USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

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QUESTION 1

A54-year-old Asian female with no significant medical history presents with frontal headache, eye pain, nausea, and vomiting. Her abdominal examination shows mild diffuse tenderness but no rebound or guarding. Her mucous membranes are dry. Her vision is blurry in both eyes, her eyes are injected but her extraocular muscles are intact. Her pupils are mid-dilated and fixed.

Which of the following is most likely to provide a diagnosis?

A. abdominal ultrasound

B. emergency exploratory laparoscopy

C. MRI of the brain

D. arterial blood gas

E. ocular tonometry

Correct Answer: E Section: (none)

Explanation:

The presence of headache, eye pain, nausea, and vomiting should prompt the consideration of the diagnosis of acute angle closure glaucoma. This is a rare but serious condition in which the aqueous outflow is obstructed, and the intraocular pressure abruptly rises. Susceptible eyes have a narrow anterior chamber and when the pupil becomes dilated, the peripheral iris blocks the outflow via the anterior chamber angle. Edema of the cornea occurs, resulting in cloudiness on examination. Diagnosis is made by measuring the intraocular pressure during an acute attack. Treatment includes medications to induce miosis in an effort to relieve the blockage or, if that fails, surgical intervention. In some patients, the headache or GI symptoms can overshadow the ocular symptoms, resulting in a delay in diagnosis and unnecessary workup for other conditions. In this case, the lack of findings on abdominal examination makes appendicitis or perforated bowel unlikely. DKA can present with primary GI symptoms, but would not explain the ocular symptoms. Similarly, cerebellar or other brain tumors may cause headache, nausea, and vomiting, but would not be causes of a painful, red eye.

QUESTION 2

A 60-year-old morbidly obese man presents with complaints of fatigue, worsening exertional dyspnea, three-pillow orthopnea, lower extremity edema, and cough occasionally productive of frothy sputum. He has a long-standing history of type II diabetes and hypertension. On examination, you note the presence of bibasilar rales, an S3 gallop, jugular venous distention, and 2+ pitting edema in both legs up to the knees. There does not appear to be an arrhythmia present. Which of the following medications should be given initially?

A. metoprolol

B. diltiazem

C. furosemide

D. carvedilol

E. lisinopril

Correct Answer: C Section: (none)

Explanation:

This patient\\'s presentation is most consistent with pulmonary edema from decompensated CHF. The BNP test has been found to be both sensitive and specific for the diagnosis of CHF. It can be a very useful test to order when a patient is dyspneic to help to determine if CHF is the cause. Troponin, CK-MB, and LDH are markers of damage to cardiac muscle and can be diagnostic in a MI. While MI can be a cause of CHF, and most patients presenting with CHF will have cardiac enzymes drawn as part of their evaluation, cardiac enzymes are neither sensitive nor specific for CHF. Similarly, a CXR can determine the presence of pulmonary edema but not its cause.

Acute pulmonary edema secondary to CHF will require management with diuresis for acute symptomatic relief. ACE inhibitors and beta-blockers do decrease mortality and morbidity in CHF; however their use in acute decompensated heart failure is suspected as they may induce hypotension and further cardiogenic shock. Digoxin is used for symptomatic relief either when other modalities fail or when rate control from atrial fibrillation is an issue. In patients with CHF and atrial fibrillation, beta-blockers have shown better effect and reduced morbidity than digoxin. Nevertheless, in the acute setting of decompensated heart failure with pulmonary edema, diuresis is the optimal initial treatment, not digoxin. In chronic heart failure, digoxin is reserved for patients with systolic failure that are symptomatic despite adequate ACE inhibitor and beta-blocker use. Furosemide is effective in treating the acute pulmonary edema associated with CHF by virtue of its potent diuretic action, which rapidly eliminates excess body fluid volume.

QUESTION 3

A 25-year-old male presents to your office for evaluation of a testicular mass that he found in the shower. On examination, his left testicle is larger than his right with a firm palpable mass. Ascrotal ultrasound confirms the presence of a solitary intraparenchymal testicular mass. The most likely diagnosis in this patient is which of the following?

A. benign fibroma

B. epididymitis

C. seminoma

D. teratocarcinoma

E. androblastoma

Correct Answer: C Section: (none)

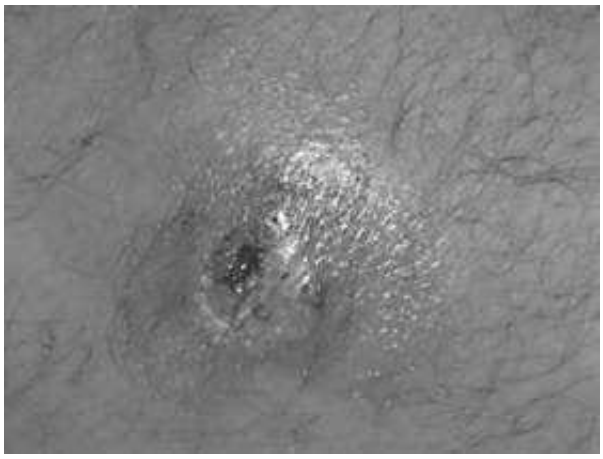
Explanation:

