

18th Edition Internal Medicine Core

Endocrinology:

Page 1-6, Anterior Pituitary Gland > Pituitary Tumors > Other Pituitary Tumors

<i>Text currently reads:</i>	<i>Text should read:</i>
Recall that they are the most common type of no functioning adenomas, usually macroadenomas. Gonadotroph tumors can present variably:	Recall that they are the most common type of nonfunctioning adenomas, usually macroadenomas. Gonadotroph tumors can present variably:

Endocrinology:

Page 1-37, Diabetes Mellitus > Treatment of T2DM > Dipeptidyl-Peptidase 4 Inhibitors (DPP4Is)

<i>Text currently reads:</i>	<i>Text should read:</i>
Like GLP-1 antagonists , DPP4Is are reserved for patients who are intolerant or cannot take metformin, sulfonylureas, or TZDs.	Like GLP-1 agonists , DPP4Is are reserved for patients who are intolerant or cannot take metformin, sulfonylureas, or TZDs.

Endocrinology:

Page 1-47, Hypercalcemia of Malignancy

<i>Text currently reads:</i>	<i>Text should read:</i>
The elevated Ca^{2+} inhibits production of PTH by the parathyroid glands, so PTH levels are.	The elevated Ca^{2+} inhibits production of PTH by the parathyroid glands, so PTH levels are suppressed .

Dermatology:

Page 3-16, Skin Infections > Bacterial Skin and Soft Tissue Infections > Folliculitis

<i>Text currently reads:</i>	<i>Text should read:</i>
Folliculitis (inflammation of follicles) and furuncles (deep folliculitis or “boils”) are typically caused by <i>S. aureus</i> . Treatment includes oral or parenteral antibodies and moist heat; consider surgical drainage of fluctuant lesions.	Folliculitis (inflammation of follicles) and furuncles (deep folliculitis or “boils”) are typically caused by <i>S. aureus</i> . Treatment includes oral or parenteral antibiotics and moist heat; consider surgical drainage of fluctuant lesions.

Dermatology:

Page 3-29, Pigment Changes > Hyperpigmentation

<i>Text currently reads:</i>	<i>Text should read:</i>
Diffuse hyperpigmentation may occur in primary biliary sclerosis , scleroderma, Addison disease, and hemochromatosis (patients have a grayish/bronze coloration) and with the use of the cancer drug busulfan.	Diffuse hyperpigmentation may occur in primary biliary cirrhosis , scleroderma, Addison disease, and hemochromatosis (patients have a grayish/bronze coloration) and with the use of the cancer drug busulfan.

Infectious Disease:

Page 4-12, Gastrointestinal Infections > Diarrhea Due To Clostridium Difficile > Treatment

<i>Text currently reads:</i>	<i>Text should read:</i>
Treat nonsevere disease (WBC count < 15,000 cells/ μ L [15×10^9 /L] or a serum creatine < 1.5 mg/dL [132.6 μ mol/L]) with PO vancomycin (VANC) or PO fidaxomicin (FDX).	Treat nonsevere disease (WBC count < 15,000 cells/ μ L [15×10^9 /L] and a serum creatine < 1.5 mg/dL [132.6 μ mol/L]) with PO vancomycin (VANC) or PO fidaxomicin (FDX).

Infectious Disease:

Page 4-13, Liver and Biliary Infections > Peritonitis

<i>Text currently reads:</i>	<i>Text should read:</i>
It is critical to differentiate SBP from secondary bacterial peritonitis because: <ul style="list-style-type: none"> • mortality is ~ 80% for patients with SBP who undergo an exploratory laparotomy, and • mortality is ~ 100% for patients with SBP who do not go to surgery! 	It is critical to differentiate SBP from secondary bacterial peritonitis because: <ul style="list-style-type: none"> • mortality is ~ 80% for patients with SBP who undergo an exploratory laparotomy, and • mortality is ~ 100% for patients with secondary bacterial peritonitis who do not go to surgery!

