

# HIGH-YIELD GASTROINTESTINAL SYSTEM NOTES

FOR USMLE STEP 1 AND STEP 2

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Dear IMG

High-Yield Notes for USMLE Step 1 & Step 2 CK

# GI IMAGING & DIAGNOSTIC TESTS - COMPLETE GUIDE

( very, very important for step 1 & 2)

- **ERCP** (Endoscopic Retrograde Cholangiopancreatography) → Diagnostic + Therapeutic
- ERCP indications → Choledocholithiasis (stone removal), Biliary stricture, Cholangitis, Pancreatic duct stones
- ERCP complications → Pancreatitis (most common), Perforation, Bleeding, Infection

- **MRC**P (Magnetic Resonance Cholangiopancreatography) → Diagnostic **ONLY** (non-invasive)
- MRC**P** indications → Evaluate biliary tree when ERCP not immediately needed, PSC diagnosis, Pancreatic duct evaluation
- MRC**P** → No complications, **BUT** can't remove stones or place stents
- **HIDA scan** (Hepatobiliary Iminodiacetic Acid scan) → Nuclear medicine study

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- HIDA scan indication → Acute cholecystitis when ultrasound equivocal
- HIDA scan → Non-filling of gallbladder = Cystic duct obstruction = Acute cholecystitis
- **RUQ Ultrasound** → **FIRST-LINE** for biliary pathology
- RUQ US findings → Gallstones, Gallbladder wall thickening ( $>3\text{mm}$ ), Pericholecystic fluid, CBD dilation ( $>6\text{mm}$ )

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- **CT abdomen/pelvis with contrast** →  
For acute abdomen, complicated infections, abscess, perforation
- **CT findings cholecystitis** →  
Gallbladder wall thickening,  
Pericholecystic fluid, Stranding
- **CT findings pancreatitis** → Pancreatic edema, Peripancreatic fluid, Necrosis (non-enhancing areas)
- **Abdominal X-ray (KUB)** → Bowel obstruction, Perforation (free air), Toxic megacolon

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- **Upright CXR** → Free air under diaphragm = Perforated viscus
- **EGD** (Esophagogastroduodenoscopy) → Upper GI bleed, PUD, Varices, Barrett surveillance
- **Colonoscopy** → Lower GI bleed (after stabilization), Colon cancer screening, IBD evaluation

**UNSTABLE VS STABLE PATIENT -  
MANAGEMENT ALGORITHMS**  
( very, very important for step 2 )

- UNSTABLE PATIENT = Hypotension (SBP <90) OR Tachycardia (HR >120) OR Active bleeding OR Altered mental status

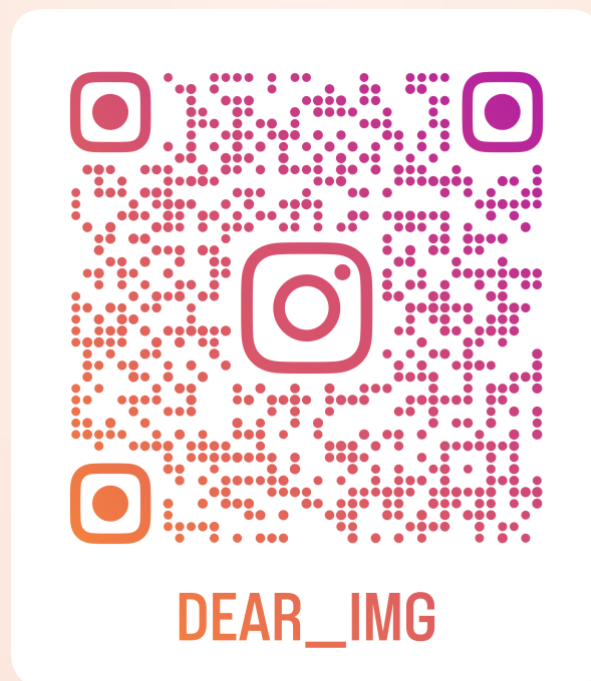
### **UPPER GI BLEED - UNSTABLE:**

- (1) 2 large-bore IVs + Aggressive fluid resuscitation
- (2) Type & cross + Transfuse PRBCs (goal Hgb >7)
- (3) IV PPI (high-dose bolus + infusion)
- (4) NPO + ICU admission
- (5) If varices suspected → Octreotide + Ceftriaxone
- (6) URGENT EGD (within 12-24 hours) for diagnosis + treatment



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