

ENARM 2018

CASO CLÍNICO

A 39-YEAR-OLD OBESE FEMALE PRESENTS WITH IRREGULAR MENSTRUAL PERIODS, MILD ACNE AND HIRSUTISM, AND ACANTHOSIS NIGRICANS ON THE NUCHAL FOLD, AXILLA, AND INTERTRIGINOUS AREAS (INNER UPPER THIGHS). YOU SUSPECT PCOS.

PREGUNTA 401

WHICH OF THE FOLLOWING LABORATORY TESTS WOULD BE MOST IMPORTANT TO PERFORM TO RULE OUT A LIKELY CONFOUNDING DIAGNOSIS?

- A 2-HOUR ORAL GLUCOSE TOLERANCE TEST
- B TESTOSTERONE
- C PROLACTIN
- D DEHYDROEPIANDROSTERONE SULFATE (DHEAS)

ENARM 2018

CASO CLÍNICO

A 17-YEAR-OLD FEMALE PRESENTS WITH PRIMARY AMENORRHEA. ON PHYSICAL EXAMINATION, SHE HAS NORMAL SECONDARY SEXUAL CHARACTERISTICS, SCANT PUBIC AND AXILLARY HAIR, AND A BLIND ENDING VAGINAL POUCH. A PELVIC MRI INDICATES INGUINAL GONADS AND NO UTERUS. HER KARYOTYPE IS 46,XY.

PREGUNTA 407

WHICH OF THE FOLLOWING IS THE MOST LIKELY ETIOLOGY OF PRIMARY AMENORRHEA IN THIS PATIENT?

- A MULLERIAN AGENESIS (MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME)
- B KLINEFELTER SYNDROME
- C ANDROGEN INSENSITIVITY
- D TURNER MOSAIC

CASO CLINICO

A 15-YEAR-OLD FEMALE PRESENTS TO THE EMERGENCY ROOM (ER) WITH ACUTE ONSET RIGHT LOWER QUADRANT PAIN AND NAUSEA. SHE RECENTLY BECAME SEXUALLY ACTIVE AND IS "IN THE MIDDLE" OF HER MENSTRUAL CYCLE. PHYSICAL EXAMINATION IS NOTABLE FOR GENERALIZED GUARDING, REBOUND, AND 8/10 PAIN IN BOTH LOWER QUADRANTS. A PELVIC EXAMINATION SHOWS NO VAGINAL DISCHARGE, A NORMAL APPEARING CERVIX, AND GENERAL PELVIC TENDERNESS, BUT THE EXAMINATION IS LIMITED BY THE PATIENT'S GUARDING. HER COMPLETE BLOOD COUNT IS NOTABLE FOR A BORDERLINE ELEVATED WHITE BLOOD CELL (WBC) COUNT, AND A URINARY B-HCG IS NEGATIVE. PELVIC ULTRASOUND SHOWS A 2-CM SIMPLE APPEARING CYST ON THE RIGHT OVARY AND A MILD AMOUNT OF FLUID IN THE CUL-DE-SAC. A COMPUTED TOMOGRAPHIC (CT) SCAN CANNOT DEFINITELY VISUALIZE THE APPENDIX, CONFIRMS THE PRESENCE OF A 2-CM CYSTIC STRUCTURE IN THE RIGHT OVARY, AND OTHERWISE NOTES NORMAL ANATOMY.

PREGUNTA 403

WHICH OF THE FOLLOWING IS THE MOST APPROPRIATE NEXT STEP?

- A DIAGNOSTIC LAPAROSCOPY
- B PELVIC MRI
- C INTRAVENOUS ANTIBIOTICS
- D ADMISSION FOR SERIAL PHYSICAL EXAMINATIONS AND PAIN CONTROL

« Anterior

Contestar y permanecer en la pregunta

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PREGUNTA 404

AN AMENORRHEIC 17-YEAR-OLD FEMALE IS DIAGNOSED WITH KALLMANN SYNDROME. BLOOD TESTING OF THIS PATIENT WOULD INDICATE WHICH OF THE FOLLOWING RESULTS?

- A HIGH FSH, HIGH LH, LOW ESTRADIOL
- B NORMAL FSH, NORMAL LH, NORMAL ESTRADIOL
- C LOW FSH, LOW LH, NORMAL ESTRADIOL
- D LOW FSH, LOW LH, LOW ESTRADIOL

<<< Anterior

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PREGUNTA 405

A WOMAN COMPLAINS OF AMENORRHEA FOR SEVERAL MONTHS FOLLOWING A DILATION AND CURETTAGE. WHICH OF THE FOLLOWING IS THE MOST LIKELY REASON?

- A OCCULT PERFORATION OF UTERUS DURING THE PROCEDURE
- B INTRAUTERINE SCARRING
- C INFECTION OF THE ENDOMETRIUM (ENDOMETRITIS)
- D IRON-DEFICIENCY ANEMIA FROM BLOOD LOSS DURING THE PROCEDURE

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PREGUNTA 406

IMPLANTATION OF THE EMBRYO INTO THE ENDOMETRIUM OCCURS HOW MANY DAYS AFTER OVULATION?

- A 1
- B 4
- C 2
- D 6

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ENARM 2018

CASO CLÍNICO

A 24-YEAR-OLD G1 PRESENTS TO YOU FOR INITIATION OF OBSTETRIC CARE. SHE INFORMS YOU THAT SHE IS ON A MEDICATION THAT WAS PRESCRIBED FOR ACNE. THE DRUG IS LISTED AS CATEGORY X IN YOUR PHARMACY BOOK.

PREGUNTA 407

THE PREGNANCY RISK FACTOR CATEGORY X FOR A DRUG INDICATES WHICH OF THE FOLLOWING?

