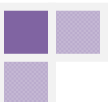


MICROORGANISM ARTHRITIS

1. Septic arthritis occurs most frequently in _____.
2. What are the most common causes of septic arthritis?
3. In septic arthritis bacterial lodge in the _____, sparking an _____ promoting _____ development.
4. How quickly does septic arthritis tend to progress?
5. What are the signs and symptoms of septic arthritis
6. Septic arthritis tends to involve _____ joints and are _____-arthritic.
7. What are the laboratory results of septic arthritis?
8. Fungal arthritis is a rare and often a complication of _____, thus it affects the _____.
9. Fungal arthritis is often associated with _____ or _____.
10. Fungal arthritis of the spine presents like _____ since it is so _____.
11. How is fungal arthritis treated?

BONE NEOPLASIA

12. True or false: cysts are non-neoplastic?
13. Simple / _____ / _____ bone cysts are a fluid filled cyst more common in _____ and lined with _____.
14. simple bone cysts are often secondary to _____.
15. Why does bone reabsorption occur with a simple bone cyst?
16. What is the most common site for a simple bone cyst? When?
17. Simple bone cysts tend to be located how on a bone?
18. SBC's are _____ until fracture & may be _____.
19. Simple bone cysts are composed of _____.
20. how do you treat a simple bone cyst?
21. What is a cyst-like cavity filled with blood?
22. What is the gross appearance of an aneurysmal bone cyst?
23. What are the cellular components of an aneurysmal bone cyst?
24. ABC's are _____ located and will _____.
25. aneurysmal bone cysts in vertebrae preference the _____.
26. In an ABC, there is a proliferation of _____ whose pressure _____.
27. an ABC may result in _____, _____, & _____.
28. ABC usually onset _____, and occur _____ in males and females.
29. How is an ABC treated?
30. *Study the benign verse malignant charts.*
31. What are the cells that can develop into primary bone neoplasms?
32. Neoplastic processes rarely cross _____ or _____, why?



BONE TUMORS

33. What type of bone tumor is always metastatic?
34. Osteoma's are densely _____ well formed _____ of _____ clinical significance.
35. What are the common location of an osteoma?
36. Multiple osteoma's with colon polyps is called _____.
37. Osteoid osteoma tends to affect whom?
38. The osteoid osteoma tumor is referred to as a _____, which is _____ and less than _____ in size.
39. What does a nidus contain?
40. Why is a nidus painful?
41. How does a nidus appear on a radiograph?
42. What is the classical presentation of osteoid osteoma?
43. How is osteoid osteoma treated?
44. Where osteoid osteoma is most commonly located?
45. What is the rarely occurring osteosarcoma composed of?
46. Where is a primary osteosarcoma MC?
47. What is the radiographic presentation of a primary osteosarcoma?
48. What is the gross appearance of a primary osteosarcoma?
49. Primary osteosarcoma is so aggressive that by diagnosis _____% have metastasized, of which _____% die.
50. How do you treat osteosarcoma?
51. What is a secondary osteosarcoma?
52. Where is secondary osteosarcoma most common?

CARTILAGE TUMORS

53. What is the most common bone it neoplasm and what are its three presentation?
54. Osteochondroma presents with a bony _____ and a _____.
55. Which form of Osteochondroma is least likely to become malignant?
56. HME is more common in _____ and presents with _____ due to multiple Osteochondromas.
57. HME may affect the _____.
58. How is HME treated? Why?
59. What is the most common benign tumor of the hand and foot?
60. What type of lesion is enchondroma typically?
61. What is enchondroma?
62. What is left behind as the bone grows in enchondroma?
63. Who more commonly get enchondroma?
64. What is the multiple form of enchondroma?
65. When may chondrosarcoma metastasize and what type of cells, does it involve?



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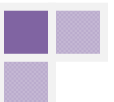
66. What percent of chondrosarcoma are primary?
67. Who most commonly gets a primary chondrosarcoma?
68. Where in the body are chondrosarcoma's most common?
69. What is the gross tissue appearance of chondrosarcoma?
70. What are the radiographic findings of chondrosarcoma?
71. How is chondrosarcoma treated?
72. Where does chondrosarcoma tend to metastasize?
73. What is the five-year survival rate of chondrosarcoma?
74. Why is drug and radiation therapy poorly effective for chondrosarcoma?

