

DATE
FROM
TO
CC
BCC
SUBJECT
TEXT01

= 09/29/2009
: Rajender K Arora, MD <boardreview@comcast.net>
: [Redacted]
:
:
:
: Re: GI Boards
: [Redacted]

Today I received the questions you had sent me by mail. I am really impressed with the number of questions you wrote down. You must have a great memory. Thank you very much for your efforts. I will add them to my list for the next year unless you have other plans for them. Please keep in touch. I know you are very busy but there are very few people in this world who can keep their words on difficult matters. I really appreciate your Karma.

Dr. Arora

----- Original Message -----
From: [Redacted]
To: "Rajender K Arora, MD" <boardreview@comcast.net>
Sent: Thursday, September 24, 2009 9:19 AM
Subject: Re: GI Boards

> Hey Doc:
> sorry, it has taken me so long to get all the questions down. I would like
> to send them to you as I promised. Could you please e-mail me the address?
> [Redacted]
> ----- "Rajender K Arora wrote:
>> Very good - 60 Questions will be great to start with.
>>

>> Arora
>>

>> ----- Original Message -----
>> From: [Redacted]
>> To: "Rajender K Arora, MD" <boardreview@comcast.net>
>> Sent: Tuesday, December 16, 2008 9:11 AM
>> Subject: Re: GI Boards
>>

>> > Hey Doc:
>> > I am about half way through the task. I think I will end up with ~ 60
>> > questions or so! I will get them to you ASAP!
>> [Redacted]

>> > ----- "Rajender K Arora wrote:
>> >> OK
>> >>

>> >> ----- Original Message -----
>> >> From: [Redacted]
>> >> To: "Rajender K Arora, MD" <boardreview@comcast.net>
>> >> Sent: Monday, November 24, 2008 11:53 AM
>> >> Subject: Re: GI Boards
>> >>

>> >> > Hey Doc:
>> >> > I finished boards, ? as to the pass status. I am currently typing
>> >> > out
>> >> > my
>> >> > thoughts regarding the experience. They are numerous, please give me

>>>> a
>>>> few
>>>> weeks to get back with you.
>>>> [Redacted]
>>>> [Redacted] "Rajender K Arora wrote:
>>>>> Fedex takes extra \$30 to send. We do not take credit cards - simply
>>>>> send
>>>>> your check to my office: Dr. Arora, 389 East Mt. Pleasant Ave. ,
>>>>> Livingston,
>>>>> NJ 07039 and the material will be mailed to you right away.
>>>>> The first step to doing the course is to know what they ask in a
>>>>> summarized
>>>>> fashion. More information you can give, the better will be the
>>>>> course.
>>>>> Good luck!
>>>>>
>>>>> Dr. Arora
>>>>>

>>>>> ----- Original Message -----
>>>>> From: [Redacted]
>>>>> To: "Rajender K Arora, MD" <boardreview@comcast.net>
>>>>> Sent: Wednesday, October 22, 2008 9:47 PM
>>>>> Subject: Re: GI Boards
>>>>>
>>>>>

>>>>>> Hey. that sounds great! Do you take credit card or do i need to
>>>>>> make
>>>>>> other
>>>>>> arrangements? I would love for you to fed-ex them to me , if you
>>>>>> could?
>>>>>> |
>>>>>> would really like to be a part of a prep course! I think my
>>>>>> [Redacted] the competition!
>>>>>> [Redacted]

>>>>>> [Redacted] "Rajender K Arora wrote:
>>>>>>> It was nice talking with you.
>>>>>>> My collection from previous GI exams includes 41 pages of
>>>>>>> material
>>>>>>> containing over 150 actual questions and my answers with some
>>>>>>> references.
>>>>>>> The total cost is \$480 + your promise to send some questions
>>>>>>> soon
>>>>>>> after
>>>>>>> the
>>>>>>> exam.
>>>>>>> If you wish, you can join forces with me to give GI conference
>>>>>>> on
>>>>>>> the
>>>>>>> same
>>>>>>> next year.
>>>>>>>

>>>>>>> Dr. Arora
>>>>>>>
>>>>>>>
>>>>>>> ----- Original Message -----
>>>>>>> From: [Redacted]
>>>>>>> To: <boardreview@comcast.net>
>>>>>>> Cc: [Redacted]

>>>>> Sent: Wednesday, October 22, 2008 4:10 PM

>>>>> Subject: GI Boards

>>>>>

>>>>>

>>>>>> Dr. Arora:

>>>>>> I spoke with you today about GI Boards. Please, if if have any

>>>>>> material

>>>>>> that might help me study for this exam, i would appreciate

>>>>>> >

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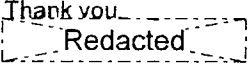
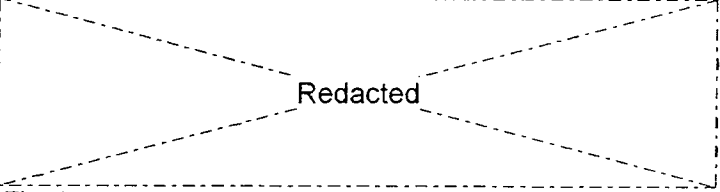
>>>>

>>>

>>>

>>

>



TO: Rajender K Arora, MD <boardreview@comcast.net>
FROM: [Redacted]
CC:
BCC:
SUBJECT: Re: Just took my boards here are some of the things i could recall..
DATE: 08/29/2009

You're welcome
Thanks again [Redacted]

On Aug 29, 2009, at 4:31 PM, "Rajender K Arora, MD" <HYPERLINK "mailto:boardreview@comcast.net"boardreview@comcast.net"> wrote:

Thank you [Redacted] for these wonderful questions. I will add the ones we do not have in our course - for the next year. Please keep in touch and good luck!

Dr. Arora

----- Original Message -----

From: [Redacted]
To: HYPERLINK "mailto:boardreview@comcast.net"HYPERLINK "mailto:boardreview@comcast.net"boardreview@comcast.net
Sent: Saturday, August 29, 2009 3:45 PM
Subject: Just took my boards here are some of the things i could recall..

THanks for having the course i found it quite useful. Below I have included some questions that i can remember seeing
They are in no particular order and some are just bits and pieces. I dont know how helpful it is.
Best wishes and regards to you and your family

in no particular order

--> Young female maybe around 17 presenting after not having started her menstrual cycles. She has on exam no pubic hair, no cervix, shortened vagina, her breasts are Tanner stage IV. The choices were androgen insensitivity (likely the answer) and the only other choice i remember was Turner's syndrome.

--> There were two pulmonary curves both were of the restrictive pattern. One of them had choices of asthma/COPD and only pulmonary fibrosis seemed to make sense. The second curve was given in the setting of a patient who had Myasthenia Gravis, and had recently been hospitalized requiring intubation with respiratory failure then the patient went home and comes back again with increasing SOB, her loop diagram reveals a restrictive pattern the question asks which of the following is the most likely cause--> MG exacerbation vs Diaphragmatic paralysis.

--> The question regarding the female who has respiratory symptoms while at work but not at home was also present they asked what you should do--> PFT at work and at home.

---> Trochanteric Bursitis was there with a man who had thigh pain when driving for long distances in his car and also after lying on that side.

--> PES ANSERNINE (i dont remember the spelling of this), bursitis. in an older femaie with pain at palpation 3cm below the joints midline.

--> Patient who fell off the ladder now cannot abduct without assistance his left shoulder ---> THE answer choice available wasnt as specific as supraspinatus rupture but instead had rotator cuff tear.

--> Statistic questions had a PPV just like your examples and a NNT just like your examples they used the simple non modified version.

--> There was another statistics question that I cant fully recall there was some reference that didnt seem to meet their primary outcome assessment they then try to extract data to a subset of the population and they ask you what you should do with it. It sounded like a scam so I put Would not use the drug.

--> Acid base disturbances. They gave an alcoholic who was at home but also had primary pulmonary problems. Based on the calculations it appeared he had a metabolic alkalosis and respiratory alkalosis. PH was 7.41 i cant remember the rest. If you use your technique is worked out.

--> The intoxicated patient was a college student found in her room her roomates had seen her earlier. On labs they dont give you the calculated serum osm and they ask which of the following would be most useful in determinig the cause. Serum osm is one of the choices. She definitely had likley ethylene glycol intoxication

--> Salicyclate intoxicatino was on there. with a metabolic acidocis/respiratory alkalosis picture

--> Regarding ethics the questions for the most part matched your current question set. Nothing really different there was one patient who has advance Copd and then says that he does not want anything done just to be comfortable, so he gets 2 mg of morphine and goes into full arrest what do you do next. I said nothing.

--> There was another patient with Advanced heart failure stage IV who was at home getting palliative care only it asks what can u do to make him more comfortable regarding his shortness of breath. Based on the scenario he was on a lot of IMDUR almost all day, and also had NITRO PATCH so the choices had MORPHINE (which i believe was the answer)

--> They liked scleroderma a lot asking about it in the form of 1) giving a description of a patient with scleroderma with a slight worsening of her kidney function what would you use (ace inhibitor) 2) A description of a patient with scleroderma features but asked which of the following they are increased risk for Pulmonary HTN was in the choices.