Infectious Disease:

Page 4-63, Viruses > Varicella-Zoster Virus > Herpes Zoster (Shingles) > Vaccination for Herpes Zoster

<i>Text currently reads:</i>	<i>Text should read:</i>
The most recent zoster vaccine, called Shingrix , was approved by the FDA in October 2017. In those 50–69 years of age, Shingrix has an effectiveness of 97% and 91% in preventing herpes zoster and PNH, respectively.	The most recent zoster vaccine, called recombinant zoster vaccine (RZV; Shingrix) , was approved by the FDA in October 2017. In those 50–69 years of age, recombinant zoster vaccine (RZV; Shingrix) has an effectiveness of 97% and 91% in preventing herpes zoster and PNH, respectively.

Infectious Disease:

Page 4-71, Bacterial Agents > Beta-Lactam Antibiotics > Cephalosporins > 3rd Generation Cephalosporins

<i>Text currently reads:</i>	<i>Text should read:</i>
Cefpodoxime is the only oral 3rd generation cephalosporin.	Cefdinir (Omnicef), cefditoren (Spectracef), cefixime (Suprax), cefpodoxime-proxetil (Vantin), and ceftibuten (Cedax) are 3rd generation cephalosporins.

Pulmonary Medicine:

Page 6-8, Respiratory Physiology > Hypoxemia

<i>Text currently reads:</i>	<i>Text should read:</i>
5) High altitude (low F_IO₂) results in a reduced P _A O ₂ . The A-a gradient is normal unless lung disease is present.	5) High altitude decreases atmospheric pressure and results in a reduced P _A O ₂ . The A-a gradient is normal unless lung disease is present.

Page 6-3, Pulmonary Hypertension > Pulmonary Function Tests > Lung Volumes, Table 6-2

Text currently reads:

Table 6-2: Typical PFTs						
	VC	TLC	FEV ₁	FEV ₁ /FVC	RV	DLCO
Restrictive Intrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	↓
Restrictive Extrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	NI
Obstructive	↑	NI to ↑	↓	↓ (< 70%)	↑↑	NI to ↓

Text should read:

Table 6-2: Typical PFTs						
	VC	TLC	FEV ₁	FEV ₁ /FVC	RV	DLCO
Restrictive Intrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	↓
Restrictive Extrathoracic	↓	↓ (< 80%)	↓ or normal	NI	↓	NI
Obstructive	↓	NI to ↑	↓	↓ (< 70%)	↑↑	NI to ↓

Page 6-46, Pulmonary Hypertension > Treatment of PH > Exercise, Anticoagulants, Diuretics, and Oxygen

<i>Text currently reads:</i>	<i>Text should read:</i>
Give anticoagulants for Group 1 on IV prostaglandins , according to the ACCF/AHA 2009 Expert Consensus Document on Pulmonary Hypertension.	Give anticoagulants for Group 4 PH , according to the ACCF/AHA 2009 Expert Consensus Document on Pulmonary Hypertension.

Nephrology & Urology:

Page 7-57, Potassium Disorders > Hyperaldosteronism > Bartter and Gitelman Syndromes

<i>Text currently reads:</i>	<i>Text should read:</i>
Characteristics of Bartter’s and Gitelman’s are summarized in Table 7-12. The easiest way to distinguish Bartter’s from Gitelman’s: patients with Bartter’s have hypercalciuria, and patients with have hypocalciuria.	Characteristics of Bartter’s and Gitelman’s are summarized in Table 7-12. The easiest way to distinguish Bartter’s from Gitelman’s: patients with Bartter’s have hypercalciuria, and patients with Gitelman’s have hypocalciuria.