- A CONTROLLED HUMAN STUDIES DEMONSTRATE NO RISK TO A FETUS.
- B THIS DRUG SHOULD NEVER BE USED BY A PREGNANT FEMALE UNDER ANY CIRCUMSTANCES
- C EVIDENCE OF HUMAN TERATOGENIC RISK EXISTS BUT IN SOME CASES THE KNOWN RISKS MAY BE OUTWEIGHED IN SOME SERIOUS SITUATIONS, SUCH AS LIFE-THREATENING DISEASE.
- D ANIMAL REPRODUCTION STUDIES HAVE NOT DEMONSTRATED FETAL RISK BUT THERE ARE NO CONTROLLED HUMAN STUDIES TO ASSESS THE RISK.

ENARM 2018

CASO CLINICO

THE PATIENT REPORTS THAT SHE IS GOING TO CONTINUE THE MEDICATION BECAUSE SHE WOULD BE TOO EMBARRASSED TO GO TO WORK IF HER ACNE WERE TO RETURN. YOU COUNSEL THE PATIENT ABOUT THE POSSIBLE RISKS OF THIS APPROACH BUT SHE DESIRES TO PROCEED. YOU COUNSEL THE PATIENT THAT HER BEST OPTION MAY BE TO TERMINATE THE PREGNANCY AND CONTINUE THE MEDICATION.

PREGUNTA 408

ALLOWING HER TO MAKE THIS DECISIÓN IS AN EXAMPLE OF WHICH OF THE FOLLOWING?

- A BENEFICENCE
- B AUTONOMY
- C BREACH OF CONFIDENTIALITY
- D MALFEASANCE

ENARM 2018

CASO CLINICO

A 26-YEAR-OLD FEMALE WITH RECURRENT PREGNANCY LOSS UNDERGOES A LAPAROSCOPY AND HYSTEROSCOPY. SHE IS FOUND TO HAVE A MULLERIAN ANOMALY WITH A HEART-SHAPED UTERUS THAT HAS TWO UTERINE HORNS BUT ONE COMMON CERVIX.

PREGUNTA 409

WHAT IS THE NAME OF THE UTERINE ANOMALY?

- A DIDELPHIC
- B SEPTATE
- C UNICORNUATE
- D BICORNUATE

ENARM 2018

CASO CLÍNICO

A PATIENT WITH A PERSISTENT HEADACHE FOLLOWING A POSTPARTUM HEMORRHAGE IS DIAGNOSED WITH SHEEHAN'S SYNDROME.

PREGUNTA 410

IF THE PATIENT WERE SUBSEQUENTLY AMENORRHEIC AND INFERTILE, WHAT TREATMENT WOULD YOU RECOMMEND TO ASSIST THIS PATIENT TO CONCEIVE?

- A CLOMIPHENE CITRATE
- B DOPAMINE AGONIST
- C IN VITRO FERTILIZATION
- D GONADOTROPINS (FSH AND LH)

ENARM 2018

CASO CLINICO

A 44-YEAR-OLD FEMALE HAS A HISTORY OF ENDOMETRIOSIS RESULTING IN CHRONIC PELVIC PAIN. SHE PRESENTS TO YOU 6 MONTHS AFTER HER TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGOOOPHORECTOMY. SHE REPORTS CONTINUED PELVIC PAIN.

PREGUNTA 411

WHICH OF THE FOLLOWING WOULD BE YOUR MOST APPROPRIATE RECOMMENDATION FOR MEDICAL MANAGEMENT?

- A GNRH
- B ORAL ESTROGENS
- C ORAL PROGESTINS
- D TAMOXIFEN

PREGUNTA 412

WHICH OF THE FOLLOWING CAN INDUCE MENSTRUAL BLEEDING IN A 21-YEAR-OLD ANOVULATORY, AMENORRHEIC WOMAN WITH PCOS?

- A ADMINISTRATION OF PROGESTINS
- B ADMINISTRATION OF ESTROGENS
- C WITHDRAWAL OF PROGESTIN THERAPY
- D WITHDRAWAL OF ESTROGEN THERAPY

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ENARM 2018

CASO CLÍNICO

A 63-YEAR-OLD WOMAN WITH A GRADE 2 ENDOMETRIOID ADENOCARCINOMA OF THE UTERUS DIAGNOSED BY ENDOMETRIAL BIOPSY IS TAKEN TO THE OPERATING ROOM FOR SURGICAL TREATMENT WITH A TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGOOOPHORECTOMY, AND PELVIC AND PARAAORTIC LYMPHADENECTOMY. NO COMPLICATIONS ARE NOTED INTRAOPERATIVELY. ON POSTOPERATIVE DAY 1.

PREGUNTA 413

THE PATIENT COMPLAINS OF NUMBNESS IN HER MEDIAL THIGH. YOUR NEUROLOGIC EXAMINATION SUGGESTS ABSENCE OF CUTANEOUS SENSATION TO THE MEDIAL THIGH AND AN INABILITY TO ADDUCT HER HIP. WHICH OF THE FOLLOWING IS THE MOST LIKELY ETIOLOGY FOR THIS CLINICAL PRESENTATION?

- A FEMORAL NERVE INJURY B
- B GENITOFEMORAL NERVE INJURY
- C PUDENDAL NERVE INJURY
- D OBTURATOR NERVE INJURY

ENARM 2018

CASO CLÍNICO

A 41-YEAR-OLD WOMAN, RECENTLY DIAGNOSED WITH A 2-CM, STAGE IB1 CERVICAL CANCER, UNDERGOES A RADICAL HYSTERECTOMY, BILATERAL SALPINGOOOPHORECTOMY, AND RETROPERITONEAL PELVIC LYMPH NODE DISSECTION. HER SURGERY AND POSTOPERATIVE COURSE ARE UNCOMPLICATED. FOUR WEEKS POSTOPERATIVELY, SHE PRESENTS TO THE ER COMPLAINING OF LEFT LEG SWELLING AND LEFT LOWER QUADRANT ABDOMINAL PAIN. ON PHYSICAL EXAMINATION, SHE IS AFEBRILE, HAS A NORMAL WBC COUNT, AND YOU PALPATE A 5 × 4 CM MASS IN THE LEFT LOWER QUADRANT. YOU ORDER A PELVIC ULTRASOUND THAT SHOWS A 5 × 5 CM SIMPLE CYST IN THE LEFTLOWER QUADRANT.

