

## White Coat Companion 2019 Errata

Updated: 10/17/20

Page Number	Type (Date Added)	Location	Details
<b>Cardiology</b>			
Cards 1	Clarification (9/8/2020)	Asymptomatic CAD	Family history of <b>premature</b> CAD (< 55 M/ 65 F)
Cards 4	<b>Error</b> <b>(9/8/2020)</b>	Heart Failure	BNP: High sensitivity, high negative predictive value
Cards 14	Clarification (1/1/2020)	Mitral Stenosis	Surgery is the definitive management for MS, however medical therapy is often necessary to manage symptoms and comorbid conditions (HF, AF) Warfarin is the first line anticoagulant in mitral stenosis
<b>Pulm/Crit</b>			
Pulm 15	Clarification (1/1/2020)	Parapneumonic Effusions	Gram stain and culture can be positive up to ~ 50% of the time (in the book is listed as usually negative).
<b>Renal</b>			
Renal 2	<b>Error</b> <b>(2/1/2020)</b>	Hypertonic Hyponatremia	Hypertonic hyponatremia is typically caused by elevated glucose, sorbitol or mannitol. Ethylene glycol or methanol do not typically cause this (as indicated in WCC). In addition, the note regarding the osmotic gap is not relevant and can be crossed out.
Renal 17	<b>Error</b> <b>(8/20/2020)</b>	Nephrotic	Loss of anti- <b>THROMBIN</b> (not plasmin)
Renal 23	Update (6/4/2020)	ADPKD	Tolvaptan can be used in certain cases of ADPKD to help slow disease progression
Renal 23	<b>Error</b> <b>(10/27/20)</b>	ADPKD	PKD2 is on chromosome 4 (not 12)

Renal 24	<b>Error</b> <b>(8/18/2020)</b>	Calcium Phosphate	Risk factor is <b>distal</b> RTA (not proximal RTA) Thiazides are NOT a risk factor
Renal 24	<b>Error</b> <b>(4/1/2020)</b>	Uric Acid Stones	Urine pH is < 5.5 (not > 5.5 as stated). The urine pH on average for those with uric acid stones is 5.4. Acidic urine is correctly listed as a risk factor
Renal 24	<b>Error</b> <b>(5/21/2020)</b>	Cysteine Stones	Caused by cystinuria (not homocystinuria)
<b>Endocrine</b>			
Endo 29	<b>Error</b> <b>(3/1/2020)</b>	Precocious Puberty	Error in flowchart, with corrected one below. <pre>graph TD     A[Basal LH] -- Low --&gt; B[GnRH Stim Test]     A -- High --&gt; C[Central Precocious Puberty]     B -- "↓ LH" --&gt; D[Peripheral Precocious Puberty]     B -- "↑ LH" --&gt; C</pre>
<b>GI</b>			
GI 12	<b>Error</b> <b>(8/25/2020)</b>	Pancreatic Insufficiency	Decreased fecal elastase (not increased)
GI 21	<b>Error</b> <b>(7/14/2020)</b>	Colon Cancer	Obstruction and hematochezia are more common with left-sided cancers, while iron deficiency anemia (from chronic, insidious bleeding) is more common with right sided lesions
GI 26	Clarification (7/22/20)	Hemorrhoids	Internal hemorrhoids are from the superior (internal) hemorrhoidal plexus, while external hemorrhoids are from inferior (external) hemorrhoidal plexus
GI 42	Update (3/1/2020)	Hepatitis C	Preferred treatment of acute hepatitis C is now with antivirals (rather than previous guidelines to monitor for spontaneous viral clearance before treatment)
GI 42	Update (8/16/20)	Hepatitis E	Previously classified as calcivirus, now is hepevirus
GI 43	<b>Error</b> <b>(6/20/2020)</b>	Hepatitis B	Chronic infection has positive HBsAg

GI 47	Update (3/1/2020)	C Diff Infection	For non-severe and severe C Diff, Fidaxomicin is the alternative agent to Vancomycin (not Metronidazole as listed)
<b>Heme-Onc</b>			
<b>Rheum/MSK</b>			
Rheum 35	Update (9/28/20)	Ankle Sprain	Grading Classifications: Grade I: Mild stretching Grade II: Incomplete tear Grade III: Complete tear
Rheum 36	Clarification	Upper trunk palsy	Presents with adduction/internal rotation of the arm, and IMPAIRED flexion /supination
<b>Derm</b>			
Derm 13	<b>Error</b> <b>(4/1/2020)</b>	Pemphigus vulgaris	Nikolsky sign often + (not negative as indicated)
Derm 22	<b>Error</b> <b>(4/1/2020)</b>	Androgenic alopecia	DHT is increased in this disorder (not decreased as indicated)
Derm 25	<b>Error</b> <b>(7/22/2020)</b>	Melanoma	Lymphatic mapping/lymph node biopsy is indicated if > 0.8 <b>mm</b> (not cm as noted)
<b>ID</b>			
<b>Neurology</b>			
Neuro 19	<b>Error</b> <b>(4/1/2020)</b>	Multiple Sclerosis	Definitions of primary and secondary progressive MS reversed. Should be: - Primary Progressive: Progressive accumulation of disability (temporary improvements or partial recoveries possible, but overall worsens) - Secondary Progressive: Initial relapse-remit, followed by progressive disease
Neuro 19	<b>Error</b> <b>(4/1/2020)</b>	Multiple Sclerosis	Visual evoked potentials show delayed P100 peak (not S100)
<b>Primary Care/EM</b>			

<b>Psychiatry</b>			
Psych 32	Clarification 5/1/2020	Benzodiazepine	Acute benzo intoxication can cause drowsiness, confusion, slurred speech, and ataxia. Respiratory depression usually only occurs if taken with a co-ingestant (like EtOH or opiates).
Psych 33	<b>Error (4/1/2020)</b>	Korsakoff Syndrome	Korsakoff syndrome is irreversible (not reversible). Features include amnesia and confabulation (not short term).
<b>Pediatrics</b>			
<b>Surgery</b>			
Surg 21	<b>Error (7/8/2020)</b>	Nitric Oxide	Nitrous oxide
<b>OB-GYN</b>			
OBGYN 1	<b>Error (5/21/2020)</b>	TPAL	T stands for Term, which is any baby born > 37 weeks (not 20 weeks) L stands for living children
OBGYN 30	<b>Error (10/16/2020)</b>	First Stage	Should say "First Stage (Active)" [not passive] on row 3