

## 1.22.) ASCITES

### A) TRANSUDATE (protein < 2.5 g/dL):

#### 1. Check for signs of portal hypertension

- liver cirrhosis
- congestive heart failure
- IVC obstruction



#### 2. Check albumin levels

- nephrotic syndrome
- malnutrition



#### 3. Evidence of abdominal neoplasms? (Meig's syndrome)

- ovarian fibroma
- ovarian cystadenoma
- struma ovarii

### B) EXUDATE (protein > 2.5 g/dL):

#### 1. Check PMN count - if >250:

- peritonitis  
(bacterial, tuberculosis, or fungal)



#### 2. Check cytology

- hepatoma, mesothelioma
- ovarian carcinoma
- metastatic carcinoma



#### 3. Check amylase levels

- pancreatitis

## 1.23.) BLEEDING

|  |   |
|--|---|
| <b>platelets &lt; 100,000</b>              | <ul style="list-style-type: none"><li>• thrombocytopenia</li></ul>  |
| <b>PT prolonged</b>                        | <ul style="list-style-type: none"><li>• Factor VII deficiency</li><li>• vitamin K deficiency</li><li>• liver disease</li></ul>  |
| <b>PTT prolonged</b>                       | <ul style="list-style-type: none"><li>• Von Willebrand's disease</li><li>• Factor VIII (hemophilia A)</li><li>• Factor IX (hemophilia B)</li><li>○ circulating anticoagulants</li></ul>         |
| <b>both PT and PTT prolonged</b>           | <ul style="list-style-type: none"><li>➤ heparin</li><li>• vitamin K deficiency</li><li>• liver failure</li><li>• DIC</li><li>○ dysfibrinogenemia</li><li>○ circulating anticoagulants</li></ul> |
| <b>bleeding time prolonged &gt; 10 min</b> | <ul style="list-style-type: none"><li>• platelet dysfunction</li><li>○ myeloproliferative disorders</li><li>○ uremia</li></ul>  |

### **Mixing Studies:**

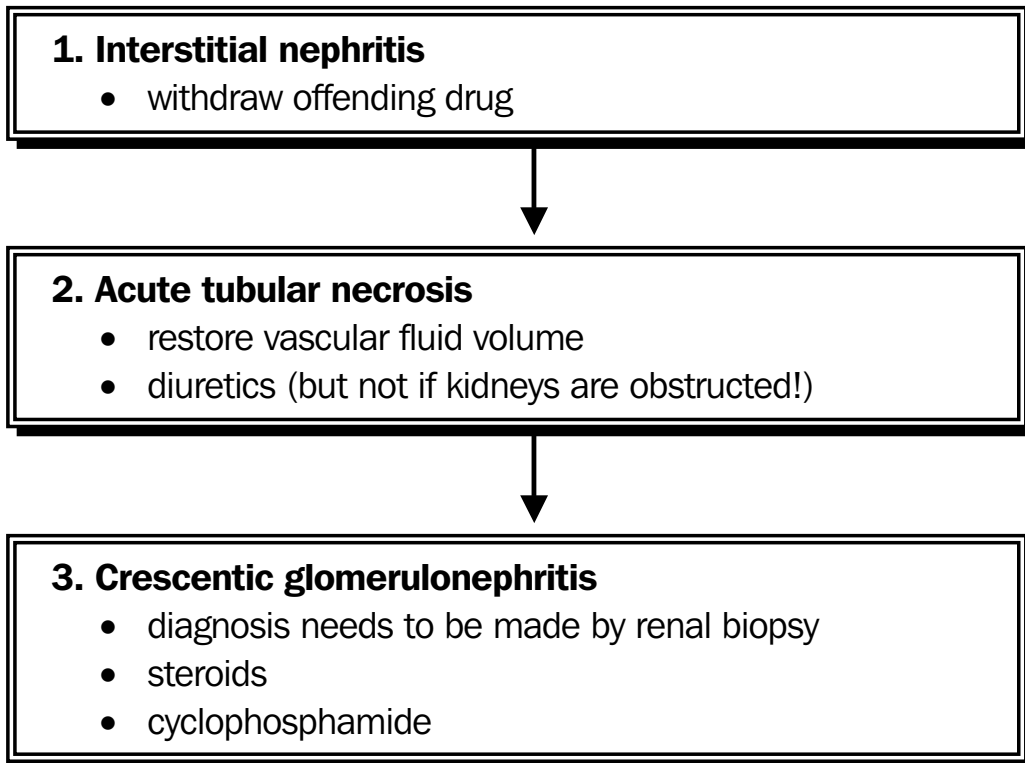
(repeat PT, PTT with equal mixture of patient's and "normal" plasma)