PREGUNTA 414

WHICH OF THE FOLLOWING IS THE MOST LIKELY DIAGNOSIS?

- A DEEP VENOUS THROMBOSIS (DVT)
- B PELVIC ABSCESS
- C LYMPHOCYST
- D OVARIAN CYST

ENARM 2018

CASO CLÍNICO

A 38-YEAR-OLD WOMAN PRESENTS TO THE ER WITH HEAVY VAGINAL BLEEDING. A PELVIC EXAMINATION USING A SPECULUM TO VISUALIZE THE CERVIX REVEALS A LARGE, FRIABLE, FUNGATING CERVICAL MASS. ON BIMANUAL EXAMINATION, THE MASS EXTENDS TO THE RIGHT PELVIC SIDEWALL. A BIOPSY FROM A RECENT GYNECOLOGIC VISIT REVEALS INVASIVE SQUAMOUS CELL CARCINOMA OF THE CERVIX. AN ABDOMINAL/PELVIC CT SCAN SHOWS ENLARGED PELVIC LYMPH NODES AND RIGHT HYDRONEPHROSIS. HER HEMATOCRIT (HCT) IN THE ER IS 24%, BUT SHE IS HEMODYNAMICALLY STABLE WITH A BP OF 124/70 AND A PULSE OF 73. THE CERVICAL MASS IS ACTIVELY BLEEDING.

PREGUNTA 415

WHICH OF THE FOLLOWING IS THE MOST APPROPRIATE IMMEDIATE MANAGEMENT OF THE VAGINAL BLEEDING IN THE ER?

- A VAGINAL PACKING SOAKED WITH MONSEL SOLUTION
- B VITAMIN K
- C TRANSFUSION OF FRESH FROZEN PLASMA (FFP)
- D UTERINE MASSAGE

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CASO CLINICO

YOUR INITIAL TREATMENT OF THE VAGINAL BLEEDING IN THE ER ONLY PARTIALLY CONTROLS THE BLEEDING, AND SHE IS REQUIRING FREQUENT RETREATMENT.

PREGUNTA 416

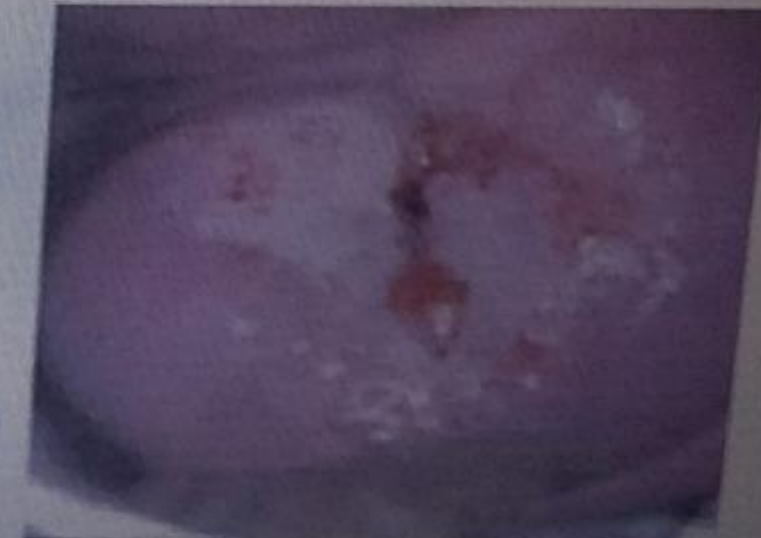
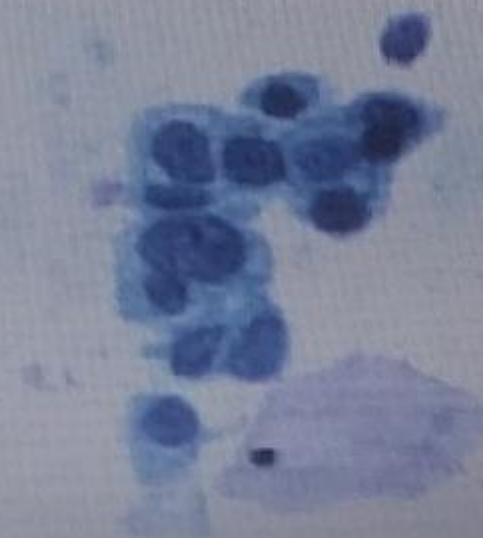
THE BEST DEFINITIVE TREATMENT TO CONTROL THE BLEEDING AT THIS TIME IS WHICH OF THE FOLLOWING?

- A EMERGENCY BILATERAL HYPOGASTRIC ARTERY LIGATION
- B UTERINE ARTERY EMBOLIZATION
- C EMERGENCY HIGH-DOSE RADIATION THERAPY
- D EMERGENCY RADICAL HYSTERECTOMY

ENARM 2018

CASO CLINICO

A 42-YEAR-OLD WOMAN WHO PREVIOUSLY UNDERWENT A VAGINAL HYSTERECTOMY FOR PERSISTENT CERVICAL DYSPLASIA PRESENTS TO YOUR OFFICE FOR VAGINAL CYTOLOGY.



PREGUNTA 417

WHICH OF THE FOLLOWING IS THE MOST APPROPRIATE NEXT STEP IN MANAGEMENT?