---> A couple of cryoglobulinemia patients with hepatitis C with RF + just like your questions.

--> Patient with SOB, renal failure---> WEGNERS but they gave proteinase 3 instead of simply writing CANCA that might confuse some people.

--> The older person with heamturia recurrent--> Needs a cystoscopy.

--> Regarding Diabetes they focused mainly on providing patients who bring their finger stick logs in and have generated a chart with finger stick logs X -axis was the time of the finger stick (breakfast) lunch etc. the Y axis was the actual finger stick and the normal range was in shaded boxes overlying the actually plotted values. In one case the girl had significant hypoglycemic events post lunch and dinner, and then her night time and morning glucoses had higher values -- I wrote switch to basal insulin and swith her regular insulin she was getting before meals to short acting. I cant remember the other choices.

--> Coiled esophagus --> what do you do --> Nitro was in the choices CCB was not.

---> There was a patient who came in with recurrent elevations in her pancreatic enzymes with epigastric abdomina

pain, she has had endoscopy, MRI assessing the pancreas the question is what do you do next --> I put EUS .

---> Which will give you the earliest suggestion that an antiretroviral regimen is failing (constitutional symptoms), low CD4 count or Rising viral load.

---> They asked about what to add when someone's CD4 count fell below 50 --> Azithromycin was amongst the choices.

---> There was a patient with night sweats fevers, PPD of 15 mm what would you do he had some interstitial markings answer choices had started 4 drug therapy

---> Patient with some lip swelling while working in a wood shop of some sort, his brother has similar things he is also on an ace inhibitor, the question ending was which would you do INITIALLY i said stop the ace he had already gotten appropriate medical treatment for the actual reaction.

--> there was another patient who had an allergic reaction with airway compromise stabilized next step ---> REFER FOR IMMUNOTHERAPY I think he worked with BEES and he he got stung by one.

---> There was a question about a private practice group that was having a lot of mis dosing and use of AMIODARONE/DIGOXIN the question asks which of the following would reduce the incidence of this problem of misdosing etc. 1) educating the physicians in small didactic groups 2) sending newsletters to all patients who are on these drugs to talk to the physician, 3) Implementing a computerized system that would flag when and how these drugs are used 3) Doing a review and feedback of a select percentage of clinicians.

--> There was a patient with eye pain, in one eye then the other he also had the auricular finding that we discussed in the new question section last year. the question asked what do you do--> MOre appropriate hand washing. It sounded viral to me but I couldnt remember if the auricular finding was associated with a viral entity or bacterial.

---> A classic fibromyalgia case with trapezius tenderness pain all over what would you do--> Aerobic exercise

----> Patient with Some pain in the finger, she popped one of the lesions in the past it was milky white ---> GOUT

---> Patient with rheumatoid arthritis has swelling in the knees and knee pain R>L she had a tap of the joint it showed cell count consistent with inflammation negative cultures, next step--> COrticosteroid injection in the knee.

---> patient with leukemia with sudden hemolytic anemia on labs what is the cause--> AUTOIMMUNE HEMLYTIC ANEMIA with a chronic leukemia picture

---> Patient post cabg and complicated course in the CCU with thyroid functions consistent with --> EUTHYROID SICK SYNDROME

--->Post partum thyroiditis treatment was asked

---> I think there was a question about hashimotos thyroiditis but I cant remember the body of it, it was somewhat of a confusing question with all kinds of positive autoimmune markers, the patient had very thin brittle hair her TSH was very high, she was Slow to rise from chair on exam she also had a wierd rash but it wasnt clear to me if this was c/w with lupus. When I did the question initially I put lupus, then when i did the question the second time I put Hashimotos... It was confusing and very long question

---> Simple defenition of specificity

--->PICTURES 1) Nevus with irregular margins patient said it was growing for 2 years 2) Chicken pox in an older

woman many different shapes and stages of lesions 3) POX VIURS was shown on the face of a bisexual they asked about treatment (cryotherapy) 4) There was some purpura (i think the clinical scenario fit with ITP) 5) There was the picture of the Pericaridal calcification with clinical scenario of a patient with history of breast CA though the scenario sold it, remember that the image was in lateral view and you have to make sure to look at the lateral view screen on the computer to see the calcification

--> Patient with breast CA now with parietal cortex mass --> RESECT no other mets
---> Patient with extremely strong history of breast ovarian CA ---> Tamoxifen
---> Patient with adenomatous polyp when do you repeat colonoscopy
---> Patient with Colon CA s/p resection noted lymph node involvement---> ADJUVANT CHEMOTHERAPY
----> Patient with Clubbing in the setting of Pulmonary osteoarthritis
---> Cord compression requiring RT
---> Patient with Breast CA now with increasing blunted neurologic functioning decreased reflexes--> LEPTOMENINGIAL CARCINOMATOSIS.