FIBROUS TUMORS

75. Fibrous dysplasia is a ____ lesion, commonly of the _____, _____, _____, & _____ bones.
76. Fibrous dysplasia contains what cellular components?
77. Who gets fibrous dysplasia? What percent become malignant?
78. Which is the most common form of fibrous dysplasia?
79. How does monostotic fibrous dysplasia clinically present?
80. What is the clinical presentation of polyostotic fibrous dysplasia?
81. What are the radiographic findings of fibrous dysplasia?
82. Fibrous cortical defects, a.k.a. _____, is common and effects _____.
83. true or false: fibrous cortical defects is not a neoplasm.
84. Fibrous cortical defect tends to be _____cm lesions located in the _____, _____, or _____.
85. What is the cellular appearance of a fibrous cortical defect?
86. In fibrous cortical defect, there is no new _____, rather _____.
87. Fibrous cortical defects clinically present as _____, and rarely results in a _____.
88. How is fibrous cortical defects treated?
89. Fibrosarcoma is composed of what?
90. Fibrosarcoma develops _____overtime, most commonly in _____(whom)_____.
91. What are the signs/symptoms of fibrosarcoma?
92. How is fibrosarcoma treated and what happens if it is left untreated?

BLOOD TUMORS

93. What are the blood tumors of bone?
94. The uncommon giant cell tumor involves _____ cells, of _____ origin.
95. Who gets benign giant cell tumors? Malignant giant cell tumors?
96. Giant cell tumors arise in the _____ and are _____ lesions extending into the epiphysis.
97. What is the cellular appearance of a giant cell tumor?



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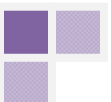
98. Giant cell tumors tend to be (benign/malignant).
99. What are the signs and symptoms of giant cell tumor?
100. What is the radiographic appearance of giant cell tumor?
101. How are giant cell tumors treated?
102. Multiple myeloma is a malignant proliferation of _____ that infiltrate _____.
103. Describe the lesions associated with multiple myeloma?
104. Who commonly gets multiple myeloma?
105. What are the clinical findings of multiple myeloma?
106. What is the pain related symptoms of multiple myeloma?
107. What are the non-pain related symptoms of multiple myeloma?
108. Multiple myeloma commonly occurs where?
109. What is the etiology of multiple myeloma?
110. How is multiple myeloma treated? Thus, what is the survival rate?

MISC PATHOLOGIES SIMILAR TO BONE

111. What pathologies may be confused with a primary bone tumor?
112. What is hemangioma?
113. Hemangiomas are generally clinically _____, and presents with _____.
114. In an x-ray, a hemangioma will have a _____ appearance of vertebral bodies.
115. Ewing's sarcoma is classically described as having _____.
116. Who MC gets Ewing's sarcoma?
117. A Ewing's sarcoma tumor is _____ necrotic and the disease may be _____.
118. Where does Ewings sarcoma like to occur?
119. In an x-ray, Ewings sarcoma has a _____ appearance.
120. How is Ewing sarcoma treated? What is the survival rate?
121. Extra osseous Ewing sarcoma has identical pathologies and descriptions of _____, but has no _____.

SECONDARY BONE TUMORS

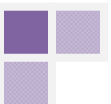
122. _____% of bone tumors are metastatic in origin.
123. Malignant bone tumors tend to come from what locations?
124. _____ spread is metastatic disease's favorite method.
125. Most metastatic tumors in bone of females comes from where? In males?
126. What is the most common bone effected by metastatic disease?
127. Metastatic disease tends to occur when?
128. What is the clinical presentation of metastatic disease?
129. What is the quality of pain and metastatic disease?
130. What is the radiographic appearance of metastatic disease?



131. Why may a bone become osteoblastic in metastatic disease?
132. How would the blood test appear with metastatic disease?
133. What are the characteristics of a secondary bone tumor?
134. How is metastatic disease treated? What is the prognosis?

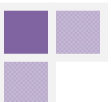
JOINT BASICS

135. Ligaments are composed of _____ that allow for _____.
136. The synovial membrane lines _____ except the _____.
137. Why is the synovium not a true membrane?
138. Type A cells are _____.
139. Type B cells are _____ and produce _____.
140. What increases surface area of the synovium?
141. What is Sub-synovial tissue?
142. Where is the synovium in the knee?
143. Synovial fluid is a _____.
144. Synovial fluids should not contain _____ and should appear _____.
145. What allows for the proper viscosity of synovial fluid?
146. What is the importance of viscosity of synovial fluid?
147. Why is articular cartilage limited to 6mm thick?
148. Articular cartilage changes in thickness with stress/exercise due to _____, allowing for _____.
149. Which zones of cartilage are radio dense?
150. Where is the blueline/tide mark?
151. The blue line is the interface between what?
152. When do chondrocytes replicate and migrate above the tide mark? What about below?
153. 70-80% of articular cartilage matrix is comprised of _____, the rest being _____ & _____.
154. Proteoglycans make up the _____ and the _____.
155. What is Hilton's Law?
156. Encapsulated endings respond to _____ stimuli, such as _____ & _____.
157. The Golgi tendon organs respond to _____ at the _____.
158. Pacinian corpuscles respond to _____.
159. Free nerve endings respond to _____.
160. What is a bursae? When are they developed?
161. Tendon sheaths are _____. What are the gaps called?
162. Tendon sheaths have a _____ lining both layers.



