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1) Needle-localized open biopsy • Percutaneous core biopsy, localization with needle and surgically sampling, is...
2) Clostridium perfringens

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- Crepitus = gas-forming = clostridium
- 3) Lack of normal joint sensation •
Neuropathic (Charcot) arthropathy 4) ...

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Updated: Jul 7 1) Needle-localized open
biopsy • Percutaneous core biopsy,
localization with needle and surgically
sampling, is preferred for evaluation of

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microcalcifications • Fine-needle aspiration is inadequate as it may miss the cancer cells

Answers To Nbme Surgery Form 1

Currently the 5-week chemo-radiation protocol has a 90% success rate, so surgery rarely is required-There is 1 thing you always have to remember

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when looking at questions with masses, ALWAYS want to rule out cancer!!!! So even if other answers make sense to you, for the sake of the test you always want to rule out cancer.

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small bowel = obstruction • Gas within small bowel lumen and liver suggests communication (fistula) between enteric and biliary tracts • Stone leaves through fistula to cause sx's

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I think this is simply a basic "most common cause of" problem. The MCC of sciatica is herniated or bulging disk. I

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went with the muscle tear because piriformis muscle injuries can mimic sciatica, but that wouldn't explain the low back pain since piriformis origin and insertion are the internal surface of the sacrum and the superior border of the trochanter of the femur, respectively. It's also ...

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Has anyone taken the NBME Surgery self assessment forms 3 & 4 who can shed some light on how it translates to the real shelf exam score? My assessment score is about 15% higher than my UWorld average for surgery so I'm feeling skeptical. Edit: In case this helps anyone, I did several points better on

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