

# **NUR 2063 / NUR2063 Essentials of Pathophysiology Exam 2 Review (Latest 2020): Rasmussen College**

written by

**ACEMYWORK**



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## Pathophysiology Exam #2 Topics

### **APPENDICITIS:**

**WHAT IS IT?** – Inflammation of the veriform appendix

**CAUSES?** – Commonly caused by obstruction of appendiceal lumen by a fecolith (a stone made of feces)

**WHO IS AT RISK?** – People under 45 with the peak ages being 10-19 years old; it affects more men than women

**SIGNS/SYMPOTOMS-** Right lower abdominal pain, nausea, occasionally diarrhea

### **PEPTIC ULCER DISEASE:**

**WHAT IS IT?** – Disorder of the upper GI tract by action of hydrochloric acid and pepsin

**CAUSES?** – H. Pylori (75% of cases with duodenal ulcers and 60% of those with stomach/gastric ulcers), NSAIDS, excess secretion of acid, stress

**WHERE IS IT FOUND?** – stomach, and duodenum (usually proximal duodenum)

**MECHANISM** – Uncertain

### **GALLSTONES: CHOLELITHIASIS**

**WHAT IS IT?** – Stones in the gallbladder/ ducts

**RISK FACTORS?** – Women 2x more than men, obesity, rapid weight loss

**SIGNS/SYMPOTOMS** – many asymptomatic, when they obstruct the cystic duct it leads to severe upper right quadrant pain

- Pain can radiate to back and cause nausea, vomiting, sweating, and flatus (gas)

### **HIATAL HERNIA:**

**WHAT IS IT?** – A defect in the diaphragm allowing part of the stomach to pass through into the thorax

**CAUSES?** – Associated with conditions that increase intrabdominal pressure such as ascites, pregnancy, obesity, chronic straining or coughing

**SIGNS/SYMPOTOMS** – Heartburn, chest pain, and dysphagia

## PANCREATITIS:

**WHAT IS IT?** – inflammation of the pancreas

**CAUSES?** – Biliary tract disease, hypertriglyceridemia, ethanol associated (drink, drank, drunk)

- 66% of all first cases are caused by alcoholism

**SIGNS/SYMPOTMS/MANIFESTATIONS**- Steady boring pain in epigastrium or left upper right quadrant which gradually intensifies

May radiate or penetrate to back, nausea, vomiting, fever, decreased bowel sounds

**TREATMENT?** – NPO, Nasogastric tube to suction, IV fluids, and analgesics, Avoid alcohol

## PSEUDOMEMBRANOUS COLITIS:

**WHAT IS IT?** – Acute inflammation and necrosis of large intestine; it affects the mucosa and sometimes other layers

**CAUSES?** – Exposure to antibiotics, patients with cancer, or post abdominal surgery susceptible, mediated by bacterial toxins

**SIGNS/SYMPOTMS/MANIFESTATIONS** – Diarrhea (often bloody), abdominal pain, fever, leukocytosis

**TREATMENTS** – Antibiotics, fecal transplant, or colectomy

## HEPATITIS:

**WHAT IS IT?** – Inflammation of the liver

3 MAJOR TYPES:

- Hep A – spread by fecal oral route; most adults develop jaundice
  - **SIGNS/SYMPOTMS**: malaise, anorexia, nausea, low grade fever, and right upper quadrant pain
- Hep B – Spread by parenteral contact with infected body fluids
  - SIGNS/SYMPOTMS – can have no symptoms to moderate illness to fulminant hepatitis; major risk factor for hepatocellular cancer
- Hep C – spread through blood and blood product; major risk factor for hepatocellular cancer

## **HEPATOCELLULAR CARCINOMA:**

**WHAT IS IT?** – Most common form of liver cancer; usually occurs in patients with underlying chronic liver disease and cirrhosis

**SIGNS/SYMPOTOMS** – Weight loss, upper abdominal pain, jaundice, anorexia

**TREATMENT**- surgery, transplant, freezing or heating the cancer cells, and chemotherapy

## **GASTRIC CARCINOMA:**

**WHAT IS IT?** – Cancer of the stomach

**RISK FACTORS?** – Smoking, diets low in fruits and vegetables, and twice the risk if H. Pylori is found in stomach

**SIGNS/SYMPOTOMS** – no early signs or symptoms;

Later symptoms: anorexia, weight loss, and GI bleeding; hidden blood in stool (occult) and anemia

## **GASTROENTERITIS:**

**WHAT IS IT?** – Inflammation of the stomach and small intestine; can be acute or chronic

- **CHRONIC** – Usually due to primary inflammatory disease such as crohns disease
- **ACUTE-** Commonly due to direct infection such as salmonella from raw or undercooked chicken or eggs

**SIGNS/SYMPOTOMS** – Diarrhea, abdominal discomfort, pain, nausea, and vomiting

## **GASTRITIS:**

**WHAT IS IT?** – Inflammation of the stomach lining

**CAUSES?** – Acute is caused by ingestion of toxins like alcohol, aspirin, or other irritating substances

- Can also be caused by viral, bacterial, or autoimmune disease

**SIGNS/SYMPOTOMS** – Anorexia, nausea, vomiting, and postprandial discomfort

- Occasional hematemesis due to mucosal damage

## **HIRSCHSPR UNG DISEASE:**

**WHAT IS IT?** – Congenital disorder of large intestine- inadequate innervation of colon; with absent autonomic nerve ganglia in smooth muscle or very reduced if present

