

5 “Review Question” คือ แบบฝึกหัดทบทวน

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of 250 available from Section IV. Infectious Diseases

of 86 available from Section V. Disorders of the Cardiovascular System

Start Test

คลิกเพื่อสร้างแบบฝึกหัด

Question 1 of 9

A 52-year-old man presents to the emergency department complaining of the worst headache of his life that is unresolving. It began abruptly 3 days before presentation and is worse with bending over. It rapidly increased in intensity over 30 minutes, but he did not seek medical care at that time. Over the ensuing 72 hours, the headache has persisted although lessened in intensity. He has not lost consciousness and has no other neurologic symptoms. His vision is normal, but he does report that light is painful to his eyes. His past medical history is notable for hypertension, but he takes his medications irregularly. Upon arrival to the emergency department, his initial blood pressure is 232/128 mmHg with a heart rate of 112 beats/min. No nuchal rigidity is present. A head CT shows no acute bleeding and no mass effect. What is the next best step in the management of this patient?

- A. Cerebral angiography
- B. CT angiography
- C. Lumbar puncture
- D. Magnetic resonance angiography
- E. Treat with sumatriptan

Submit Answer

End test and return to Self-Assessment home

6 “Cases” คือ กรณีศึกษา

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Internal Medicine > Acute Kidney Injury

Author(s): Eugene C. Toy, MD, John T. Patlan Jr.

Case Questions Approach Clinical Pearls References Comprehension Questions

Case 78

A 54-year-old man with a history of type 2 diabetes and coronary artery disease is admitted to the coronary care unit with worsening angina and hypertension. His pain is controlled with intravenous nitroglycerin, and he is treated with aspirin, beta-blockers to lower his heart rate, and angiotensin-converting enzyme (ACE) inhibitors to lower his blood pressure. Cardiac enzymes are normal. He undergoes coronary angiography, which reveals no significant stenosis. By the next day, his urine output has diminished to 200 mL over 24 hours. Examination at that time reveals that he is afebrile, his heart rate is regular at 56 bpm, and his blood pressure is 109/65 mm Hg. His fundus reveals dot hemorrhages and hard exudates; his neck veins are flat, his chest is clear, and his heart rhythm is normal with an S₄ gallop and no murmur or friction rub. His abdomen is soft without masses or bruits. He has no peripheral edema or rashes, with normal pulses in all extremities. Current laboratory studies include Na 140 mEq/L, K 5.3 mEq/L, Cl 104 mEq/L, CO₂ 19 mEq/L, and blood urea nitrogen (BUN) 69 mg/dL. His creatinine (Cr) level has risen to 2.9 mg/dL from 1.6 mg/dL on admission.

