

Q111

What is your diagnosis?

What is another name the USMLEs may use for this disorder?

How may this be treated?

Our friends at the NBME love the term “vesicular”. Let’s hit a few HY vignettes here;  
Vesicular rash in an individual with steatorrhea:

Vesicular rash on “one-half” of an individual’s trunk:

Vesicular lesions in the mouth of a child that has a rash in the distal upper and lower extremities:

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There are certain disorders that increase an individual’s risk for developing MDD. The USMLEs occasionally love to go after these;

2 primary disorders:

There are some drugs that also increase an individual’s risk of depression that you should know;

MS patient with depression:

IVDU on pharmacotherapy for liver disease and depression:

Endocrine anomaly that can cause depression like symptoms:

Q113

Anatomical description:

Kind of diverticulum:

Kind of diverticulum in a 4 yo M with painless bloody stools:

The rule of 3rds:

Younger individual regurgitating undigested food:

Q114

When do we become invasive?

Q115

A 33 year old female comes to the physician with a 2 day history of worsening ear pain. Medical history is unremarkable. Manipulation of the tragus exacerbates the pain. Her tympanic membrane does not appear to be tender or erythematous. She uses cotton swabs daily.

Causative organism:

Treatment:

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Differentiating a pneumothorax from a hemothorax;

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Should you really be stressing about the image here?

When do we intervene?

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Embryologic pathophysiology?

Neurological associations with the patient's diagnosis

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Other names: