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Anesthesiology Special Purpose Examination for Critical Care Medicine (CCM)

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Question: 1931

An ICU patient with a persistent NAGMA is being evaluated for distal (Type 1) RT**A.** Which of the following urine pH values would support this diagnosis in the setting of systemic acidemia?

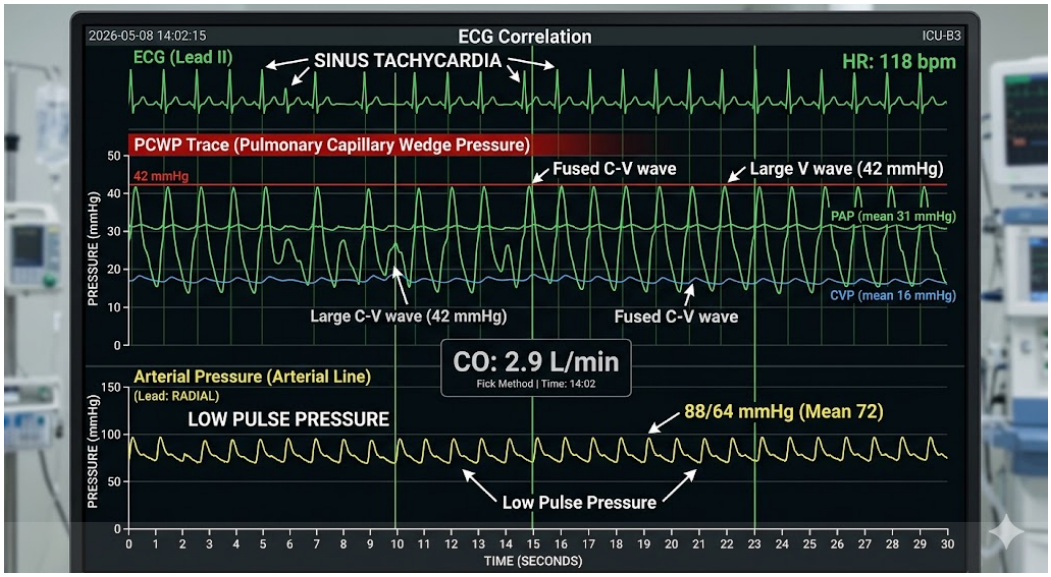
A. Urine pH of 5.0
B. Urine pH of 4.5
C. Urine pH of 6.5

Answer: C

Explanation: Distal (Type 1) RTA is characterized by an inability of the alpha-intercalated cells in the distal tubule to secrete hydrogen ions. Consequently, even when the patient is severely acidotic, they cannot acidify their urine below a pH of 5.5. A urine pH of 6.5 in the setting of systemic acidosis is highly suggestive of a distal acidification defect.

Question: 1932

A 74-year-old man with acute anterior MI and cardiogenic shock has the following pulmonary artery catheter tracing on multiple inotropes.



A. Artifact from catheter migration into pulmonary artery wedge position

B. Right ventricular infarction with high right-sided filling pressures

C. Volume overload with compliant left atrium

D. Acute severe mitral regurgitation due to papillary muscle rupture

Answer: D

Explanation: Giant v waves in the PCWP tracing with low forward cardiac output in the setting of acute anterior MI strongly indicate acute severe mitral regurgitation from papillary muscle rupture or dysfunction, leading to backward flow into the left atrium. This requires urgent stabilization with afterload reduction (if possible), mechanical support, and surgical consultation. RV infarction typically shows high RA pressure with low PCWP; simple volume overload lacks such dramatic v waves.

Question: 1933

A 65-year-old male with long-standing diabetes and hypertension has a baseline creatinine of 2.0 mg/dL. He is admitted for a severe foot infection and started on Vancomycin and Piperacillin-Tazobactam. On day 4, his creatinine is 3.5 mg/dL. Which of the following describes the most appropriate initial step to differentiate pre-renal from intrinsic AKI in this patient?

A. Perform a renal biopsy
B. Measure the urine specific gravity
C. Calculate the Fractional Excretion of Urea (FeUrea)

Answer: C

Explanation: In patients taking diuretics or those with pre-existing CKD, the FeNa can be misleadingly elevated (> 1%) even in pre-renal states. Urea reabsorption is less affected by distal tubule diuretics. A FeUrea < 35% is highly suggestive of a pre-renal etiology, whereas a FeUrea > 50% suggests intrinsic injury like ATN.

Question: 1934

Postoperative cardiac surgery patient: Na 132 mEq/L, serum osmolality low, urine osmolality high, urine sodium high. Patient is euvolemic.

A. Hypervolemic hyponatremia due to heart failure
B. Hypovolemic hyponatremia
C. SIADH

Answer: C

Explanation: Euvolemic hyponatremia with low serum osmolality and inappropriately concentrated urine is classic SIADH. Postoperative stress and pain increase ADH secretion.

Question: 1935

A trauma patient with a severe head injury is undergoing a primary survey. The patient is unconscious and has a GCS of 6. According to ATLS guidelines, what is the most appropriate next step in airway management?

A. Definitive airway with an endotracheal tube
B. Insertion of an oropharyngeal airway and monitoring
C. Oxygen administration via a non-rebreather mask

Answer: A

Explanation: In trauma patients, a Glasgow Coma Scale (GCS) score of 8 or less is a formal indication for a definitive airway (intubation). This is necessary to protect the airway from aspiration and to ensure adequate oxygenation and ventilation in the setting of depressed neurological function.

Question: 1936

A patient with diabetic ketoacidosis receives insulin infusion. Two hours later, serum potassium decreases from 5.8 mEq/L to 3.2 mEq/L. Which mechanism most directly explains this rapid decline?

A. Increased aldosterone deficiency reducing renal potassium retention
B. Insulin-mediated intracellular potassium shift combined with urinary losses
C. Metabolic acidosis causing extracellular movement of potassium ions

Answer: B

Explanation: Insulin activates cellular sodium-potassium ATPase activity, driving potassium into cells. Because patients with diabetic ketoacidosis are profoundly potassium depleted from osmotic diuresis, serum potassium may fall rapidly after insulin therapy.

Question: 1937

A 43-year-old woman with refractory hypoxemia on maximal ventilator settings is being considered for VV ECMO. Which gas-exchange problem is the clearest indication that ECMO can directly address?

A. Isolated fever with high inflammatory markers
B. Mild atelectasis responsive to recruitment maneuvers
C. Severe hypoxemia and/or hypercapnia despite optimized mechanical ventilation

Answer: C

Explanation: VV ECMO supports gas exchange when conventional ventilation fails to provide adequate oxygenation or CO2 removal. It is a rescue strategy for severe reversible respiratory failure. Fever and mild atelectasis do not justify ECMO, especially if they respond to standard measures.

Question: 1938

A patient with severe traumatic brain injury has MAP 78 mmHg and ICP 26 mmHg. Which cerebral perfusion pressure is present?

A. 74 mmHg
B. 60 mmHg
C. 52 mmHg

Answer: C

Explanation: Cerebral perfusion pressure is calculated as $CPP = MAP - ICP$, so here CPP = 78 - 26 = 52 mmHg. In acute brain injury, maintaining adequate CPP is crucial because low CPP worsens secondary ischemic injury. This value is near the lower range often targeted in neurocritical care and may be inadequate if the patient has ongoing intracranial hypertension or impaired autoregulation.

Question: 1939

A 62-year-old woman with severe hepatitis develops hypoglycemia and elevated international normalized ratio. Which hepatic function is most profoundly impaired?

A. Intestinal bile acid reabsorption and pancreatic enzyme secretion
B. Renal bicarbonate regeneration and distal potassium excretion
C. Gluconeogenesis and synthesis of circulating coagulation proteins

Answer: C

Explanation: Severe hepatocellular dysfunction impairs gluconeogenesis, predisposing to hypoglycemia, and reduces synthesis of clotting factors, producing coagulopathy. These findings indicate advanced hepatic failure.

Question: 1940

Intrahospital transport of ECMO patient triggers desaturation. Pretransport checklist omission?

A. Failure to confirm ECMO flow alarms and battery backup
B. Missing family consent for diagnostic procedure
C. Inadequate propofol sedation preventing agitation

Answer: A

Explanation: Transport bundle mandates device checks (alarms/battery>2h), vitals stability; desats 15-20% transports. Sedation adjunct; consent separate.

Question: 1941

A 68-year-old woman with severe pneumonia develops sudden hypoxemia and hypotension. Her chest x-ray now shows near-complete opacification of the right hemithorax, and bedside ultrasound reveals complex septated pleural fluid. Which next step is most appropriate?