- A REPEAT VAGINAL CYTOLOGY IN 6 MONTHS
- B RANDOM VAGINAL BIOPSIES
- C INTRAVAGINAL ESTROGEN CREAM FOLLOWED BY REPEAT CYTOLOGY
- D COLPOSCOPIC EXAMINATION OF THE VAGINAL CANAL

ENARM 2018

CASO CLINICO

ON SPECULUM EXAMINATION, YOU VISUALIZE A 1 × 1 CM LESION AT THE LEFT VAGINAL FORNIX. THE LESION IS ACETOWHITE, SLIGHTLY RAISED, WITH COARSE PUNCTATION AND BIZARRE BRANCHING VESSELS. YOU TAKE A BIOPSY OF THE LESION AND THE PATHOLOGY RETURNS CONSISTENT WITH VAGINAL INTRAEPITHELIAL NEOPLASIA (VAIN) 3.

PREGUNTA 418

SUSPICIOUS FOR INVASION. WHICH OF THE FOLLOWING IS YOUR NEXT STEP IN MANAGEMENT?

- A CARBON DIOXIDE (CO₂) LASER
- B WIDE LOCAL EXCISION OF THE LESION
- C INTRAVAGINAL 5-FLOUROURACIL (5-FU)
- D INTRAVAGINAL ESTROGEN CREAM

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CASO CLÍNICO

61-YEAR-OLD POSTMENOPAUSAL WOMAN, WHO HAS BEEN ON CONTINUOUS COMBINED HORMONE REPLACEMENT THERAPY FOR 5 YEARS, PRESENTS TO YOUR OFFICE COMPLAINING OF VAGINAL BLEEDING.

PREGUNTA 419

WHICH OF THE FOLLOWING IS THE MOST APPROPRIATE NEXT STEP IN HER MANAGEMENT?

- A PAP SMEAR
- B ENDOCERVICAL CURETTAGE (ECC)
- C PELVIC ULTRASOUND
- D ENDOMETRIAL BIOPSY

ENARM 2018

CASO CLÍNICO

YOU ARE CONSULTED BY A 55-YEAR-OLD ASYMPTOMATIC POSTMENOPAUSAL WOMAN WHO HAS BEEN ON TAMOXIFEN FOR 2 YEARS FOLLOWING A DIAGNOSIS OF BREAST CANCER. SHE HAS NO OTHER RISK FACTORS FOR ENDOMETRIAL CANCER BUT SHE WAS SEARCHING THE INTERNET AND FOUND INFORMATION ABOUT THE RISKS OF TAMOXIFEN THERAPY. SHE INQUIRES ABOUT ENDOMETRIAL CANCER SCREENING.

PREGUNTA 420

YOU TELL HER THAT FOR ASYMPTOMATIC WOMAN ON TAMOXIFEN, THE SCREENING RECOMMENDATIONS FOR ENDOMETRIAL CANCER ARE WHICH OF THE FOLLOWING?

- A YEARLY PELVIC ULTRASOUNDS
- B YEARLY ENDOMETRIAL BIOPSIES
- C YEARLY GYNECOLOGIC EXAMINATIONS
- D YEARLY PELVIC CT SCANS

ENARM 2018

CASO CLÍNICO

IN YOUR INTERNAL MEDICINE CLINIC YOU ARE CARING FOR A 42-YEAR-OLD WOMAN WITH HEREDITARY NONPOLYPOSIS COLON CANCER (HNPCC), LYNCH SYNDROME II, WHICH IS A HEREDITARY, AUTOSOMAL DOMINANT, CANCER SYNDROME THAT RESULTS FROM A MUTATION IN A MISMATCH DEOXYRIBONUCLEIC ACID (DNA) REPAIR GENE. THESE PATIENTS HAVE A LIFETIME RISK OF COLON CANCER NEARLY 60–80%, BUT ARE ALSO AT RISK FOR SEVERAL OTHER MALIGNANCIES.

PREGUNTA 421

FOR WHICH GYNECOLOGIC MALIGNANCY IS THIS WOMAN MOST AT RISK?

- A OVARIAN CANCER
- B BREAST CANCER
- C CERVICAL CANCER
- D ENDOMETRIAL CANCER

ENARM 2018

CASO CLÍNICO

A 37-YEAR-OLD WOMAN (GRAVIDA 3, PARA 3) PRESENTS WITH A 4-MONTH HISTORY OF POSTCOITAL SPOTTING. ON PELVIC EXAMINATION, YOU VISUALIZE A 2-CM FRIABLE LESION ON THE ANTERIOR LIP OF THE CERVIX.

PREGUNTA 422

THE NEXT MOST APPROPRIATE STEP IS WHICH OF THE FOLLOWING?

- A COLPOSCOPY
- B PAP SMEAR
- C OFFICE BIOPSY OF THE CERVICAL LESION
- D CERVICAL CONE BIOPSY

ENARM 2018

CASO CLINICO

PREGUNTA 423

WHICH OF THE FOLLOWING STATEMENTS IS CORRECT?

- A WITH OSTEOPOROSIS, SERUM CALCIUM IS LOW.
- B WITH HYPERPARATHYROIDISM, SERUM CALCIUM IS NORMAL.
- C WITH PAGET DISEASE, SERUM CALCIUM IS LOW.
- D WITH RENAL FAILURE, SERUM CALCIUM IS LOW.

ENARM 2018

DIRECCIÓN GENERAL DE CALIDAD Y EDUCACIÓN EN SALUD
COMISIÓN INTERINSTITUCIONAL PARA LA FORMACIÓN DE RECURSOS HUMANOS PARA LA SALUD
XLII EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

A 22-YEAR-OLD NULLIPAROUS WOMAN WHO DESIRES FUTURE FERTILITY IS FOUND TO HAVE A PAP SMEAR CONSISTENT WITH HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION (HGSIL).

PREGUNTA 424

INITIAL MANAGEMENT SHOULD BE WHICH OF THE FOLLOWING?

- A ROUTINE PAP SMEAR IN 1 YEAR
- B RANDOM CERVICAL BIOPSIES
- C COLPOSCOPY
- D ENDOMETRIAL BIOPSY

PREGUNTA 425

THE TEST YOU PERFORMED ABOVE WAS INADEQUATE. WHAT WOULD BE YOUR NEXT STEP IN MANAGEMENT?

