Errata

NEW ADDITIONAL ERRATA/REVISION for 5TH EDITION RAPID REVIEW PATHOLOGY

MN: Margin Note
Page 3
II.F.2.a. **Definition:**

(1) Test A positive….

(2) Test A positive
Page 5

D.1.c. …..

(1) Calculation is…

(2) Stated another way…

d. ….

(1) Calculation is…

(2) Stated another way…
Page 8

VI.B.1. ……

Change a. to a single dot · Note that this creates a test…

VI.C.1. ….

Change a. to a single dot · Note that this creates a test…
Page 20

II.B.3.b. (4) Clinical findings should be (3) Clinical findings
Page 26
III.B. Production and types of FRs

1. Reactive oxygen species

Add Margin note Reactive oxygen species next to 1. Reactive oxygen species
Page 28

Add Margin Note Lysosomes opposite C. Lysosomes

IV.C.1. ….worn-out cell constituents (e.g., CMs (delete this), organelles)

IV.C.3.a.(1) Pinocytosis refers to…….invagination of the cell membrane (CM), followed by formation of pinocytic absorptive vesicles.
Page 29 under shaded gray area for Inclusion (I)-cell disease:

M6P, mannose 6-phosphate, PTM, posttranslational modification
Remove CM
Page 29

IV.D.1.b.(3)(a) Anchored to transmembrane proteins in the cell membrane (e.g. desmosomes), intermediate filaments spread tensile forces evenly throughout tissue, hence limiting damage to individual cells.
Page 30

IV.D.3. Factors causing mitotic spindle (MS) defects
Page 30

IV.D.4.c. Lewy bodies
Lewy body

Add Margin Note Lewy bodies in line with (1) Definition:

(1) Definition:
Page 30
V. Intracellular Accumulations
A. Types of Accumulation
Liver: fatty change

ADD Margin Note (MN) in line with B. Fatty change in the liver
B**. B. Fatty change in the liver**

2.b.(3) Addition of 3 fatty acids (FAs) to G3P produces TG.
Hepatocytes:

clear space
Page 32

V.B.2.d.(2) Under the light microscope, hepatocytes….

ADD Margin Note (MN)
Page 41

VII.A.6. Enzymatic fat necrosis

b. Mechanisms in the pancreas

(1) Activation of pancreatic lipase…

(2) Calcium combines with the FAs….
Page 60

III.B.4.a. Restoration to normal……and a relatively intact extracellular matrix (ECM; e.g., collagen, adhesive proteins).
Page 63
IV.A.1. Acute inflammation (AI; e.g., bacterial infection)
Page 64

IV.A.2. Chronic inflammation (CI; e.g., TB, rheumatoid arthritis)
Page 80

III.D.4.a. Patch test used to evaluate type IV hypersensitivity disorders

· Example: a suspected allergen (e.g., nickel) is placed…..
Page 84
V.B.2.a.(1) Upregulation of co-stimulators on APCs……..leads to formation of self-reactive CD4 T cells and CD8 cytotoxic T cells that damage tissue. Self-reactive lymphocytes means that they release IL-2, causing clonal proliferation of the CD4 and CD8 T cells. *** Note that the sentence in red should be directly **after** the previous sentence ending with…. CD8 cytotoxic T cells that damage tissue.
Page 86
V.D.1.b. Pernicious anemia: causes vitamin B_{12} deficiency. In pernicious anemia, there is

immune destruction of parietal cells in the stomach, which produce intrinsic factor,
a factor that is required to bind with vitamin B_{12} in order for it to be absorbed in the

terminal ileum (see Chapter 18).

· This leads to a severe macrocytic anemia (large RBCs) and neurologic problems
(e.g., dementia, demyelination of the spinal cord, and peripheral neuropathy**)**.
Should not be a.

V.F.2. Epidemiology

· Primarily affects women of childbearing age…
Page 87
V.F.4.e.(1) Arthralgia (joint pain; *not* inflammation) is one of the most common initial

complaints.

· Morning stiffness in the hands is particularly common.
Page 91

V.F.6.b.(1) Most often used to confirm the diagnosis of SLE (95% specificity).

· If positive, it usually indicates that renal disease is present.