A. High-dose inhaled beta agonists as definitive therapy
B. Image-guided pleural drainage with antibiotics
C. Reassurance because pleural effusions are self-limited in pneumonia

Answer: B

Explanation: Complex septated pleural fluid in the setting of pneumonia is highly concerning for complicated parapneumonic effusion or empyema. These require drainage because antibiotics alone often cannot penetrate the loculated infected space. Near-complete hemithorax opacification with pleural complexity is not a self-limited process. Inhaled beta agonists may help concomitant bronchospasm but do not treat pleural infection.

Question: 1942

A patient with suspected meningitis undergoes lumbar puncture.

A. Elevated opening pressure suggests increased intracranial pressure in infection
B. Opening pressure cannot be measured during lumbar puncture
C. Normal opening pressure excludes central nervous system infection

Answer: A

Explanation: Elevated CSF opening pressure reflects increased intracranial pressure often seen in meningitis or intracranial hypertension. It is an important diagnostic and prognostic parameter.

Question: 1943

Enteral nutrition post-pancreatitis day 4 gastric residual 250 mL q4h. Ileus suspected. Route adjustment?

A. Convert to TPN avoiding enteral complications entirely
B. Continue gastric feeds prokinetics erythromycin 250 mg IV
C. Post-pyloric nasojejunal tube bypassing gastric emptying

Answer: C

Explanation: NJ feeds maintain gut integrity VAP/TPN risk lower; post-pyloric tolerance 80%. Prokinetics adjunct; TPN line infections.

Question: 1944

A 63-year-old man with myelodysplastic syndrome has symptomatic anemia. His hemoglobin is 6.4 g/dL, MCV 104 fL, reticulocytes are low, ferritin is normal, and B12/folate are normal. Which additional finding would most strongly support ineffective erythropoiesis?

A. Severe thrombocytosis with isolated iron depletion
B. Markedly shortened PT from hepatic synthesis
C. Elevated RDW with dysplastic marrow morphology

Answer: C

Explanation: Myelodysplastic syndromes produce ineffective hematopoiesis, often causing macrocytic anemia with low reticulocytes and dysplastic marrow features. Elevated RDW is common because red cell production is disordered. Thrombocytosis may occur in some contexts but would not by itself prove ineffective erythropoiesis. PT changes are unrelated to the primary marrow disorder.

Question: 1945

A ventilated patient is alkalemic with low CO_2. What is best correction?

A. Increase tidal volume
B. Reduce minute ventilation
C. Increase FiO_2

Answer: B

Explanation:
Respiratory alkalosis is corrected by reducing hyperventilation.

Question: 1946

A 45-year-old male with a history of obesity and gastroesophageal reflux disease (GERD) is found unresponsive. In the ICU, he is diagnosed with a large aspiration event. He develops a high fever on day 3, and a chest X-ray shows an infiltrate in the right lower lobe. Which segment of the lung is most commonly involved in a supine patient who aspirates?

A. Superior segment of the lower lobes
B. Middle lobe and lingula
C. Anterior segment of the upper lobes

Answer: A

Explanation: In the supine position, gravity causes aspirated material to flow into the

most dependent portions of the lung. These are the superior segments of the lower lobes and the posterior segments of the upper lobes. This is a critical anatomical consideration when evaluating patients for aspiration pneumonia.

Question: 1947

A 42-year-old man with sepsis has pH 7.18, PaCO2 32 mm Hg, HCO3− 12 mEq/L, lactate 8.2 mmol/L, Na 140 mEq/L, Cl 105 mEq/L. Anion gap is 23. Which disorder dominates?

A. High anion gap metabolic acidosis
B. Normal anion gap metabolic acidosis
C. Respiratory alkalosis from hyperventilation

Answer: A

Explanation: Low pH with low HCO3− and high anion gap (140 - 105 - 12 = 23) indicates high AG metabolic acidosis from lactate. Low PaCO2 is compensatory hyperventilation (expected PaCO2 ~1.5 × 12 + 8 = 26, close to 32). Respiratory alkalosis would have high pH. Normal gap acidosis has AG <12.

Question: 1948

Logistic regression for mortality: age OR=1.05/year (95% CI 1.02-1.08), APACHE II OR=1.12/point (95% CI 1.08-1.16). Which dominates model?