- A TRANSVAGINAL ULTRASOUND (TVUS)
- B ENDOMETRIAL DILATION AND CURETTAGE
- C ECC
- D COLD KNIFE CERVICAL CONIZATION

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ENARM 2018

EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MEDICAS 2018

CASO CLINICO

THE FINAL PATHOLOGY REPORT INDICATES A SINGLE FOCUS OF SQUAMOUS CARCINOMA INVASIVE INTO THE CERVICAL STROMA TO A DEPTH OF 2.0 MM. AN ECC IS NEGATIVE. THERE IS NO LYMPHVASCULAR SPACE INVASION, AND THE CONE MARGINS ARE NEGATIVE.

PREGUNTA 426

THE MOST APPROPRIATE THERAPY FOR THIS PATIENT IS WHICH OF THE FOLLOWING?

- A SIMPLE HYSTERECTOMY WITH PELVIC LYMPHADENECTOMY
- B RADICAL HYSTERECTOMY WITH PELVIC LYMPHADENECTOMY
- C RADICAL TRACHELECTOMY
- D OBSERVATION WITH CLOSE FOLLOW-UP

ENARM 2018

COMITÉ NACIONAL DE COORDINACIÓN DE RECURSOS HUMANOS PARA LA SALUD
XLII EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

A 39-YEAR-OLD WOMAN WITH A LONG-STANDING HISTORY OF NORMAL PAP SMEARS UNDERGOES A TOTAL ABDOMINAL HYSTERECTOMY FOR A LARGE UTERINE FIBROID AND MENORRHAGIA. SIX MONTHS AFTER HER HYSTERECTOMY SHE HAD A NEGATIVE VAGINAL PAP SMEAR FROM THE VAGINAL APEX. SHE PRESENTS TO YOUR CLINIC TODAY FOR A ROUTINE PHYSICAL EXAMINATION.

PREGUNTA 427

BASED ON THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS RECOMMENDATIONS, WHEN SHOULD THIS PATIENT HAVE PAP SMEARS?

- A YEARLY
- B EVERY 3 YEARS
- C EVERY 5 YEARS
- D ONLY IF SHE DEVELOPS RISK FACTORS

ENARM 2018

DEPARTAMENTO DE INVESTIGACIONES Y EVALUACIÓN PARA LA SALUD
XLI EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

A 56-YEAR-OLD THIN, WHITE WOMAN, WHO HAS RECENTLY UNDERGONE A TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY, AND PELVIC LYMPHADENECTOMY FOR A STAGE IB, GRADE 1, ENDOMETRIOID TUMOR OF THE UTERUS, PRESENTS TO YOUR OFFICE COMPLAINING OF HOT FLASHES AND VAGINAL DRYNESS. SHE WANTS ADVICE ABOUT THE USE OF ESTROGEN REPLACEMENT IN WOMEN TREATED FOR ENDOMETRIAL CANCER.

PREGUNTA 428

WHICH OF THE FOLLOWING IS THE BEST TREATMENT FOR THIS WOMAN?

- A PSYCHOTHERAPY
- B ESTROGEN REPLACEMENT THERAPY
- C INCREASED SOY INTAKE
- D COMBINATION HORMONE REPLACEMENT THERAPY

ENARM 2018

COMISIÓN NACIONAL DE RECURSOS HUMANOS PARA LA SALUD
XLII EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

A 43-YEAR-OLD BLACK FEMALE (GRAVIDA 3, PARA 3) WITH A PREVIOUS TUBAL LIGATION, PRESENTS TO YOUR OFFICE COMPLAINING OF INCREASING MENORRHAGIA, DYSMENORRHEA, AND FATIGUE OVER THE PAST 6 MONTHS. ON EXAMINATION, HER VITAL SIGNS ARE NORMAL, AND ON ABDOMINAL EXAMINATION YOU PALPATE A FIRM, MOBILE MASS JUST BELOW THE UMBILICUS. ON PELVIC EXAMINATION, THERE IS A MODERATE AMOUNT OF OLD BLOOD COMING FROM THE CERVICAL OS. A URINE PREGNANCY TEST IS NEGATIVE, HER LAST PAP SMEAR WAS NORMAL AND HER SPUN HCT TODAY IS 28%.

PREGUNTA 429

WHICH DIAGNOSTIC TEST WOULD BE MOST COSTEFFECTIVE IN CONFIRMING A DIAGNOSIS?

- A PELVIC MRI
- B ABDOMINAL PLAIN FILMS
- C PELVIC ULTRASOUND
- D HYSTEROSALPINGOGRAM

PREGUNTA 430

WHICH PHARMACOLOGIC AGENT WOULD POTENTIALLY RESULT IN AN IMPROVEMENT IN HER HCT AND HELP TO DECREASE UTERINE SIZE?

- A MEDROXYPROGESTERONE
- B NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
- C NARCOTICS
- D GNRH AGONISTS

<<< Anterior

Contestar y permanecer en la pregunta

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ENARM 2018

XLI EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

A 76-YEAR-OLD WHITE FEMALE (GRAVIDA 8, PARA 8) PRESENTS TO HER FAMILY PRACTITIONER COMPLAINING OF VAGINAL PRESSURE, DYSPAREUNIA, URINARY INCONTINENCE, AND DIFFICULTY EMPTYING HER BLADDER FOR THE PAST 4 WEEKS. SEVEN YEARS AGO SHE HAD A PROLAPSED "BLADDER TACKING" PROCEDURE. HER POSTVOID RESIDUAL URINE IN THE OFFICE MEASURES 250 ML.

PREGUNTA 431

WHAT IS THE MOST LIKELY ETIOLOGY OF HER URINARY RETENTION?

- A DETRUSOR OVERACTIVITY
- B BLADDER OUTLET OBSTRUCTION
- C URINARY TRACT INFECTION (UTI)
- D MENOPAUSE



PREGUNTA 432

WHICH OF THE FOLLOWING WOULD BE THE MOST APPROPRIATE ACTION TO TAKE AT THIS TIME?