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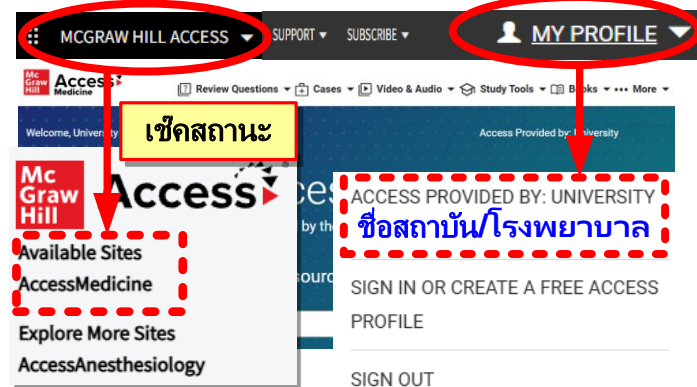
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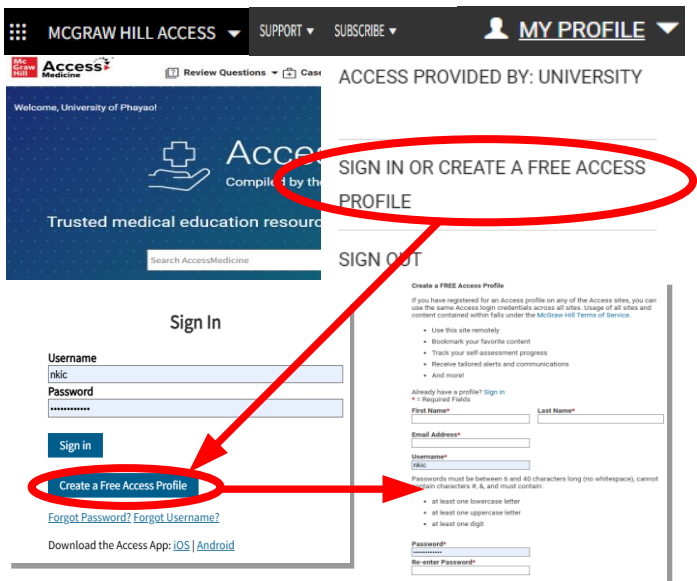
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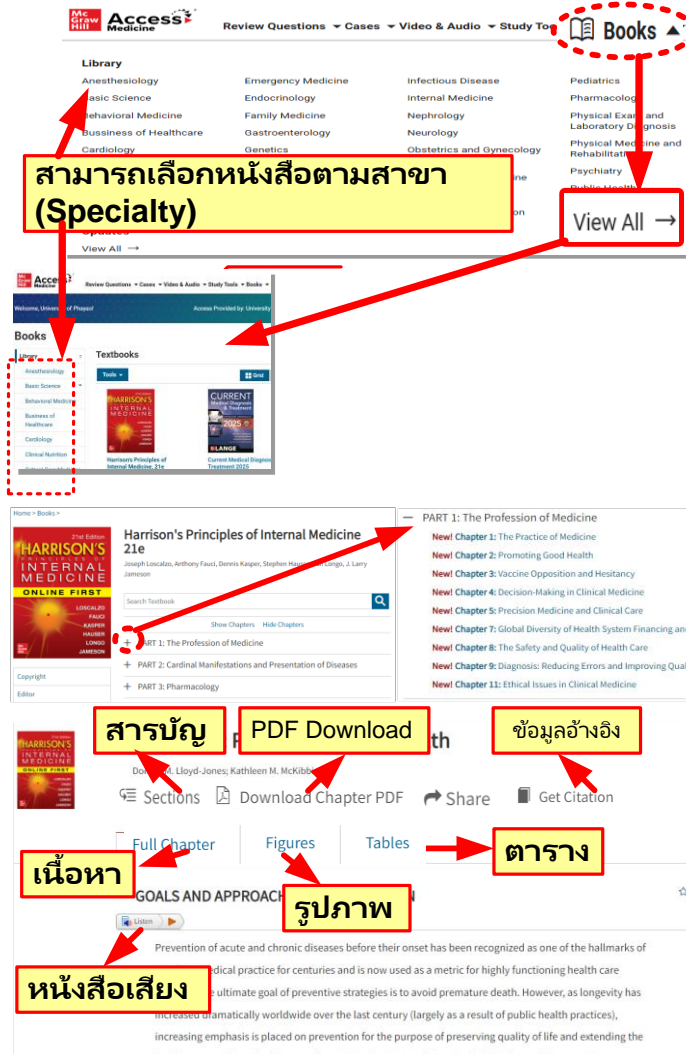
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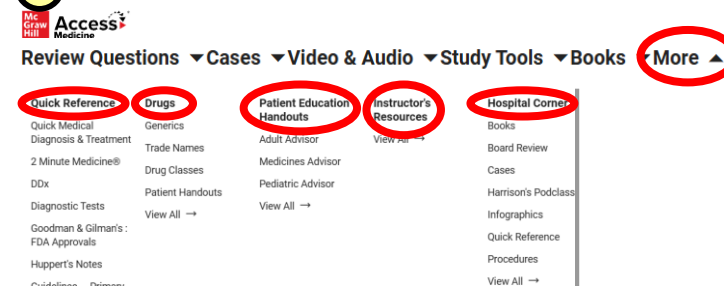
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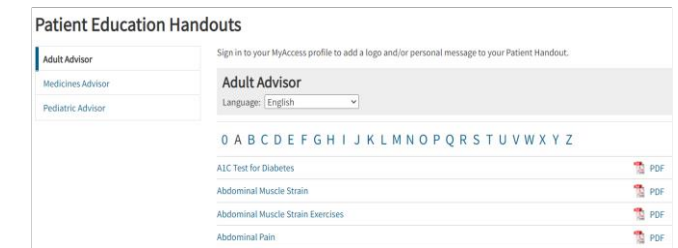
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