

April 6th: 9:30 - 10:15, Shivang Mehta: **ETOH hepatitis**

1. Describe the clinical features/clinical diagnosis of alcoholic hepatitis. When would a liver biopsy be recommended for diagnosis?
2. What are the components of the Maddrey Discriminant Function score and how is it useful in alcoholic hepatitis?
3. When should steroids be considered for alcoholic hepatitis? What are contraindications to steroid use in this setting?
4. Describe the scoring tool that should be used to determine the efficacy of steroids in alcoholic hepatitis for a particular patient.

10:15 - 11:00: Nael Haddad: **UGI bleeding**

1. List the 3 most common causes of upper GI bleeding and the RFs for development of each.
2. List 3 features of ulcers that increase risk for recurrent bleeding and warrant endoscopic treatment.
3. In addition to resuscitation and endoscopic therapy, describe the 2 primary pharmacologic therapies for acute variceal hemorrhage and their role.
4. With regards to lower GI bleeding, describe/compare and contrast the clinical characteristics of diverticular bleeding, angiodysplasia and ischemic colitis.

11:30 - 12:15: Kelly Zucker: **Pancreatitis**

1. List the criteria for diagnosis of acute pancreatitis.
2. List the 3 most common causes of pancreatitis.
3. At what level are triglycerides considered potentially causative?
4. Adequate fluid resuscitation is critical in the management of acute pancreatitis, describe goal rates of resuscitation and certain markers to ensure hydration rate is adequate. Which type of fluid is recommended?
5. Describe the 4 types of fluid collections that can develop with pancreatitis.