V.F.7.b.(2) Lupus glomerulonephritis (GN), CNS lupus…..

Add Margin Notes after Cardiovascular disease MC COD

GN, CNS lupus, vasculitis, pneumonitis

Infection

HPV-related malignancy

V.G. Systemic sclerosis Add Margin Note: Systemic sclerosis
Page 97

VI.F.2.c.(4) Virus cannot penetrate intact skin or mucosa. Ulceration…….to enter CD4 T cells or dendritic cells (DCs) in tissue.
Page 105

VI.G.2.d. Membrane attack complex (MAC; C5b-C9): final common pathway for the classical, alternative and lectin pathways.

VI.G.2.e. Change DAF to Decay accelerating factor (DAF)
Page 106

VII.A.5.a. Immunoglobulin (Ig)
Page 109

I.A.2. Plasma osmolality (POsm)
Page 110
I.2.c.(2)(c) **Definition**: Bold Definition
Page 113
I.B.2.b.(5) Random UNa^+ will be >20 mEq/L. Diuretics falsely increase random UNa^+. Leave out \ in front of UNa^+
Page 128

I.G.4. Hypokalemia
a. **Definition:**…..
Page 129

I.G.5. Hyperkalemia
a. **Definition:**…..
Page 140

IV.C. Types of thrombus
Page 142

V.B.2.a.(1) Usually caused by a saddle embolus……both sides (see Fig.19-7A, C)
Page 144

V.E.2.c. Pathogenesis

(1) At the fracture site, microglobules of marrow fat with or without hematopoietic

tissue enter ruptured marrow sinusoids and venules.

(2) Microglobules initially deposit in pulmonary capillaries. Microglobules of fat enter

arteriovenous shunts in the lungs, from which they embolize to distant sites (brain,

spleen kidneys). In these sites, they obstruct the microvasculature particularly in the

lungs and brain (Fig. 5-23), where they produce ischemia and inflammation. Fatty

acids derived from the breakdown of fat in the globules (leave out ¯) damage vessel

endothelium, causing platelet/WBC adherence to areas of injury.
Page 164

III.C.1.c.(3) Heart defects include.....ventricular septal defect (VSD; 32%), atrial septal defect (10%)....
Page 173

VI.B.3.b.(1) Diabetes mellitus (DM)

(a) Increased risk of (delete) neural tube defects (NTD) and congenital heart disease

(CHD)

VI.B.3.d.(2)(c) Cytomegalovirus (CMV) is the most common congenital infection.
Page 175

VI.B.3.e. Ionizing radiation.....open neural tube (ONT) defects.....
Page 181

VII.E.1. It refers to the first 4 weeks of life.
Page 199

II.B.1.c.(2)

Page 200
II.B.2.c.(2)(b) Core temperature is variable and ranges from normal to £40◦C (104◦F).
Page 223

VI.G.2.b.(1) Conversion of pyruvate to oxaloacetic acid (OAA) by pyruvate carboxylase in

gluconeogenesis
Page 238

III.E.4. Hepatocellular carcinoma (HCC) is causally related.....
Page 251

I.A.7.h. Clinically important serum LDL levels

· Optimal level: .....
Page 255

II.C.5.c. Hypertension (HTN)
Page 275
I. Cardiac Physical Diagnosis (Box 11-1)
· Overview of Normal Anatomy (Link 11-1 to 11-8)
Page 279

III.B.2. Types of CHF include:

a. Left heart failure (LHF or left-sided heart failure; most common type)

b. Right heart failure (RHF or right-sided heart failure)
C. Left heart failure (LHF)
Page 280

III.C.2.b.(2)(b) other causes include AV stenosis, hypertrophic cardiomyopathy (HCM).....
Page 282

III.D.Right heart failure (RHF) Leave out sided
Page 283

IV.B.1.b. Heart rate (HR) in excess of....

