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United States Medical Licensing Step 2

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QUESTION 1

A 65-year-old man presents to the emergency department with an abrupt onset of excruciating chest pain 1 hour ago. The pain is localized to the anterior chest, but radiates to the back and neck. On examination, the patient is afebrile, with a BP of 210/110 mmHg, pulse rate of 95/min, and a respiratory rate of 12/min. He appears pale and sweaty. Unequal carotid, radial, and femoral pulses are noted. An electrocardiogram (ECG) shows nonspecific ST-T segment changes. Chest x-ray shows a slightly widened mediastinum and

normal lung fields.

Which of the following is the first step in management of this patient?

A. treatment with thrombolytic agents

B. systemic anticoagulation

C. control of hypertension

D. placement of an intra-aortic balloon pump

E. immediate operation

Correct Answer: C

The diagnosis of an aortic dissection is strongly suggested by the history of an abrupt onset of excruciating pain in the chest and back with variable radiation patterns, and a hypertensive, illappearing patient. A chest x-ray showing a widened mediastinum may be noted, but the radiograph may be normal. The differential diagnosis of an acute myocardial infarction must be entertained and an ECG performed. Though aortography has historically been the definitive diagnostic procedure and may be required in some patients, transesophageal echocardiography has become the preferred diagnostic modality. It can be performed in the emergency department, thus obviating the need to move an extremely ill patient. CT scan may also be helpful in establishing the diagnosis. Immediate drug therapy to control hypertension is mandatory, followed by definitive therapy, depending on the type of dissection. Involvement with the ascending aorta mandates immediate surgical repair. Dissections involving only the descending aorta can be managed medically, initially.Thrombolytic therapy and anticoagulation are not indicated and may precipitate exsanguination.

QUESTION 2

A 49-year-old woman with a history of migraine headaches reports 6 days of persistent headache, nausea, and recurrent vomiting. On examination, the patient is orthostatic. Electrolytes show a bicarbonate of 42 and a blood gas is obtained revealing a pH of 7.53, carbon dioxide of 53, and PO2 of

85. What is the underlying acid-base abnormality?

A. metabolic acidosis

B. metabolic alkalosis

C. respiratory acidosis

D. respiratory alkalosis

E. respiratory alkalosis and metabolic acidosis

Correct Answer: B

The pH of 7.53 indicates alkalosis as the primary disorder (normal pH is 7.40). A high bicarbonate is consistent with a metabolic cause of the alkalosis. The high carbon dioxide of 53 (normal is 40) is compensating for the primary disorder (alkalosis) in an attempt to bring the pH closer to normal. Metabolic alkalosis results from renal bicarbonate reabsorption. Processes which maintain persistent high reclamation of bicarbonate include dehydration, hypokalemia, hypercapnea, and mineralocorticoid excess.

QUESTION 3

Match the below medication with the potential blood dyscrasia side effect it can be associated with. Lithium

A. leukocytosis

B. thrombocytopenia

C. agranulocytosis

D. megaloblastic anemia

E. lymphocytosis

Correct Answer: A

Valproate can be associated with thrombocytopenia and platelet dysfunction especially at high doses.

Leukocytosis is a common benign effect of lithium. Clozaril can cause agranulocytosis in 12% of patients. Agranulocytosis can be an idiosyncratic adverse event with carbamazepine

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QUESTION 4

A 69-year-old woman with diabetes mellitus complains of urinary incontinence. Her diabetesis well controlled with oral hypoglycemic agents. She has no complaints other than the wetness. Which of the following tests is most likely to demonstrate the cause?

A. urinalysis

B. urine culture and sensitivity

C. intravesical instillation of methylene blue

D. the Q-tip test

E. measurement of residual urine volume

Correct Answer: E

The combination of aging and diabetes suggests the likelihood of a neurologic defect in the bladder, resulting in overflow incontinence. This occurs when the detrusor muscle becomes hypotonic or atonic. Such women complain of voiding small amounts but still having the feeling of a full bladder. In addition, these women are incontinent of small amounts of urine and are unable to stop the flow. This helps to distinguish those with overflow incontinence from those with GSI; the latter are able to voluntarily increase urethral pressure enough to stop urine flow. Cystitis commonly causes urgency and increased urinary frequency, but not incontinence. Urinalysis and urine culture are not likely to be

revealing in this patient, but should be done routinely in all incontinent women. Instillation of methylene blue into the bladder after placement of a vaginal tampon should be done when a vesicovaginal fistula is suspected. This occurs most often following gynecologic surgery and should be suspected in women complaining of constant urine leakage. The Q- tip test is useful to demonstrate posterior urethral rotation found in women with GSI.

QUESTION 5

A70-year-old man presents to urgent care complaining of a painful, swollen left knee. He previously has had no problems with this knee. Three days prior to onset, he went out dancing for 23 hours but recalls no specific injury. Examination of the knee reveals a moderatesized effusion and mild pain with any range of motion. Plain x-ray shows no fracture. Which of the following is the best next management?

A. MRI of knee

B. aspiration of effusion fluid

C. rest, ice, and leg elevation

D. physical therapy referral

E. arthroscopy

Correct Answer: B

The presence of effusion generally signifies significant disease. Aspiration of the effusion will help in

evaluation for hemarthrosis, septic arthritis, and inflammatory crystal disease. Each of these is important to

identify and treat early. An MRI and/or arthroscopy would be later considerations.

Orthopedic referral likely would be necessary.

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