Testicular cancer is the most common malignancy in men between the ages of 15 and 35. It typically presents as unilateral scrotal swelling. On examination, it is important to distinguish intraparenchymal masses (usually malignant) from extraparenchymal masses (usually benign). This is easily done with scrotal ultrasound. Upon the diagnosis of an intraparenchymal testicular mass, a staging CT scan of the chest, abdomen, and pelvis should be obtained. It is reasonable to evaluate the serum levels of beta-HCG and AFP as they may be elevated in 8085% of patients with nonseminomatous germ cell tumors. LDH, on the other hand, can be elevated in patients with seminomas and can be of prognostic significance. Finally, if elevated, these serum markers can serve as a means to monitor the presence of residual disease and should be measured after resection of the tumor. Additionally, the mass should be excised in order

to establish a histologic diagnosis. Aradical orchiectomy should be performed from an inguinal approach. Less invasive approaches such as biopsies or a scrotal approach to the tumor should be avoided as they can alter the lymphatic drainage and potentially adversely affect overall outcomes

QUESTION 4

A23-year-old presents with the history of a suspected spider bite to the left groin. On questioning, no one saw a spider. The patient has been healthy except occasional boils under his arms and in the groin. The patient is afebrile. No family members are sick.



The patient is sent home and a day later develops chills, fever, and the lesion is spreading. Appropriate treatment would include which of the following?

A. hospital admission, blood cultures, and vancomycin

B. systemic corticosteroids

C. surgical excision of any necrotic tissue

D. observation and monitoring at home with oral clindamycin

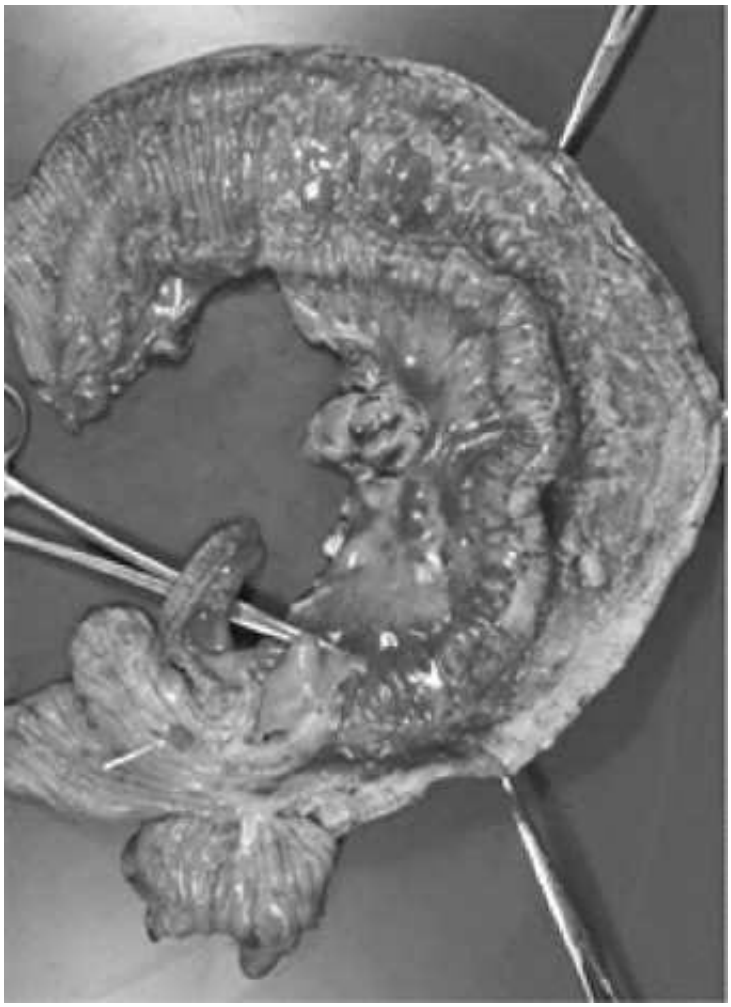
E. hospital admission, blood cultures, and ceftriaxone

Correct Answer: A Section: (none)

Explanation: Above shows a pustule or furuncle with a necrotic center. With the patient having a history of boils under his arms and groin, a S. aureus infection should be suspected. Communityacquired methicillin-resistant S. aureus (MRSA) infection has been described to present as an appearance similar to a spider bite. Brown recluse spider bites have necrotic centers, but do not usually form pustules. TMP-SMZ is the best oral agent available for MRSA. Benadryl and topical steroids would not be indicated. Surgical debridement is not indicated. If there is a large pustule, incision and drainage of the wound may be useful. Alternatively, a needle aspirant of drainage could be sent for culture. Patients should be instructed not to press on these lesions to express puss. This causes bacterimia and can later lead to serious systemic infections due to S. aureus. If a patient with S. aureus infection becomes febrile, he should be admitted to the hospital for systemic antibiotics. Blood cultures should be taken. S. aureus easily forms abscesses in the skin and in other tissues. Blood-borne infection causes endocarditis, renal furuncles, and osteomyelitis

QUESTION 5

The specimen shown in Figure below, was removed during an exploratory laparotomy of a 22-year-old male who went to surgery because of an intestinal obstruction. What is the most likely diagnosis for the lesion shown in this image?



A. intestinal infarction

B. ulcerative colitis

C. Crohn\\'s disease

D. intestinal tuberculosis

E. small bowel carcinoma

Correct Answer: C Section: (none)

Explanation:

This image shows the typical segmental involvement of the terminal ileum seen in Crohn\\'s disease. There

is no evidence for hemorrhagic infarction. Ulcerative colitis may involve the terminal ileum, but is less likely

as are intestinal tuberculosis and small bowel carcinoma.