NON-INFLAMMATORY JOINT DISEASE

163. Degenerative diseases are actually _____ diseases.
164. What is cartilage fibrillation?
165. What are the general characteristics of non-inflammatory joint diseases?
166. DJD, a.k.a. _____, is a reactive pattern of joint tissues to _____.
167. DJD most commonly affects what types of joint?
168. Who has DJD? Where is it most often found?
169. Whom most commonly gets moderate or severe DJD?
170. Who has DJD more than anyone else? (RACE)
171. What can cause cartilaginous damage and thus DJD?
172. Gravity leads to what type of osteoarthritis? Trauma?
173. What factors promote DJD?
174. What makes cartilage genetically poor?
175. How does stiffening of subchondral bone occur in why will it promote DJD?
176. In DJD there is a loss of _____, and _____ & _____ of the cartilage.
177. In DJD, what is found around the chondrocytes?
178. The cartilage repair of DJD is composed of _____.
179. What is a subchondral cyst?
180. When does fibrocartilage formation began?
181. What would the blood test for DJD look like?
182. In DJD, where is new bone formed?
183. Osteophytes are an attempt to _____ and are developmentally guided by _____.
184. What covers the surface of osteophytes?
185. Vertebral osteophytes result from _____.
186. Why are the facets commonly severely affected in vertebral DJD?
187. What is eburnation?
188. What are the soft tissue changes of subchondral cyst? What is it also known as?
189. What is the clinical presentation of DJD?
190. What common orientation is seen in the foot of a DJD patient?
191. What is a common secondary DJD process?
192. What are the radiographic findings of DJD?
193. Except in severe ____, ____, or ____ DJD, degeneration does not correlate with the presence of symptoms.
194. What is a vacuum sign?
195. What is the "most overworked and imprecise diagnosis of the knee" associated w/ anterior knee pain?
196. CMP has been used interchangeably w/ _____ of the knee.
197. What are the cartilage changes in chondromalacia patella?

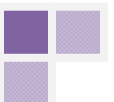


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198. Softening of cartilage (is / is not) symptomatic?
199. What are the causal theories of chondromalacia patella?
200. CMP occurs between ___-___ years, equally between men & females, and has an _____ onset.
201. Is chondromalacia patella a normal aging process?
202. Chondromalacia patella involves what signs/symptoms?
203. The symptoms of CMP are associated with _____, _____, _____, _____, & _____.
204. What incidents are statistically associated with CMP?
205. Too much or too little pressure leads to _____ & _____.
206. What is the best way to visualize CMP?
207. How may chondromalacia patella be treated?
208. What is destructive articular disease secondary to neural damage?
209. In neuropathic arthropathy, the patient experience _____ degeneration resulting in _____.
210. What is the etiology of neuropathic arthropathy?
211. What may lead to acquired neuropathic arthropathy?
212. What are the clinical features of neuropathic arthropathy?
213. How quickly may neuropathic arthropathy form?
214. What is the radiographic appearance of neuropathic arthropathy?
215. What are the 6 D's of neuropathic arthropathy?

INFLAMMATORY JOINT DISEASE

216. What are the characteristics of an inflammatory joint disease?
217. Rheumatoid arthritis is a _____ disease that affects the _____.
218. Rheumatoid arthritis is not _____; it is a _____ synovitis leading to destruction of _____ & _____ of jts.
219. Who most commonly gets RA?
220. What is the etiology of rheumatoid arthritis?
221. RA is highly (unpredict/predictable), although ___% have a ___ onset w/ the greatest damage occurring in _____.
222. What joints are most commonly involved in RA? Where in the spine may it be found?
223. RA begins as _____ inflammation.
224. What cells deposit in the areolar tissue of RA?
225. In RA, what occurs w/ the synovium?
226. In RA, within the joint space there is _____ & _____.
227. The inflammatory cell's PGE2 stimulates _____, thus leading to _____ & _____.
228. What is an inflamed & hypertrophied synovium?
229. What does a pannus do?
230. What is the immune response associated w/ RA?
231. At the end of RA, tissue is organized into _____ leading to _____, and possibly eventually _____.
232. What are the lab findings of RA?



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233. Why is a bone scan a poor method of detecting RA?
234. In RA, there tends to be _____ deviation of the wrist, and _____ deviation of the fingers.
235. What % of RA patients are seropositive? What % of the normal population?
236. What is the basic clinical presentation of RA?
237. What is seen in severe RA?
238. What is a rheumatoid nodule?
239. What are the radiographic findings of RA?
240. Juvenile RA, aka _____, occurs in people under _____, and appear identical to adult RA with the exception of _____.
241. What may Juvenile RA do to the growth plate?
242. Juvenile RA may be _____, _____, or _____ arthritis.
243. What is the most commonly involved joint of juvenile RA? What may also occur in JRA?
244. What percent of JRA patients undergo complete remission?