A. Interaction term necessary for combined effect
B. APACHE II stronger predictor wider effect range
C. Age independent confounder requiring stratification

Answer: B

Explanation: Higher OR (1.12 vs 1.05) and similar CI precision favor APACHE; c-statistic contribution larger despite collinearity adjustment confirming acute physiology superior to chronologic age.

Question: 1949

A 62-year-old male with a known history of a 4 cm right adrenal mass is admitted for an elective laparoscopic adrenalectomy. Shortly after induction of anesthesia, his blood pressure surges to 230/125 mmHg and he develops multiple ventricular premature contractions. What is the most appropriate immediate pharmacological intervention?

A. Labetalol bolus and infusion
B. Phentolamine bolus
C. Esmolol bolus and infusion

Answer: B

Explanation: This scenario describes a catecholamine surge from a pheochromocytoma, likely triggered by induction or surgical manipulation. The gold standard for acute hypertensive crisis in pheochromocytoma is an alpha-1 antagonist, such as phentolamine. Alpha-blockade must be established before any beta-blockade is attempted. If a beta-blocker (like esmolol or labetalol) is given first, the blockade of beta-2 mediated vasodilation in the presence of unopposed alpha-1 agonism can lead to a catastrophic increase in systemic vascular resistance and acute heart failure. Labetalol, despite having alpha-blocking properties, has a much higher beta-to-alpha ratio (7:1) and is generally avoided in the initial management of

pheochromocytoma.

Question: 1950

A ventilated patient with ARDS is transitioned to pressure control mode after repeated high peak pressures. Which variable is the ventilator now directly controlling?

A. Inspiratory pressure with variable tidal volume
B. Minute ventilation with fixed respiratory compliance
C. Tidal volume with fixed inspiratory flow

Answer: A

Explanation: In pressure control, the set pressure is delivered during inspiration, and tidal volume varies according to compliance, resistance, and inspiratory time. This can reduce peak pressure exposure but does not guarantee a fixed tidal volume. Minute ventilation still depends on respiratory rate, tidal volume, and patient effort.

Question: 1951

A 25-year-old male with an unrepaired ventricular septal defect (VSD) and Eisenmenger syndrome is admitted with a lung infection. He is cyanotic with an oxygen saturation of 80% on room air. Which of the following best describes the pathophysiology of his cardiac shunt?

A. Right-to-left shunt due to irreversible pulmonary hypertension
B. Left-to-right shunt due to high systemic vascular resistance

C. Shunt reversal following the administration of systemic vasodilators

Answer: A

Explanation: Eisenmenger syndrome occurs when a long-standing left-to-right shunt (like a VSD) leads to pulmonary vascular remodeling and severe, irreversible pulmonary hypertension. Once the pulmonary artery pressure exceeds systemic pressure, the shunt reverses to become right-to-left. This allows deoxygenated blood to enter the systemic circulation, causing chronic cyanosis and erythrocytosis.

Question: 1952

A 54-year-old diabetic patient develops rapidly progressive necrotizing infection involving the perineum with septic shock and subcutaneous emphysema. Which diagnosis is most likely?

A. Stevens-Johnson syndrome causing mucocutaneous epidermolysis
B. Fournier gangrene causing polymicrobial necrotizing fasciitis
C. Herpes zoster causing dermatomal vesicular skin eruption

Answer: B

Explanation: Fournier gangrene is a fulminant necrotizing soft tissue infection of the perineum, commonly polymicrobial and associated with diabetes mellitus. Rapid fascial destruction and septic shock require emergent debridement.

Question: 1953

Multivariate regression for ARDS mortality identifies PEEP (OR 1.12 per cmH2O, 95% CI 1.03-1.22) and driving pressure (OR 1.41 per cmH2O, 95% CI 1.24-1.61). Which factor has stronger independent association?

A. Equal contribution requiring interaction testing

B. PEEP showing statistical significance only

C. Driving pressure with wider CI and higher OR magnitude

Answer: C

Explanation: Driving pressure OR 1.41 (46% mortality increase per cmH2O) exceeds PEEP 1.12 (12% increase), with tighter CI indicating precision; both significant (CI excludes 1) but driving pressure dominates risk adjustment confirming lung-protective target.

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