Breadcrumbs NOTES

SOURCE: MED435 TEAMS. This document covers random notes the doctor's EMPHASIZED on per lecture. IT'S NOT A SUMMARY
This document also does not cover ALL emphasized notes nor does it cover ALL lectures. Proceed with diligence.

Lecture	Notes
RA	- Extra-articular manifestations of prolonged active RA → amyloidosis and usually presents with nephrotic syndrome! - RA by itself won't cause nephrotic syndrome but if complicated by amyloidosis it usually presents with nephrotic syndrome in the form of proteinuria - RA by itself won't cause glomerulonephritis, while SLE can cause glomerulonephritis
SPA	- The major gene associated with AS and other forms of SpA is **HLA-B27** - Ankylosing spondylitis → non-articular features → anterior uveitis is NOT related to disease activity. Anterior uveitis first line Rx = topical steroid - Reactive arthritis → Sexually acquired infection: chlamydia trachomatis. OR GI infection → shigella, salmonella, yersinia, campylobacter, clostridium difficile.
Osteoarthritis	- X-ray showing joint space narrowing, osteophytes, and subchondral cyst → **OA**
HSV	- Recurrent **herpes labialis** is the most frequent clinical manifestation of HSV 1 reactivation
PTH	- HyperPTH → shortened QT interval --- HypoPTH → prolonged QT interval - The most favorable site of calcification in hypoPTH → basal ganglia
Obesity	- Management of obesity → Indication of starting pharmacotherapy (BMI > 30) OR (BMI 27-30) with comorbidities[1]. - Indication of surgical intervention? (BMI > 40) OR (BMI > 35) with comorbidities.
Pituitary disorders	- Pit-1, Prop-1, Pitx2 → transcription growth factors responsible for pituitary cell development - Genetics related to pituitary adenoma are: MEN-1, gs-alpha mutation, PTTG gene, FGF receptor-4 - The 1st line Rx for all pituitary adenomas is surgery **EXCEPT** for prolactinoma, 1st line → medications
DM1	- Patient's with DM1 often first present with acute DKA and as such 1st management is

[1] These include diabetes, sleep apnea, osteoarthritis, cardiomyopathy.

	FLUID. - DM1 occurs in younger patients, it is immunological, it is acute, and it involves DKA.
Epilepsy	- Phenytoin and carbamazepine **aggravate** absence and juvenile myoclonic epilepsy. - The drug of choice in absence seizure: ethosuximide or valproic acid. - Sodium valproate is the best for unclassified or specific syndromes. (✖ in pregnancy)
Myopathies	- Among inherited myopathies, dystrophin is the most commonly mutated gene. The second most common is DM1 (dystrophia myotonica 1). - If you're presented with a family tree in which only males are affected. You're dealing with an x-linked recessive disease (duchenne and becker dystrophy).
Stroke (2L's)	- **Lateral medullary syndrome** (wallenberg/PICA syndrome): sensory deficit in opposite side + ipsilateral ataxia. - The most common cause for intraparenchymal hemorrhage (IPH) is HTN (and the most common location for a HTN IPH is **PUTAMEN** [basal ganglia]) - The second most common cause of IPH is amyloid angiopathy (and in the following order are the locations: frontal>parietal>occipital>temporal)
CNS infections	- If you have a pregnant women and her husband has meningitis give **CEFTRIAXONE** as prophylactic therapy.

Anemia	- DDX of anemia:
	  - <u>MCV < 80 fL (TAILS):</u> 1. **T**halassemia 2. **A**nemia of inflammation 3. **I**ron deficiency 4. **L**ead poisoning 5. **S**ideroblastic anemia. MOST COMMON OF WHICH is iron/thalas.
	  - <u>MCV normal with low retic. Count:</u> 1. Bone marrow failure (aplastic anemia) 2. BM suppression (toxins/sepsis/organ failure/chronic diseases/chronic inflammation) 3. BM infiltration (lymphoma, leukemia, metastatic solid tumor, granulomatous diseases such as TB).
	  - <u>MCV normal with high retic. Count:</u> 1. Acute bleeding 2. Hemolysis 3. Treated nutritional deficiency (iron, B12).
	  - <u>MCV > 100 fL:</u> 1. Megaloblastic anemia (B12 deficiency, folate deficiency, drugs such as methotrexate) 2. Non-megaloblastic (liver disease, alcohol, myelodysplasia, thyroid disease, myeloma, congenital BM failure).
	- B12 deficiency/folate deficiency/methotrexate use cause **IMPAIRED DNA metabolism.**