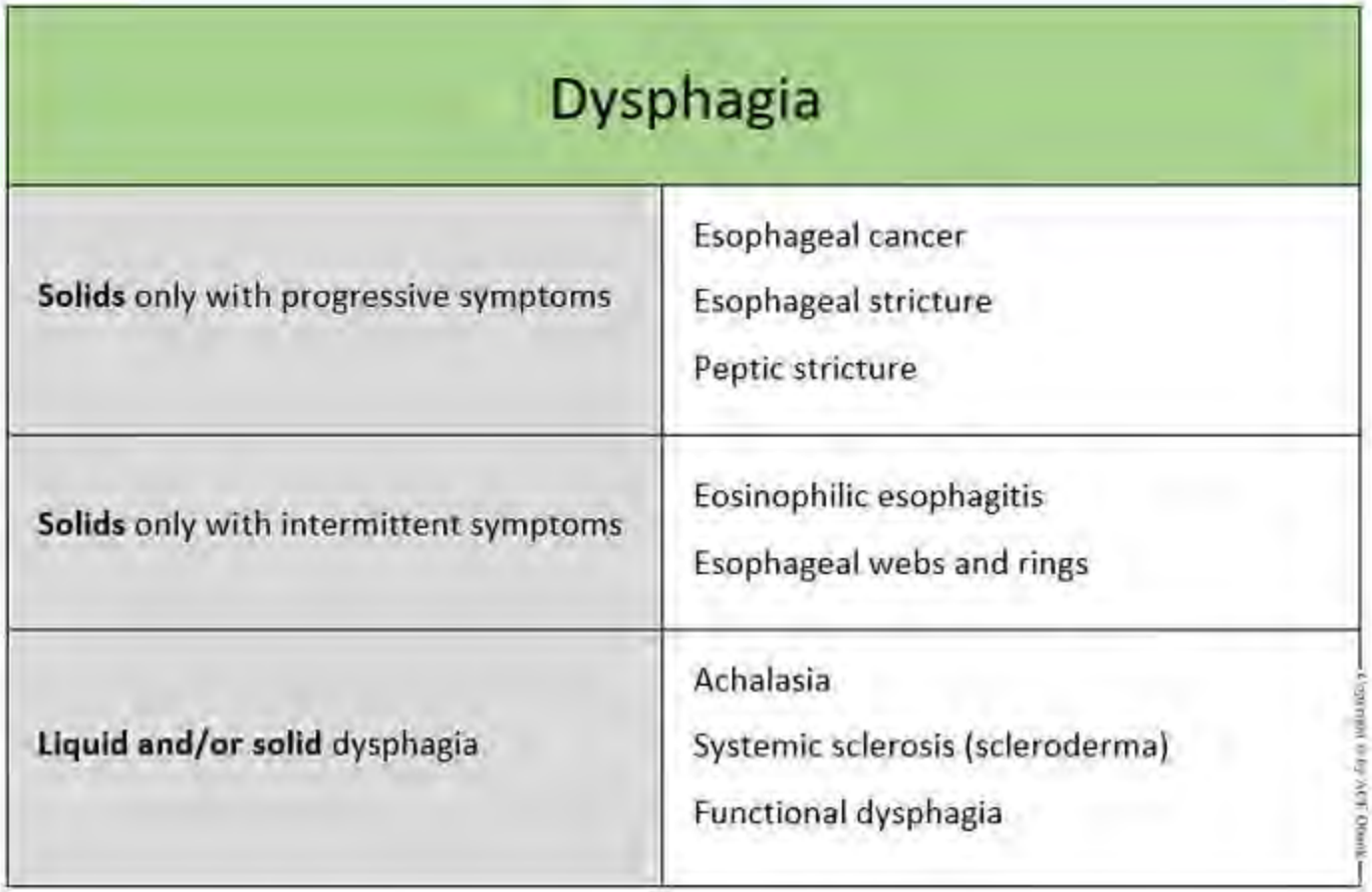
7) Systemic sclerosis (scleroderma)

8) Functional dysphagia

9) Medication-induced esophagitis

10) Lymphocytic esophagitis

Explanation



Dysphagia	
Solids only with progressive symptoms	Esophageal cancer Esophageal stricture Peptic stricture
Solids only with intermittent symptoms	Eosinophilic esophagitis Esophageal webs and rings
Liquid and/or solid dysphagia	Achalasia Systemic sclerosis (scleroderma) Functional dysphagia

More Detail

Maximum number of allowed responses: 1

Correct answer(s)

Esophageal carcinoma

Not acceptable: anything other than esophageal cancer

Explanation of correct answers (rationale)

Given an **elderly patient** with a new onset of dysphagia, the physician should include **esophageal cancer** in the differential diagnosis. Although patients with advanced esophageal cancer present with progressive dysphagia and weight loss, early symptoms may be subtle and nonspecific such as transient pain in the upper part of the stomach ("sticking" of foods) and, possibly, retrosternal discomfort or a burning sensation while eating solid foods.

References

Saltzman, J. R., & Gibson, M. K. Clinical manifestations, diagnosis and staging of esophageal cancer. Uptodate. 2018, May 10.
Objective number 26 (Dysphagia) of Objectives for the Qualifying Examination, 3rd edition.

Question #2

Case

An otherwise healthy 65-year-old man has been treated in the past for reflux esophagitis. He has come to see you because lately he has to chew food more carefully, take more liquids with meals, and swallow small portions as it stuck in the upper part of his stomach, just below the breast bone. He recalls that 4 months ago it was much less severe.