Hematology:

Page 8-5, Anemia > Working Up Anemia > The Anemia Workup > Figure 8-9

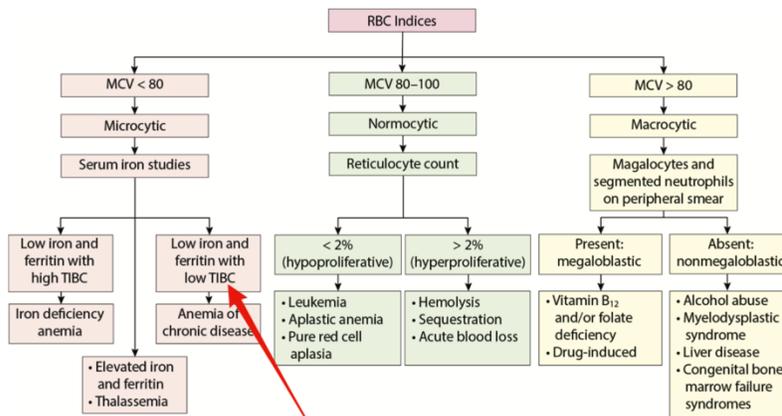


Figure 8-9: Anemia workup

<i>Text currently reads:</i>	<i>Text should read:</i>
Low iron and ferritin with low TIBC	Low iron and high-normal ferritin with low TIBC

Oncology:

Page 9-28, Cancer Therapies > Use of Growth Factors

<i>Text currently reads:</i>	<i>Text should read:</i>
Erythropoietin is indicated for the treatment of the following: <ul style="list-style-type: none"> • Chemotherapy-induced anemia with Hb < 10 g/dL. Remember that there is a risk of thrombosis, especially if hemoglobin is > 12 g/dL. <ul style="list-style-type: none"> • Anemia of chronic kidney disease with Hb < 10 g/dL. • Anemia in HIV patients taking zidovudine (AZT) 	Erythropoietin is indicated for the treatment of the following: <ul style="list-style-type: none"> • Chemotherapy-induced anemia with Hb < 10 g/dL. Remember that there is a risk of thrombosis, especially if hemoglobin is > 12 g/dL. <ul style="list-style-type: none"> • Anemia of chronic kidney disease with Hb < 10 g/dL. • Anemia in HIV patients taking zidovudine (ZDV)

Rheumatology:

Page 10-21, Systemic Lupus Erythematosus > Drug-Induced Lupus

<i>Text currently reads:</i>	<i>Text should read:</i>
Drugs with the highest risk for drug-induced lupus (DIL) are procainamide, hydralazine , and penicillamine. Other drugs that have been linked with DIL are chlorpromazine, propylthiouracil, hydralazine , isoniazid, phenytoin, TNF inhibitors, minocycline, selective serotonin reuptake inhibitors, proton pump inhibitors, and thiazide diuretics.	Drugs with the highest risk for drug-induced lupus (DIL) are procainamide, hydralazine , and penicillamine. Other drugs that have been linked with DIL are chlorpromazine, propylthiouracil, isoniazid, phenytoin, TNF inhibitors, minocycline, selective serotonin reuptake inhibitors, proton pump inhibitors, and thiazide diuretics.

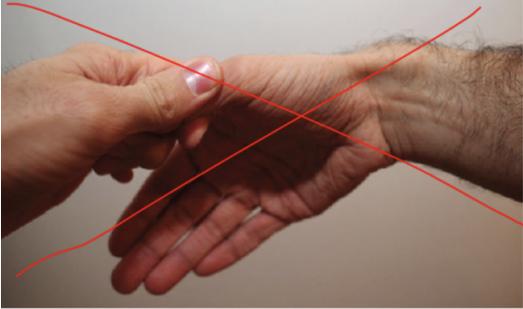
Rheumatology:

Page 10-38, Less Common Arthropathies > Adult-Onset Still Disease

<i>Text currently reads:</i>	<i>Text should read:</i>
AOSD presents with a distinctive evanescent (6fleeting or vanishing), macular, salmon-pink rash that coincides with a daily (quotidian) high-spiking fever and significant leukocytosis (Yamaguchi criteria).	AOSD presents with a distinctive evanescent (fleeting or vanishing), macular, salmon-pink rash that coincides with a daily (quotidian) high-spiking fever and significant leukocytosis (Yamaguchi criteria).

Rheumatology:

Page 10-62, Office Orthopedics > Monoarticular Joint Disorders > Wrist > De Quervain Tenosynovitis

<i>Text currently shows this figure:</i>	<i>Text should show this figure:</i>
 <p>Figure 10-34: Finkelstein test</p>	

Rheumatology:

Page 10-62, Office Orthopedics > Monoarticular Joint Disorders > Wrist >

De Quervain Tenosynovitis

<i>Text currently reads:</i>	<i>Text should read:</i>
Although there are several bedside tests used for diagnosis, the hallmark test is known as the Finkelstein test (forced ulnar motion of the wrist with the thumb adducted and clasped by the patient’s other fingers), which reproduces the pain.	Although there are several bedside tests used for diagnosis, the hallmark test has come to be called the Finkelstein test (forced ulnar motion of the wrist with the thumb adducted and clasped by the patient’s other fingers), which reproduces the pain.

Women’s and Men’s Health:

Page 11-6, Obstetrics > Cardiology Disorders in Pregnancy > Cardiac Issues

<i>Text currently reads:</i>	<i>Text should read:</i>
Hypertensive cardiomyopathy (HCM) among asymptomatic women is not a contraindication for pregnancy.	Hypertrophic cardiomyopathy (HCM) among asymptomatic women is not a contraindication for pregnancy.

Women’s and Men’s Health:

Page 11-10, Obstetrics > Endocrinology Disorders in Pregnancy > Thyroid Disease > Hyperthyroidism

<i>Text currently reads:</i>	<i>Text should read:</i>
This is normal physiology of pregnancy in which human chorionic gonadotropin (hCG) stimulates thyroid stimulating hormone (TSH) receptors, resulting in a mild elevation in T ₃ /T ₄ and suppression of TSH.	This is normal physiology of pregnancy in which human chorionic gonadotropin (hCG) stimulates thyroid-stimulating hormone (TSH) receptors, resulting in a mild elevation in T ₃ /T ₄ and suppression of TSH.

Women’s and Men’s Health:

Page 11-24, Erectile Dysfunction > Treatment Options

<i>Text currently reads:</i>	<i>Text should read:</i>
Relative contraindications are heart failure, hypotension, unstable angina, hypertensive cardiomyopathy (HCM), and severe aortic stenosis.	Relative contraindications are heart failure, hypotension, unstable angina, hypertrophic cardiomyopathy (HCM), and severe aortic stenosis.

Neurology: Page 12-8, Seizures > Seizure Management > Chronic Treatment of Seizures > Table 12-2 “Notable Advantages and Disadvantages of Antiepileptic Drugs”

<i>Text currently reads:</i>			<i>Text should read:</i>		
Lamotrigine	Focal (adjunctive use) Generalized	Good: wide spectrum, good efficacy, well tolerated in elderly patients Bad: can cause severe rash and SJS with rapid titration; reduces efficacy of OCPs	Lamotrigine	Focal (adjunctive use) Generalized	Good: wide spectrum, good efficacy, well tolerated in elderly patients Bad: can cause severe rash and SJS with rapid titration; OCPs decrease serum concentration of lamotrigine

Cardiology:

Page 13-1, Physical Exam > Pulses

<i>Text currently reads:</i>	<i>Text should read:</i>
While deflating the cuff very slowly, note the systolic blood pressure where the 1 st Korotkoff sound is heard only during inspiration .	While deflating the cuff very slowly, note the systolic blood pressure where the 1 st Korotkoff sound is heard only during expiration .

Cardiology:

Page 13-11, Cardiac Medications

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> • A negative inotrope is a medication that decreases cardiac contractility. • A negative chromotrope is a medication that slows heart rate. 	<ul style="list-style-type: none"> • A negative inotrope is a medication that decreases cardiac contractility. • A negative chronotrope is a medication that slows heart rate.