--> patient with Hunting history liver problems--> Sounded like LEPTO to me they did not give any of the ocular findings

--->Patient with afib HTN old next step --> WARFARIN

---> Patient with likely secondary stages of Lyme disease which would you most likely find IgG positive lyme ab

---> Patient with intermittend jaundice when stressed--> GUILBERTS

---> Chronic alcoholic with hepatitis C who has back pain recently got fired from his job the question states that he takes ANALGESICS for his back pain without specificaton his labs are remarkable for decompensated liver disease with SGOT/PT of like 13,000 to 14,000 respectively likely cause--> ACETOMINOPHEN

---> Patient found to have Grossly calcified gallbladder next step--> they had HIDA and several other imaging modalities, I wrote refer for surgical consult

--> there was another clinical scenario pointing you to cholecystitis without evidence of stone on u/s next step---> HIDA

---> Patient with Chronic reflux underwent endoscopy with biopsy with barrets esophagus next step--> In addition to adding PPI repeat endoscopy to r/o developing dysplasia.

----> Patient with Chronic gerd and now constitutional symptoms with dysphagia---> FULL UPPER ENDOSCOPY

IF i think of more i will send another email.

Sincerely
[Redacted]

[Redacted]

TO
FROM
CC
BCC
SUBJECT
DATE
TEXT01

: [Redacted]
: Rajender K Arora, MD <boardreview@comcast.net>
:
: Questions
: 08/13/2009
: [Redacted]

Here are some questions I just received: (May be you can send me their answers - especially the first one - what is extasis?).
Dr. Arora

- > 1.- Side effects (extasis)
- > 2.- Side effects (leuprolide)
- > 3.- Indications to use melatonina in sleep.REM vs circadian vs
- > 4.- 21 y/o BA student female , community with influenza B. What do you do/ vaccination vs, osaltamir vs both.
- > 5.- pT with metastasic cancer comes due to DVT or PE how do you prevent DVT? heparin vs ivc filter.
- > 6.-Pt with dx of MALTOMA treatment as MALTOMA vs H. Pilory
- > 7.-Indications for permanent foley cath
- > 8.-Pt with URTI, anemia, peripheral smear with RBC necleated and tear blood cell? bone marror vs Coombs.
- > 9.-Pt with esophgitis taking PPI for more than 5 years , now is asymptomatic next step? decrease PPI?
- > 10.- CXR with suspected bronchestasia, next step? bronchoscopy????
- > 11.- Pt with constipation taking ginko biloba vs calcium gluconate cause?
- > 12. Pt taking opiods has constipation next step? laxantives prn vs laxative around de clock, decreased dose is not mentioned.
- > 13.- Pregnant patient with BA exacerbation who received 3 doses of albuterol, no improving next step? steroids vs magnesium sulfate.
- >
- >
- >

TO: [Redacted]
FROM: Rajender K Arora, MD <boardreview@comcast.net>
CC:
BCC:
SUBJECT: Re: Questions for board
DATE: 08/12/2009

No questions so far - if I get any - you will receive them.

ABR

----- Original Message -----

From: [Redacted]
To: HYPERLINK "mailto:boardreview@comcast.net"boardreview@comcast.net
Sent: Wednesday, August 12, 2009 2:20 PM
Subject: Questions for board

Hello Dr.Arora,

Hope you are doing well.I attended your board review and my exam is on 20th of this month. I was wondering if you received any questions from the other candidates yet. Please let me know.

Thanks [Redacted]

TO: [Redacted]
FROM: Rajender K Arora, MD <boardreview@comcast.net>
CC:
BCC:
SUBJECT: Re: New GI Questions
DATE: 10/14/2007

Only two questions:
They have asked the contraindications of interferon in the treatment of hepatitis C.
Another one is the treatment of a patient with chronic hepatitis C and HIV.

Good Luck to you and please do not forget to send some questions soon after your exam. Thank you.

Dr. Arora

----- Original Message -----

From: [Redacted]
To: HYPERLINK "mailto:info@aroraboardreview.com"info@aroraboardreview.com
Sent: Sunday, October 14, 2007 12:19 PM
Subject: New GI Questions

Dear Sir : you asked me to remind you 1 week before the exam if you have any new GI questions. [Redacted] thanks

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