Question

What investigations, if any, will you recommend? Select up to two or select number 7 if no further action is required.

1) upper gastrointestinal endoscopy

2) nasolaryngoscopy

3) Esophageal manometry

4) X-ray of the chest

5) Barium swallow study

6) Computed tomography of the neck

7) no further action

Explanation

More Detail

Maximum number of allowed responses: 2

Correct answer(s)

Upper gastrointestinal (GI) endoscopy

Barium swallow study

Explanation of correct answers (rationale)
Diagnosis of esophageal cancer is made with an upper gastrointestinal endoscopy (esophagogastroduodenoscopy and biopsy). Upper gastrointestinal series radiography is a reasonable first investigation when a patient present with dysphagia.

References

Saltzman, J. R., & Gibson, M. K. Clinical manifestations, diagnosis and staging of esophageal cancer. Uptodate. 2018, May 10.
Objective number 26 (Dysphagia) of Objectives for the Qualifying Examination, 3rd edition.

Question #1

Case

A 64-year-old woman comes to the office due to progressive fatigue and weakness over the past several months. On questioning, she says that she has been constipated most of her life. She admits that over the past 8 weeks, her bowel movements have been unexpectedly loose several times a week. The patient was diagnosed with hypertension several years ago but does not take any medications. On examination, she looks worried and pale. Test results are as follows: Heart rate 94/ min Blood pressure 130/80 mmHg (supine) and 115/70 mmHg (sitting) Hemoglobin 98 g/L (123-157) Oxygen saturation 98% Lung auscultation is normal and heart sounds are normal with no murmur. The abdomen is nondistended, soft, and non-tender on palpation.

Question

Which of the following investigation will you order to evaluate this patient's problem? Select up to two

1) Bone marrow aspiration for cytology

2) Chest radiography, posteroanterior and lateral views

3) Echocardiography

4) Electrocardiography

5) Electroencephalography

6) Fasting serum glucose

7) Fecal occult blood test

8) Colonoscopy

9) Laparoscopy

10) Ultrasound of the abdomen

11) No investigation

Explanation

More Detail

Maximum number of allowed responses: 2

Correct answer(s)

Colonoscopy

Dangerous acts

No investigation

Explanation of correct answers (rationale)

Colonoscopy is the initial test for an elderly patient with **signs of an altered bowel habit**. Doing nothing, in this case, is a critical error.

References

Schrier, S. L. Approach to the adult with anemia. Uptodate. 2018, February 15. Objective number 6-2 (Lower Gastrointestinal Bleeding) of Objectives for the Qualifying Examination, 3rd edition.

Question #2

Case

A 64-year-old woman comes to the office due to progressive fatigue and weakness over the past several months. On questioning, she says that she has been constipated most of her life. She admits that over the past 8 weeks, her bowel movements have been unexpectedly loose several times a week. The patient was diagnosed with hypertension several years ago but does not take any medications. On examination, she looks worried and pale. Test results are as follows: Heart rate 94/ min Blood pressure 130/80 mmHg (supine) and 115/70 mmHg (sitting) Hemoglobin 98 g/L (123-157) Oxygen saturation 98% Lung auscultation is normal and heart sounds are normal with no murmur. The abdomen is nondistended, soft, and non-tender on palpation.

Question

During a colonoscopy, a 1.8-cm pedunculated polyp was found in the ascending colon. The biopsy showed a high-grade dysplastic villous adenoma without the involvement of the stalk or its margins. There was no vascular or lymphatic invasion or other features of adenocarcinoma. other medical problems. Physical examination shows no abnormalities. Which of the following is the most appropriate next step in the management of this patient? Select only one.

1) Computed tomography colonography every 5 years

2) Computed tomography colonography every 10 years

3) Computed tomography colonography every 3 years

4) Computed tomography scan of the abdomen every 10 years

5) Computed tomography scan of the abdomen every 5 years

6) Fecal immunochemical tests every 2 years

7) Fecal immunochemical tests every 5 years

8) Fecal immunochemical tests every 3 years

9) Colonoscopy every 3 years

10) Colonoscopy every 5 years

11) Colonoscopy every 2 years

12) Stool DNA testing every 5 years

13) Stool DNA testing every 3 years

14) Stool DNA testing every 2 years

Explanation

More Detail

Maximum number of allowed responses: 1

Correct answer(s)

Colonoscopy every 3 years

Explanation of correct answers (rationale)

The timing of the subsequent surveillance colonoscopy is based on the findings of the first surveillance colonoscopy. If no adenomas are found on the first surveillance colonoscopy, the next surveillance colonoscopy should be performed in 10 years.

Patients with a high-risk adenoma at any examination appear to remain at high risk and should have a short follow-up interval for all subsequent surveillance colonoscopies.

- If a **low-risk adenoma** (less than 1 cm, no villous adenoma, less than 2 adenomas) is detected, the next surveillance colonoscopy should be performed at **5 years.**
- If a **high-risk adenoma** (more than 1cm, villous adenoma, more than 2 adenomas) is detected, the next surveillance colonoscopy should be performed in **3 years**.

References

Macrae, F. A. Overview of colon polyps. Uptodate. 2017, November 14. Objective number 6-2 (Lower Gastrointestinal Bleeding) of Objectives for the Qualifying Examination, 3rd edition.