- A REFERRAL FOR IMMEDIATE SURGERY
- B ABDOMINAL AND PELVIC CT SCAN
- C URINALYSIS (UA) WITH CULTURE AND SENSITIVITY
- D PRESCRIPTION FOR OXYBUTYNYNIN (DITROPAN)

<<<<Anterior

Contestar y permanecer en la pregunta

Siguiente>>>>

ENARM 2018

INSTITUTO VENEZOLANO PARA LA FORMACION DE RECURSOS HUMANOS PARA LA SALUD
XLII EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

A 14-YEAR-OLD NULLIGRAVID FEMALE IS BROUGHT TO THE ER BY HER PARENTS WITH A 12-HOUR HISTORY OF SEVERE, INTERMITTENT LEFT LOWER QUADRANT PAIN. SHE HAS HAD NAUSEA AND VOMITING FOR THE PAST 2 HOURS. ON HISTORY, THE PATIENT EXPERIENCED MENARCHE AT AGE 12 AND DENIES PAST OR CURRENT CONTACT WITH A SEXUAL PARTNER. HER LAST NORMAL MENSTRUAL PERIOD WAS 3 WEEKS AGO. ON EXAMINATION, SHE IS AFEBRILE, PULSE 100, BP 110/70, RESPIRATORY RATE (RR) 20. SHE IS VISIBLY UNCOMFORTABLE. SHE HAS NO COSTOVERTEBRAL TENDERNESS, HAS DIMINISHED BOWEL SOUNDS, HER ABDOMEN IS NONDISTENDED, AND EXHIBITS REBOUND AND GUARDING IN BOTH LOWER QUADRANTS. SHE IS UNABLE TO TOLERATE A PELVIC EXAMINATION DUE TO PAIN. LABORATORY VALUES ARE AS FOLLOWS: WBC 13, HCT 39, B-HCG (-), UA (-). A PELVIC ULTRASOUND SHOWS A NORMAL NONPREGNANT UTERUS, NORMAL RIGHT ADNEXA, AND AN 8-CM LEFT ADNEXAL MASS WITH A 3-CM SOLID COMPONENT.

PREGUNTA 433

WHICH OF THE FOLLOWING WOULD BE THE NEXT APPROPRIATE STEP IN MANAGING THIS PATIENT?

- A ABDOMINAL AND PELVIC CT SCAN
- B SOCIAL WORK REFERRAL FOR POSSIBLE SEXUAL ABUSE
- C OBTAIN LIVER ENZYMES, AMYLASE, AND LIPASE
- D CONSULTATION FOR IMMEDIATE SURGICAL INTERVENTION

PREGUNTA 434

THE MOST LIKELY ETIOLOGY OF THIS PATIENT'S PAIN IS WHICH OF THE FOLLOWING?

- A ECTOPIC PREGNANCY
- B ACUTE APPENDICITIS
- C OVARIAN TORSION
- D PANCREATITIS

<<< Anterior

Contestar y permanecer en la pregunta

Siguiente >>>

ENARM 2018

CASO CLÍNICO

A 22-YEAR-OLD WHITE FEMALE (GRAVIDA 2, PARA 1, ABORTUS 1) COMES TO YOUR OFFICE WITH A 3-WEEK HISTORY OF LOWER ABDOMINAL PAIN AND INCREASED VAGINAL DISCHARGE. SHE HAS A PRIOR HISTORY OF AN ECTOPIC PREGNANCY AT AGE 16. HER LAST MENSTRUAL PERIOD (LMP) WAS 7 DAYS AGO, AND SHE HAS HAD UNPROTECTED VAGINAL INTERCOURSE WITH A NEW SEXUAL PARTNER SEVERAL TIMES OVER THE PAST FEW WEEKS. HER TEMPERATURA IS 38.0°C; HER VITAL SIGNS ARE STABLE. SHE HAS BILATERAL LOWER QUADRANT TENDERNESS BUT NO PERITONEAL SIGNS. ON SPECULUM EXAMINATION, SHE HAS FOUL SMELLING GREEN DISCHARGE EMANATING FROM HER CERVIX. SHE HAS CERVICAL MOTION TENDERNESS ON BIMANUAL EXAMINATION AND IS TENDER IN BOTH ADNEXAE. HER WET MOUNT SHOWS COPIOUS WHITE CELLS. HER URINE B-HCG IS (-).

PREGUNTA 435

WHICH OF THE FOLLOWING WOULD BE THE MOST APPROPRIATE TREATMENT REGIMEN FOR THIS PATIENT?

- A METRONIDAZOLE PO. FOR 5 DAYS
- B GENTAMICIN IV × ONE DOSE
- C CEFTRIAXONE INTRAMUSCULAR (IM) PLUS DOXYCYCLINE PO FOR 14 DAYS
- D DIFLUCAN PO × ONE DOSE

PREGUNTA 436

MOST CASES OF PID ARE ASSOCIATED WITH WHICH OF THE FOLLOWING?

- A GONORRHEA ALONE
- B CANDIDA ALBICANS
- C HERPES SIMPLEX VIRUS
- D POLYMICROBIAL AEROBIC AND ANAEROBIC BACTERIA FROM THE LOWER GENITAL TRACT

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ENARM 2018

EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MEDICAS 2018

CASO CLINICO

A 43-YEAR-OLD MORBIDLY OBESE WOMAN PRESENTS TO YOUR OFFICE WITH A 3-WEEK HISTORY OF INCREASING VULVAR BURNING. SHE HAS HAD NO NEW SEXUAL PARTNERS OR PRACTICES. SHE HAS NOT NOTICED ANY CHANGE IN HER VAGINAL DISCHARGE. SHE HAS ATTEMPTED TO MEDICATE HERSELF WITH OVER-THE-COUNTER ANTIFUNGALS, HERBAL CREAMS, AND OLD ANTIBIOTICS, NONE OF WHICH HAVE PROVIDED RELIEF. ON EXAMINATION, HER ENTIRE LABIA MAJORA AND MINORA ARE MARKEDLY ERYTHEMATOUS AND TENDER TO THE TOUCH. HER VAGINAL MUCOSA APPEARS TO HAVE NORMAL RUGAE. HER VAGINAL PH IS NORMAL AND WHIFF TEST IS NEGATIVE.