Cardiology:

Page 13-65, Pericardial Diseases > Constrictive Pericarditis, Table 13-13

Text currently reads:

Table 13-13: Distinguishing Tamponade and Constrictive Pericarditis		
Findings	Tamponade	Constrictive Pericarditis
Duration of symptoms	Hours to days	Months to years
Chest pain, friction rub	Often present	Absent
Pulsus paradoxus	Present	Usually absent
Kussmaul sign	Absent	Usually absent
Diastolic knock	Absent	Often present
Pericardial calcification	Absent	Often present
Thickened pericardium on CT/MRI	Absent	Present
Pericardial effusion	Present	Absent
Jugular venous waveforms	Prominent x descent	Prominent x and y descents
Diastolic pressures	Equal	Equal
Echo findings	Pericardial effusion, collapse of RV/RA	Marked respiratory variation in transmitral flow
Systemic disease	Cancer, uremia, recent cardiothoracic surgery, chest trauma	TB, previous XRT, remote cardiothoracic surgery

Text should read:

Table 13-13: Distinguishing Tamponade and Constrictive Pericarditis		
Findings	Tamponade	Constrictive Pericarditis
Duration of symptoms	Hours to days	Months to years
Chest pain, friction rub	Absent	Often present
Pulsus paradoxus	Present	Usually absent
Kussmaul sign	Absent	Usually absent
Diastolic knock	Absent	Often present
Pericardial calcification	Absent	Often present
Thickened pericardium on CT/MRI	Absent	Present
Pericardial effusion	Present	Absent
Jugular venous waveforms	Prominent x descent	Prominent x and y descents
Diastolic pressures	Equal	Equal
Echo findings	Pericardial effusion, collapse of RV/RA	Marked respiratory variation in transmitral flow
Systemic disease	Cancer, uremia, recent cardiothoracic surgery, chest trauma	TB, previous XRT, remote cardiothoracic surgery

Cardiology:

Page 13-90, The Electrocardiogram > Analysis Summary > Findings from ECG Case Studies

<i>Text currently reads:</i>	<i>Text should read:</i>
Case 2: Note the sinus rhythm with Mobitz Type 2 second-degree 2:1 AV block. This initially looks like Mobitz 2, but there is a subtle increase in the PR interval, and this also has a narrow QRS complex (Mobitz 2 usually has a wide complex).	Case 2: Note the sinus rhythm with Mobitz Type 1 second-degree 2:1 AV block. This initially looks like Mobitz 2, but there is a subtle increase in the PR interval, and this also has a narrow QRS complex (Mobitz 2 usually has a wide complex).

Gastroenterology:

Page 14-11, Stomach > Dyspepsia

<i>Text currently reads:</i>	<i>Text should read:</i>
Dyspepsia is most often functional or caused by medications (e.g., iron, ASA, NSAIDs), but if onset is recent, there is no potentially causative medication, and the patient is > 40–50 years of age , consider an organic cause; i.e., consider an EGD.	Dyspepsia is most often functional or caused by medications (e.g., iron, ASA, NSAIDs), but if onset is recent, there is no potentially causative medication, and the patient is ≥ 60 years of age , consider an organic cause; i.e., consider an EGD.

Psychiatry:

Page 16-35, Complications of Drug Therapy > Neuroleptic Malignant Syndrome > Management

<i>Text currently reads:</i>	<i>Text should read:</i>
Use of bromocriptine (muscle relaxant) and dantrolene (dopamine agonist) have been controversial, but they can be used if clinically indicated.	Use of bromocriptine (dopamine agonist) and dantrolene (muscle relaxant) have been controversial, but they can be used if clinically indicated.

General Internal Medicine:

Page 15-6, Biostatistics > Diagnostic Testing and Screening > Sensitivity and Specificity

<i>Text currently reads:</i>	<i>Text should read:</i>
A test with 50% sensitivity and 100% specificity means that the test will only identify half of the patients with the disease— but you can be 100% confident that a negative result means the patient truly does not have the disease (i.e., no results are falsely positive).	A test with 50% sensitivity and 100% specificity means that the test will only identify half of the patients with the disease— but you can be 100% confident that a positive result means the patient truly has the disease (i.e., no results are falsely positive).