Page 285

IV.D.6.d.(1) High scores (leave out >75%) are associated with an increased risk of MI and death.
Page 287

IV.F.9.d.(4) Interventricular Septum (IVS) rupture.
Page 290
Change IV.F. to **G. Sudden cardiac death (SCD)**

Change IV.G.2.d. Non-coronary artery causes of SCD syndrome include:

(2) aortic valve (AV) stenosis.
Page 293

V.B.4.b. Ventricular septal defect (VSD; Fig. 11-13A; Link 11-32).....
Page 294

V.B.d. Patent ductus arteriosus (PDA; Fig. 11-13C)
Page 294

V.B.5.c. Tetralogy of Fallot (ToF)
Page 304
G. Tricuspid valve (TV) regurgitation
Page 305
H. Pulmonic valve (PV) stenosis
I. Pulmonic valve (PV) regurgitation
Page 309

VI.B.2.a....bacterial (remove 1%-2%), tuberculosis (TB) remove (4%-9%)
Page 322

III.A.2. anemia of chronic disease (ACD)
Page 325

III.C.5.b.(3)(a) toddlers (delete aged 1 to 2 yrs)

(b) females (delete 12-49 years)
Page 329

III.E.3.d.(2) Extramedullary hematopoiesis (EMH)....

Page 330

III.F.4.b. Isoniazid (INH)…
Page 333

IV.F.2.a. …destroyed by bone marrow (BM) MPs.
Page 343

VI.E.2.b.(3) Membrane attack complex (MAC; Fig. 4-18) is not inhibited…..
Page 346

VI.G.3.d. Microvascular occlusion (vasoocclusive crises [VOC]; see later)….
Page 357

I.D.2.d. Peripheral blood (PB) findings….
Page 361

II.D.3.e.(2) positive heterophile antibody test (HAT; Link 13-7).

(5) presence of anti-Epstein….

(a) Antibodies have a high sensitivity…

(b) Antibodies develop late…
Page 362

III.B.2.f. paroxysmal nocturnal hemoglobinuria (PNH; see Chapter 12).

III.B.3.d. (1) Chronic lymphocytic leukemia (CLL)

(2) Chronic myelogenous leukemia (CML)

III.C.2.b. enter the peripheral blood (PB).

III.D.5.c. headache from…

· Especially common in acute lymphoblastic leukemia (ALL)
Page 363

III.G.2. Normocytic to macrocytic anemia

· Macrocytic if folic acid is depleted because of increased production leukemic

cells

IV.A.3.c. Acute myelogenous leukemia (AML)
B.1.b. Chronic myelogenous leukemia (CML)
Page 365

IV.B.3.g. Clinical findings in polycythemia vera include (Fig. 13-7B)
Page 368

IV.C.1. Definition: Group of acquired……..despite a hypercellular bone marrow. (I don't want to use an abbreviation in a definition so spell out bone marrow rather than use BM)
Page 372
V.C. **Chronic lymphocytic leukemia (CLL)**
V.D. **Hairy cell leukemia (HCL)**
1. **Definition:** Bold
Page 377
I.C.3.a.(2)(c). *B. henselae*…..is the best test for diagnosis during the acute phase.
Page 383

III.D.2. Reed-Sternberg (RS) is present.
Page 386

VI.A.4.e. Waldenstrom macroglobulinemia (WM.)
Page 387
VI.B.1. **Definition:** …monoclonal protein in the blood and urine
Page 389

VII.B.1.b. Congestion; examples include:

· splenic vein thrombosis and portal hypertension (PH)
B.1.f.(2)(b) Macrophages (MPs) have a fibrillary appearance (Fig.14-14A).
Page 390
I.C.1.b. Functions of TXA_2 in hemostasis: ……
Page 392

I.D.3.a. Gp (glycoprotein) receptors for…
Page 393

I.D.5.c. a-Granules contain vWF, fibrinogen (FNG), platelet…..
E.3.a. …subendothelial collagen (CG) and high-
Page 394

I.E.4.c.(4) Thrombin complexes with thrombomodulin (TM; protein cofactor) on endothelial cells (ECs)…
Page 396

I.I.2.d.(2) Evaluates liver synthetic function of producing coagulation factors. An….
Page 397

Table 15-1 Cause

von Willebrand disease (VWD)
Page 401

III.C.2.b. …and deep muscular bleeding (Link 15-19) Please make sure that when clicked in the electronic version, it will be directed to Link 15-19!!!!!
Page 407

VI.B.4. Proteins C and S deficiency; pathogenesis
a. Recall that the *normal* function….

b. Therefore, in patients…..
Page 409

I.I. 1.d. If an agglutination reaction occurs with anti-A test serum and anti-B test serum (Fig. 16-

2, Link 16-3), the individual is blood group AB.
e. If an agglutination reaction does *not* occur with either anti-A test serum or anti-B test

serum (Fig. 16-2, Link 16-3), the individual is blood group O.