**if times correct** → factor deficiency

**if times do not correct** → factor inhibition

## 2.5.) ACUTE RENAL FAILURE

|                     |   |
|---------------------|---|
| <b>Risk factors</b> | <ul style="list-style-type: none"><li>○ surgery</li><li>○ volume depletion</li><li>➤ aminoglycosides</li><li>➤ cyclosporine</li><li>➤ ACE inhibitors</li><li>➤ radio contrast</li></ul> |
| <b>Prevention</b>   | <ul style="list-style-type: none"><li>• good hydration prior to contrast or chemotherapy</li><li>• aggressive restoration of intravascular volume</li></ul>                             |



## 2.6.) ADDISON'S DISEASE (adrenal insufficiency)

|                      |  |
|----------------------|--|
| <b>Risk factors</b>  | <ul style="list-style-type: none"> <li>○ family history</li> <li>○ prolonged intake of steroids</li> <li>○ severe infection</li> <li>○ severe trauma</li> </ul>  |
| <b>2° Prevention</b> | <ul style="list-style-type: none"> <li>● prevent adrenal crisis</li> <li>● daily hydrocortisone</li> <li>● double dose during illness or preoperative</li> </ul> |
| <b>Management</b>    | <p><b>Acute:</b> hydrocortisone, IV<br/>replace Na and glucose</p> <p><b>Chronic:</b> oral hydrocortisone<br/>patient should carry medic alert card</p>          |

