# USMLE-STEP-2<sup>Q&As</sup>

United States Medical Licensing Step 2

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**QUESTION 1**

The crude death rate in Sweden was 0.010 per year, while in Costa Rica it was 0.008 per year. All age-specific death rates, except those for the oldest-age category, were higher in Costa Rica than in Sweden. From these data, one can correctly infer which of the following?

A. The difference is too small for any deductions to be made.

B. It is healthier to live in Sweden than in Costa Rica.

C. There is less cardiovascular disease in Costa Rica than in Sweden.

D. A greater proportion of the Swedish population is in the older-age categories.

E. There is unexplained progressive deterioration of health indicators in Costa Rica relative to those of Sweden.

Correct Answer: D

In a crude death rate, all deaths are in the numerator, and the total midyear population in the denominator.

In age-specific death rates, the calculation is done using data from specific age intervals. Small differences in crude death rates may enable specific deductions to be made. Ahigher death rate in the older population may indicate that a more fragile population has successfully survived to that age. Of the statements listed, considering that age-specific death rates were greater in all age groups except the elderly, only the fact that a greater proportion of the population in Sweden is in the older age groups could account for the difference in crude mortality rate.

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**QUESTION 2**

A13-year-old boy is brought to the emergency department at midnight with a 4-hour history of right scrotal

pain that was sudden in onset and associated with nausea and one episode of vomiting. On examination,

he is in obvious distress. He has mild right lower abdominal tenderness, and high-riding, tender right

testes.

CBC and urinalysis are normal.

Which of the following is the most appropriate next step in management?

A. admit the patient to the hospital and place him on bed rest

B. analgesics and a scrotal support

C. antibiotic therapy

D. schedule a testicular isotope scan

E. urgent surgical exploration

Correct Answer: E

Testicular torsion presents with acute onset of scrotal pain, reflex vomiting, referred abdominal pain, and an elevated

tender testis. If there is a high index of suspicion based on history and clinical examination, the patient should undergo an urgent surgical exploration. Delay in definitive therapy increases the risk of testicular loss secondary to ischemia. Isotope scan may demonstrate absence of testicular blood flow in torsion, and increased flow in orchitis or epididymitis. Although useful in the differential diagnosis, these nuclear medicine studies may not be readily available, and definitive therapy should not be delayed awaiting imaging. Orchitis and epididymitis present with a more insidious clinical course associated with the progression of the inflammatory process. There may be a concomitant urinary tract infection, and therapy includes analgesics and antibiotics.

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**QUESTION 3**

An 11-year-old girl has her first menses. Both ovaries contain approximately how many oocytes?

A. 7 million

B. 1 million

C. 500,000

D. 50,000 E. 5000

Correct Answer: C

The maximum number of oocytes is 67 million at approximately 20 gestational weeks. At birth, the number of oocytes has decreased to about 1 million, and the number at puberty is 300,000500,000. Women at menopause still have a small number of oocytes, a number insufficient to produce an amount of estrogen to prevent vasomotor symptoms. By simple mathematics, women lose approximately 1000 oocytes per menstrual cycle: one by ovulation and the remainder by follicular atresia.

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**QUESTION 4**

A55-year-old man presents to the physician\\\'s office complaining of upper abdominal pain of 2 months\\\' duration. The pain is described as gnawing, localized to the upper midline, and associated with nausea. The pain is exacerbated by food, and there is an associated 20-lb weight loss over 2 months. His past history is pertinent for a 30 pack-year smoking history, occasional alcohol intake, and a prior history of a benign gastric ulcer 5 years ago. Physical examination reveals normal vital signs, mild epigastric pain with deep palpation, and mildly hemepositive stool. An evaluation for recurrence of a gastric ulcer is recommended. In this patient, a benign gastric ulcer was found, and he was placed on a proton-pump inhibitor and triple antibiotics for Helicobacter pylori. He returns to the physician\\\'s office 3 months later with similar complaints and, on re-evaluation, the gastric ulcer was found to persist. Which of the following is the most appropriate next step in management?

A. a second trial of proton-pump inhibitors with triple antibiotics and re-evaluation in 2 months

B. a trial of H2 blockers with triple antibiotics and re-evaluation in 2 months

C. a trial of sucralfate and re-evaluation in 2 months

D. surgical management

E. a trial of prostaglandins and re-evaluation in 2 months

Correct Answer: D

Gastric ulcers present with symptoms of abdominal pain, aggravated by food, and associated with nausea, vomiting,

anorexia, and weight loss. The two principal means of diagnosing a gastric ulcer are UGI radiographs and fiberoptic endoscopy, the latter being the most reliable method. CT scan and endoscopic ultrasound may be helpful in staging gastric cancer, but are not routinely used with benign disease. The failure to respond to 12 weeks of medical management is an indication for surgical therapy to avoid potential complications and to exclude malignancy, despite biopsies obtained by endoscopy that show benign disease.

**QUESTION 5**

A24-year-old female is infected with HIV from an unprotected sexual exposure. What is the median time for this patient to develop clinical disease if she is not treated?

A. 6 months

B. 1 year

C. 5 years

D. 10 years

E. 15 years

Correct Answer: D

The median time from initial infection with HIV to the development of clinical disease is 10 years. The rate of disease progression is highly variable and directly correlates with HIV RNA levels. With high levels of HIV RNA, the disease progresses faster. During the asymptomatic period of HIV infection, CD4+ cells decline at an average rate of 50 L per year. Some patients do not progress and show little if any decline in CD4+ counts over time.

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