I.I.2. Back type (Fig. 16-2; Link 16-3)

Page 414

IV.C.2. Unbold Epidemiology
Remove s
Page 422

III.F. Acute or chronic inflammation (CI) of the… mucous membrane lining one….. (NOTE: if spelling out chronic inflammation (CI) alters the number of lines of the sentences from 2 lines to 3 lines, keep CI as is. Could also say Acute/chronic inflammation…)
Page 427
C. Respiratory failure in children
Page 459

XI.B.1. Movement of pleural fluid (PF)
Page 459: Discussion of Pleural Effusion is repeated twice; once on Page 459 and again on page 461. Perhaps in a major Revision of the book, 1 of the 2 could be deleted because it will change the page numbering in the book and the lettering in the outline format. The other option is to just leave it alone.
Page 461
Shaded area Normally, the parietal capillary hydrostatic pressure (HP)….
Page 462
X1.F.1. **Definition:** It refers to a spontaneous accumulation of air….
XI.G.1. **Definition:** It refers to a lung laceration….
Page 470
II.M.1. **Definitions**
Page 551

X.A. Cystic diseases of the biliary tract include:

1. Choledochal cyst
Page 559
XI.E.1. **Definition:** Chronic inflammatory disease associated with fibrosis, chronic pain, and possible exocrine and/or endocrine insufficiency.
Page 601

V.G.3.b.(2) Does not develop into invasive SCC; only develops into carcinoma in-situ (CIS) with no predisposition for invasion
Page 608

VII.C.4.a. Hyperplasia of both the glandular cells (GCs) and stromal cells
Page 612

VIII.C.3.c. hypothalamic dysfunction: Kallmann syndrome
Page 622

V.B.4. Chronic cervicitis
· **Definition:**
Unbold proliferative phase
Page 627
VI.D.9.a. LH in the **proliferative phase** of the menstrual cycle
Page 632

VI.K.5.b.(2)(e) Oligomenorrhea: menses at intervals that are >35 days apart
Page 633
VI.K.5.d. Ovulatory types of dysfunctional uterine bleeding include **inadequate luteal phase (ILP)** and **irregular shedding** of the **endometrium (ISE)**.

VI.K.5.d.(1)(c). Inadequate luteal phase is documented by decreased levels of 17-

hydroxyprogesterone (17-OHP) after ovulation.

VI.L. Amenorrhea (Link 22-69)
L.2.b.(1) **Definition:** The absence of menses for more than six 6 months in a patient who has

had previous normal P withdrawal cycles.
Page 637

VII.F.2.a.(4) Polycystic ovarian syndrome (PCOS)
Page 638
VII.H.1. **Definition:** Benign monoclonal smooth muscle tumor (SMT) located within the

myometrium of the uterus (Fig.22-11F; Link 22-80).
Page 640

VIII.D.2.d.(1) Majority (~98%) occur within…

Page 641

VIII.D.5. Diagnosis

a. Urine screen…

b. Vaginal ultrasound…

c. Laparoscopy…
I made a mistake on the first Errata I sent to you by putting Fig. 25-15C
Page 646

XI.A.3.d. Chorionic villi are lined by trophoblastic tissue (Fig.22-15 C; Link 22-107 A,B)

XI.B.1.b. Congenital infections (e.g., cytomegalovirus [CMV], syphilis).
Page 651

XI.E.1.(f) In treating a complete mole by dilation (dilatation) and curettage (D&C), all of the…
Page 653

XII.C.2. Bloody nipple discharge: causes include….
Page 655

XII.F.1. Definition: It is not a disease and is characterized by the presence of cysts,…..
Page 657
Please line up (1) Modified with Surgical procedures

It is currently not lined up

XII.J.5.j. Fine needle aspiration (FNA; cannot detect if in situ or invasive cancer) or…
Page 660
XII.J.7.f. Surgical procedures in breast cancer**.** delete period at end of sentence

(1) Modified….