## 2.7.) PRIMARY ALDOSTERONISM

### 1. Adrenal adenoma

#### if unilateral:

- surgical removal → cure

#### if bilateral:

- aldosterone antagonist (spironolactone)
- ACE inhibitor

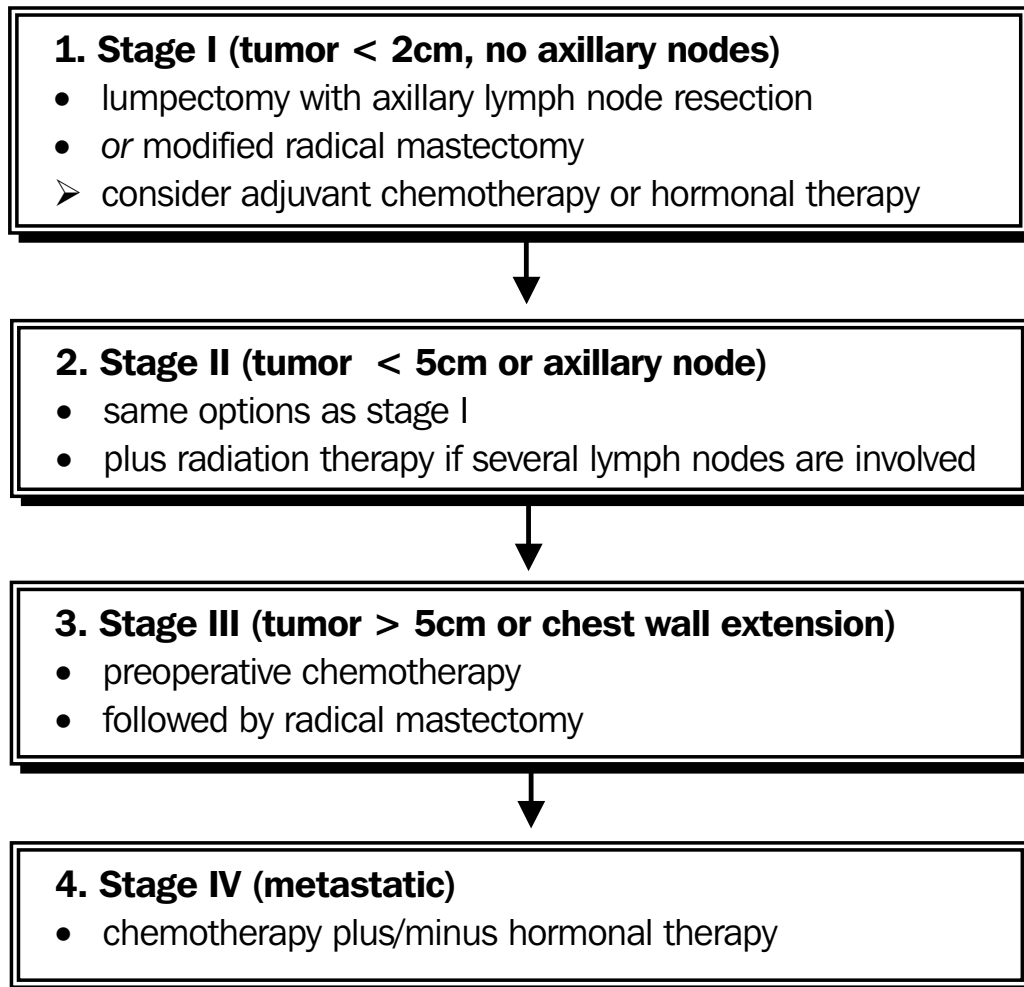


### 2. Bilateral zona glomerulosa hyperplasia

- aldosterone antagonist (spironolactone)
- ACE inhibitor

## 2.38.) BREAST CANCER

|                      |   |
|----------------------|---|
| <b>Prevalence</b>    | 1 in 8 women during lifetime  |
| <b>Risk factors</b>  | <ul style="list-style-type: none"> <li>○ positive family history</li> <li>○ early menarche</li> <li>○ late menopause</li> <li>○ nulliparity</li> <li>○ (high dietary fat)</li> </ul>                        |
| <b>2° Prevention</b> | <p><b><u>Mammography</u></b></p> <ul style="list-style-type: none"> <li>• baseline at 35 years</li> <li>• every 1-2 years between 40-50 years of age</li> <li>• every year after 50 years of age</li> </ul> |



## 2.65.) COR PULMONALE

|                     |   |
|---------------------|---|
| <b>Risk factors</b> | <ul style="list-style-type: none"><li>○ living at high altitude</li><li>○ smoking</li></ul> |
| <b>Prevention</b>   | <ul style="list-style-type: none"><li>● stop smoking</li></ul>                              |
| <b>Prognosis</b>    | COPD with cor pulmonale: 50% mortality in 3 years   |

## 2.66.) CROHN'S DISEASE

|                     |   |
|---------------------|---|
| <b>Risk factors</b> | <ul style="list-style-type: none"><li>○ Caucasians</li><li>○ Jewish ancestry</li><li>○ family history</li><br/><li>○ major psychological stress → trigger</li></ul> |
| <b>Prognosis</b>    | <ul style="list-style-type: none"><li>- worse than ulcerative colitis</li><li>- mortality increases with duration of disease</li></ul>                              |

### **1. Mild to moderate disease**

- sulfasalazine (more effective for colon than small bowels)
- antibiotics



### **2. Severe disease**

- glucocorticoids for acute phase  
(should be tapered as soon as remission occurs)
- mercaptopurine or azathioprine to sustain remission
- experimental: antibodies to tumor necrosis factor!
- unresponsive, or obstructions → surgery