PREGUNTA 437

THE WET MOUNT SHOWS A FEW WBCS AND NORMAL SQUAMOUS CELLS. WHAT IS THE MOST LIKELY DIAGNOSIS?

- A CHEMICAL DERMATITIS
- B BACTERIAL VAGINOSIS
- C PID DISEASE
- D ATROPHIC VAGINITIS

ENARM 2018

CASO CLÍNICO

A CONCERNED MOTHER BRINGS HER 5-YEAR-OLD DAUGHTER TO THE ER BECAUSE SHE NOTICED REDNESS AROUND HER DAUGHTER'S GENITAL REGIÓN WHILE BATHING HER LAST NIGHT. THE CHILD HAS NOT COMPLAINED OF ANY DISCOMFORT, ITCHING, BLEEDING, OR INAPPROPRIATE CONTACT WITH OTHER ADULTS. ON EXTERNAL INSPECTION OF HER LABIA, YOU SEE THE FUSION OF THE LABIA MINORA AND GENERALIZED ERYTHEMA.

PREGUNTA 438

THE MOST APPROPRIATE TREATMENT WOULD BE WHICH OF THE FOLLOWING?

- A VAGINOSCOPY AND BIOPSIES B
- B ICE PACKS AND SITZ BATHS
- C LIDOCAINE OINTMENT
- D TOPICAL ESTROGEN CREAM

ENARM 2018

CASO CLÍNICO

A 70-YEAR-OLD WHITE WOMAN HAS BEEN FAITHFUL ABOUT TAKING 1200 MG OF CALCIUM, 400 IU OF VITAMIN D SUPPLEMENTS, AND PERFORMING WEIGHT-BEARING EXERCISE ON A DAILY BASIS. HER HIP T SCORE FROM HER CURRENT DEXA SCAN HAS CHANGED FROM -2.0 SDS TO -2.55 SDS COMPARED WITH LAST YEAR'S TEST. AT THIS TIME.

PREGUNTA 439

WHICH OF THE FOLLOWING DO YOU RECOMMEND?

- A AN ORAL BISPHOSPHONATE
- B WEEKLY GNRH INJECTIONS
- C DISCONTINUATION OF HER VITAMIN D
- D GLUCOCORTICOID THERAPY

PREGUNTA 440

WHICH OF THE FOLLOWING STATEMENTS IS CORRECT?

- A WITH OSTEOPOROSIS, SERUM CALCIUM IS LOW.
- B WITH HYPERPARATHYROIDISM, SERUM CALCIUM IS NORMAL.
- C WITH PAGET DISEASE, SERUM CALCIUM IS LOW.
- D WITH RENAL FAILURE, SERUM CALCIUM IS LOW.

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PREGUNTA 441

WHICH OF THE FOLLOWING IS ASSOCIATED WITH A REDUCED RISK OF OSTEOPOROTIC FRACTURES?

- A FAMILY HISTORY OF HIP FRACTURES
- B ESTROGEN DEFICIENCY
- C BODY MASS INDEX OF GREATER THAN 23
- D TOBACCO USE

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CASO CLÍNICO

PA 25-YEAR-OLD NULLIGRAVID FEMALE, WHOSE LMP WAS 4 WEEKS AGO, IS SEEN BY HER OB/GYN FOR A LEFT BREAST MASS. THE PATIENT DISCOVERED IT 2 WEEKS AGO WHILE IN THE SHOWER. HER MATERNAL AUNT DIED OF BREAST CANCER AT AGE 60, AND THE PATIENT IS VERY WORRIED ABOUT THIS NEW FINDING. ON EXAMINATION, A MOBILE, NONERYTHEMATOUS, 3-CM NONSOLID FEELING MASS IS PALPATED IN THE LEFT UPPER OUTER QUADRANT OF HER LEFT BREAST. THERE IS NO NIPPLE DISCHARGE, AND THE AXILLARY LYMPH NODES ARE NONPALPABLE. HER RIGHT BREAST EXAMINATION IS NORMAL. THE PATIENT WANTS YOU TO SCHEDULE A MAMMOGRAM THAT SAME DAY.

PREGUNTA 442

YOUR RESPONSE IS WHICH OF THE FOLLOWING?

- A A SURGICAL BIOPSY SHOULD BE PERFORMED INSTEAD B
- B A NEEDLE CORE BIOPSY CAN BE DONE AT THE SAME TIME OF HER MAMMOGRAM.
- C ULTRASOUND WOULD BE A BETTER IMAGING MODALITY FOR HER SITUATION.
- D IN-OFFICE CYST ASPIRATION IS REASSURING IF THE FLUID IS BLOODY.

ENARM 2018

CASO CLÍNICO

A 63-YEAR-OLD BLACK FEMALE PRESENTS TO YOUR OFFICE COMPLAINING OF LEAKING URINE. SHE GETS UP AT NIGHT FIVE TIMES TO URINATE AND OCCASIONALLY LOSES URINE EN ROUTE TO THE TOILET. DURING THE DAYTIME, SHE URINATES EVERY 45 MINUTES "TO HELP PREVENT THE LEAKAGE." SHE DENIES LOSS OF URINE WITH COUGHING OR SNEEZING. SHE HAS NOT HAD DYSURIA OR ANY OTHER PELVIC FLOOR COMPLAINTS. SHE HAS A FAMILY HISTORY OF DIABETES. SHE DRINKS SEVERAL CAFFEINATED BEVERAGES THROUGHOUT THE DAY. ON EXAMINATION, HER POSTVOID RESIDUAL URINE IS NORMAL, AND A URINE DIPSTICK SHOWS 3+ GLUCOSE BUT IS OTHERWISE NEGATIVE. HER ABDOMINAL AND PELVIC EXAMINATIONS ARE NORMAL.