**CAUSES?** – Genetic mutation; Cause unknown

**SIGNS/SYMPOTOMS** – no bowel movement within 48 hours in a newborn, swollen belly, gas, failure to thrive, fatigue, vomiting, chronic constipation, or diarrhea in children

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## **VESICOURETERAL REFLUX:**

**WHAT IS IT?** – Reflux of urine from the bladder to ureter and renal pelvis; urine is allowed to flow backwards into the ureters and possibly into the kidneys

**CAUSES?** - Shortened ureteral tunnel through the bladder wall resulting in lateral displacement of valvular mechanism making it incompetent

**TREATMENT?** – About 80% of cases resolve spontaneously as a child grows; conservative treatment is management of cystitis with antibiotics, sometimes continuously

Enuresis

## **PROSTATITIS:**

**WHAT IS IT?** – Inflammation of the prostate

**CAUSES?** – Acute bacterial infections, chronic bacterial infection, non-bacterial(most common),

## **CYSTITIS:**

**WHAT IS IT?** - inflammation of the bladder lining

**CAUSES-** infection, chemical irritants, stones, and or trauma

- Most commonly caused by infection; E-COLI is the most common pathogenic cause and it usually originates in the urethra

**RISK FACTORS?** – being a female, old age, catheterization, diabetes, bladder dysfunction, poor hygiene, and urinary stasis

- Children who have a congenital defect called vesicoureteral reflux often have a high risk of cystitis

## **BPH (BENIGN PROSTATIC HYPERPLASIA):**

**WHAT IS IT?** – Enlargement of the prostate

**SIGNS/SYMPOTOMS** – Hesitancy (difficulty initiating a stream), decreased stream or dribbling, urinary retention, obstruction to flow, interruption of the stream, infection caused by retention

## **AMENORRHEA:**

**WHAT IS IT?** – Absence or suppression of menstruation in females age 16 or older; if female misses 3 or more periods in a row

**PRIMARY** – failure to begin menses by age 16

**SECONDARY** – cessation of established, regular menstruation for 6 months or longer

**CAUSES** - Usually due to abnormal pattern of hormonal functioning which causes interruption of normal sequence of events of endometrial tissue lining the uterus proliferating and sloughing

## **CRYPTORCHIDISM:**

**WHAT IS IT?** – “Hidden testis”; is when the testicle or testes are not in the scrotum and are considered to be in an extrascrotal position

**CAUSE?** – Unknown

**CAN CAUSE IF LEFT UNTREATED?** – Infertility, Increased risk of testicular malignancy, tubes can become fibrotic, deficiency of spermatogenesis

**TREATMENT**- surgery to bring testes into normal scrotal position; also known as an orchiopexy

## **HSV:**

## **SYPHILIS:**

## **GLOMERULONEPHRITIS:**

**WHAT IS IT?** – inflammation of the glomeruli

**SIGNS/SYMPOTOMS** – coffee colored urine, proteinuria, oliguria and azotemia (high level of nitrogen compounds in blood), edema, and hypertension

**TREATMENT** – Dietary and fluid management, management of systemic and renal hypertension

## **HPV:**

### **HYDRONEPHROSIS:**

**WHAT IS IT?** – Enlarged kidney

### **CHRONIC RENAL FAILURE:**

**WHAT IS IT?** – Progressive process, results from chronic kidney disease, is the irrevocable loss of functional nephrons

**SIGNS/SYMPOTOMS** – Headaches, edema, decreased ability to concentrate urine, polyuria turns into oliguria, increased BUN and serum creatine, GFR progressively decreases from 90 to 30 ml/min, mild anemia, high blood pressure, weakness and fatigue

**TREATMENT** – Dialysis; used in stage 5 CKD to remove metabolic wastes and correct fluid and electrolyte abnormalities

Hemodialysis – 3X/week, AV fistula

Peritoneal Dialysis – peritoneum serves as the dialyzing membrane; access is a dialysis catheter surgically placed in the abdomen; can be done at home

Continuous renal replacement therapy (CVVH) – done in the hospital through a central line

### **PYELONEPHRITIS:**

**WHAT IS IT?** - inflammation of the kidneys caused by infection; usually caused by E. Coli

**CAUSES**- due to ascending urinary tract infection

**RISK FACTORS**- pregnancy, diabetes mellitus, anatomical abnormalities, and obstructions

**SIGNS/SYMPOTOMS** – CVA tenderness, fever, chills, n/v, anorexia, fever induced dehydration

**TREATMENT-** usually 7-10 days of antibiotics

Renal insufficiency

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Diabetes insipidus

Cushings disease

Addison's disease

Diabetes Type 1

Diabetes Type 2

Diabetes deficiency

Graves disease (hyperthyroidism)

Primary vs secondary endocrine disease

Pheochromocytoma

Myxedema

Ketoacidosis