**November 7, 2023, AHD MKSAP Questions**

1. A 30-year-old woman is evaluated for a 2-month history of skin changes, primarily on her chest and arms. She has no other symptoms. Her only medication is an oral contraceptive.

On physical examination, vital signs are normal. The rash on her chest is shown.



There is no evident scarring or lesions in the scalp or ears, hair loss, or joint swelling. The remainder of the examination is normal.

Laboratory evaluation reveals an antinuclear antibody titer of 1:640 with speckled pattern; result for anti-Ro/SSA antibody is positive.

**Which of the following is the most likely diagnosis?**

1. Acute cutaneous lupus erythematosus
2. Cutaneous leukocytoclastic vasculitis
3. Discoid lupus erythematosus
4. Subacute cutaneous lupus erythematosus
5. A 45-year-old woman is evaluated for progressive shortness of breath for 6 months, hearing impairment, and knee pain. She has no additional medical problems and takes no medications.

On physical examination, vital signs are normal; oxygen saturation is 98% with the patient breathing ambient air. She has swelling and redness of the helices of the ear, with sparing of the lobule; diminished hearing bilaterally; bilateral conjunctivitis; and redness, tenderness, and flattening of the nasal bridge. Lung examination reveals inspiratory stridor loudest over the trachea. Knees show joint-line tenderness bilaterally. The remainder of the physical examination is normal.

Laboratory tests, chest radiography, and CT of the upper airways and chest are ordered.

**Which of the following is the most likely diagnosis?**

1. Cryoglobulinemia
2. Granulomatosis with polyangiitis
3. Relapsing polychondritis
4. Rheumatoid arthritis
5. A 23-year-old man is evaluated for fever, abdominal pain, rash, and arthritis of the right knee of 3 days’ duration that resolved 1 week ago. He has had more than 20 similar episodes, the last three occurring in the past year. The first episode occurred at age 5 years and presented as abdominal pain; the patient underwent appendectomy but no appendicitis was found. His paternal grandfather and maternal grandmother had a similar syndrome.

Physical examination findings including vital signs, are normal.

Laboratory evaluation shows an erythrocyte sedimentation rate of 23 mm/h, a normal serum creatinine level, and 1+ protein on urinalysis.

**Which of the following is the most appropriate treatment?**

1. Canakinumab
2. Colchicine
3. Indomethacin
4. Prednisone
5. List the medications used for the acute management of low, intermediate, and high risk NSTEMI in the hospital setting and their contraindications.
6. List several common risk factors for non-valvular atrial fibrillation. Define paroxysmal, persistent, and permanent atrial fibrillation and **valvular** atrial fibrillation.
7. Define emergent, urgent, and elective surgery in terms of perioperative cardiac risk stratification.