PREGUNTA 443

WHICH OF THE FOLLOWING DO YOU RECOMMEND?

- A SURGERY FOR HER INCONTINENCE
- B ANTIBIOTICS FOR A UTI
- C DIURETIC THERAPY
- D TIMED VOIDS, DECREASE IN CAFFEINE INTAKE, AND SCREENING FOR DIABETES

ENARM 2018

CASO CLÍNICO

A 31-YEAR-OLD (GRAVIDA 1, PARA 1) FEMALE HAD A FORCEPS-ASSISTED VAGINAL DELIVERY 3 MONTHS AGO. HER INFANT WEIGHED 4250 G. DURING THE DELIVERY SHE SUSTAINED A FOURTH DEGREE PERINEAL INJURY THAT WAS REPAIRED. SHE NOW COMPLAINS OF FECAL INCONTINENCE AND FOUL VAGINAL DISCHARGE WHEN HER STOOLS ARE LOOSE, WHICH HAPPENS SEVERAL DAYS A WEEK.

PREGUNTA 444

THE MOST LIKELY ETIOLOGY FOR HER FECAL INCONTINENCE AND FOUL VAGINAL DISCHARGE WOULD BE WHICH OF THE FOLLOWING?

- A CROHN'S DISEASE
- B A VAGINAL HEMATOMA
- C A RETAINED VAGINAL FOREIGN BODY
- D A RECTOVAGINAL FISTULA

ENARM 2018

CASO CLINICO

YOU ARE ASKED TO PERFORM A HIGH SCHOOL PHYSICAL EXAMINATION FOR A 16-YEAR-OLD FEMALE PATIENT. SHE IS ON THE TRACK TEAM. BY HISTORY, SHE IS HEALTHY EXCEPT FOR THE FACT THAT SHE HAS BEEN AMENORRHEIC FOR 4 MONTHS. SHE DENIES CURRENT OR PAST SEXUAL ACTIVITY. ON EXAMINATION, SHE IS 5 FT 9 IN. TALL AND WEIGHS 115 LBS. HER HEART RATE IS 50 BPM. SHE HAS DRY SKIN WITH LANUGO. SHE HAS SEVERAL SORES IN HER MOUTH AND OBVIOUS DENTAL CARIES. SHE HAS SEVERAL SCRATCHES ON THE BACKS OF HER HANDS. SHE IS TANNER STAGE III ON BREAST EXAMINATION. HER PELVIC EXAMINATION IS REMARKABLE FOR FINDINGS OF UROGENITAL ATROPHY. HER URINE B-HCG IS NEGATIVE.

PREGUNTA 445

WHICH OF THE FOLLOWING WOULD BE THE MOST LIKELY DIAGNOSIS FOR THIS PATIENT?

- A DOMESTIC ABUSE
- B EATING DISORDER
- C HYPERTHYROIDISM
- D HERPES SIMPLEX VIRUS SEROTYPE I

PREGUNTA 446

AT THIS POINT IN TIME, APPROPRIATE MANAGEMENT OF THIS PATIENT WOULD INCLUDE WHICH OF THE FOLLOWING?

- A LABORATORY ASSESSMENT OF ELECTROLYTES AND AN ELECTROCARDIOGRAM
- B INTENSIVE CARE UNIT (ICU) ADMISSION
- C ANTIPSYCHOTIC MEDICATION
- D REASSURANCE

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PREGUNTA 447

THIS PATIENT IS AT RISK FOR DEVELOPING WHICH OF THE FOLLOWING?

- A SCHIZOPHRENIA
- B RENAL FAILURE
- C MORBID OBESITY
- D OSTEOPOROSIS

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PREGUNTA 448

WHAT IS A POTENTIAL LONG-TERM COMPLICATION OF THIS PATIENT'S CONDITION?

- A CHF
- B NEPHROLITHIASIS
- C ANEMIA OF CHRONIC DISEASE
- D RECURRENT URINARY TRACT INFECTION (UTI)

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PREGUNTA 449

WHICH OF THE FOLLOWING IS ASSOCIATED WITH A REDUCED RISK OF OSTEOPOROTIC FRACTURES?

- A FAMILY HISTORY OF HIP FRACTURES
- B ESTROGEN DEFICIENCY
- C BODY MASS INDEX OF GREATER THAN 23
- D TOBACCO USE

ENARM 2018

DIRECCIÓN GENERAL DE CALIDAD Y EDUCACIÓN EN SALUD
COMISIÓN INTERINSTITUCIONAL PARA LA FORMACIÓN DE RECURSOS HUMANOS PARA LA SALUD
XLII EXAMEN NACIONAL PARA ASPIRANTES A RESIDENCIAS MÉDICAS 2018

CASO CLÍNICO

NIÑA DE 4 AÑOS DE EDAD QUE ES TRAÍDA POR SU MADRE POR PRESENTAR DISFONÍA, TOS SECA Y FIEBRE DE 38.5 GRADOS DE 24 HRS DE EVOLUCIÓN. A LA EXPLORACIÓN LA PACIENTE ESTÁ CONSCIENTE, COOPERADORA Y TIENE ESTRIDOR LARÍNGEO. NO TIENE TAQUICARDIA NI TAQUIPNEA.

PREGUNTA 450

DE LAS SIGUIENTES ¿CUÁL ES LA CONDUCTA MÁS APROPIADA?

- A EPINEFRINA RACÉMICA, DEXAMETASONA Y VIGILANCIA HOSPITALARIA
- B EPINEFRINA RACÉMICA, DEXAMETASONA, OXÍGENO Y VIGILANCIA HOSPITALARIA
- C DEXAMETASONA ORAL Y VIGILANCIA HOSPITALARIA
- D DEXAMETASONA ORAL Y ALTA