(2) Breast conservation…

(a)

(b)

(3) Breast irradiation
Page 675

V.G.6.c. Brisk deep tendon reflexes (DTRs)
V.G.7.b. Increased…and toxic multinodular goiter (TMG; uptake of ^{123}I is limited to the "hot,"

overactive nodules)
Page 678

I.6. Primary B-cell malignant lymphoma
a. **Definition:** Malignant lymphoma that most often develops from Hashimoto's thyroiditis
Page 682

VI. C.3.b. Gastrointestinal findings
Page 683

VI.C4.c. Chloride/Ph ratio is >33 (Ph, phosphate)

(1) Recall than in a non-anion gap metabolic acidosis (NAGMA; Chapter 5), an increase

in….
Page 684

VI.D.2.d. A Rugger-jersey spine in secondary HPTH is characterized by a band-like

osteosclerosis (hardening of bone) of the superior and inferior margins of the vertebral

bodies.
Page 687
I made a mistake on the first Errata I sent you. Third Margin note from bottom is okay as is: ¯Serum sodium, cortisol, bicarbonate; serum potassium; NAGMA

Page 692
VII.E.2.b.(1) **Definition:** Compensatory reaction caused by a decrease in extracellular fluid

(ECF) volume (e.g., blood loss).
Page 696

IX.D.5.b.(2) Autosomal dominant (AD) disease
Page 705

I.B.2.a. Autosomal dominant (AD) disease
Page 712

I.I.3.c. Hat size is increased…..As an integration point…acromegaly cause by insulin growth factor 1 excess…
Page 715

II.D.2.c.(2) Legg-Calve-Perthes disease (LCP; see Fig.4.b.)

D.4.(4) Osteochondritis dissecans (see I.G.)
Page 716

II.D.4.6.c. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) are normal.
Page 719

II.G.4.c. Anti-SS-A antibodies (anti-R0; 60%-70%)

d. Anti-DNA topoisomerase (30%-70%)

II.H. Juvenile idiopathic arthritis (JIA)

(Some information excerpted from Ferri's FF: 2017 Ferri's Clinical Advisor, Philadelphia,

Elsevier, 2017, pp 703-704, Table1J-2)
Page 724
II.K.5.a. **Definition:** Type of seronegative spondyloarthropathy that may occur….
Page 731

III.B.8.b.1. Autosomal dominant (AD) disease

Page 733

Table 24-2 Soft Tissue Tumors

Comment column

Fibrosarcoma · May arise after irradiation

Malignant fibrous histiocytoma · Associated with radiation therapy and scarring

Rhabdomyoma · Benign heart tumor associated with tuberous sclerosis

Leiomyosarcoma · Most common sarcoma of GI tract and uterus

Neurofibrosarcoma · Associated with neurofibromatosis (see Chapter 26)
Page 733

Table 24-3 Selected Orthopedic Disorders
Disorder

Scaphoid bone

fracture in wrist

(Links 87 A,B)
Page 747
III.B. *Streptococcus* (*S*) *pyogenes* skin infections
Page 758

VI.F.2.c. Leading cause of death (COD) from skin cancer
Page 760

VIII.A.1. .... full thickness dysplasia (squamous cell carcinoma [SCC] in situ)
Page 766

IX.I.3. Stevens Johnson syndrome (SJS) and toxic epidermal necrolysis (TENS)
(Excerpted from *Ferri FF*:2017 Ferri's Clinical Advisor, Philadelphia, Elsevier, 2017, pp

1206; 1283-1284)
Page 777

II.A.2. second gray shaded area
Normal intracranial pressure is…..Greater than 20 cm H_2O (>15 mm Hg) for >10 minutes…
Page 779

III.D.4.b. Epidemiology and causes

(1) Stricture of the aqueduct of Sylvius (AoS)
Page 785
V.B.2.f.(6) **R**eflexes….
Page 811
X.C.2. dementia and peripheral neuropathy (PN).