USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

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QUESTION 1

The background of major congenital anomalies in a general obstetric population is closest to which of the following numbers?

A. 0.1% (1 in 1000)

B. 0.5% (5 in 1000)

C. 1% (10 in 1000)

D. 3% (30 in 1000)

E. 7% (70 in 1000)

Correct Answer: D Section: (none)

Explanation:

A major congenital anomaly is defined as one that is not compatible with survival or one that requires major corrective surgery to restore normal function. The risk of such anomalies in a general obstetric population is usually reported to be between 2 and 3%. If minor congenital anomalies are included, 7 10% of pregnancies will be affected.

QUESTION 2

As an intern on a medical consultation service, you are providing a cardiology consultation for a patient who developed a myocardial infarction while undergoing an elective cholecystectomy. Although not described in the medical record, the cardiology consultant attending stated the patient experienced the myocardial infarction because of prolonged general anesthesia. The surgical attending did not make the initial incision until the patient had been sedated for more than 1 hour. As you review the medical record, you realize the patient is the father of your college roommate. When you walk in the room, the family is very happy to see you and asks, "What happened? What went wrong?" What is your ethical responsibility?

A. disclosure of your knowledge of the clinical circumstances to the patient

B. disclosure of your knowledge of the clinical circumstances to your college roommate

C. disclosure of the family\\'s questions to the attending physician

D. documentation in the medical record of your assessment of the iatrogenic patient injury

E. request a random drug test of the surgeon

Correct Answer: C Section: (none)

Explanation:

Disclosure of unanticipated outcomes is one of the most challenging communications that can occur in the physician-patient relationship. Determining which events require disclosure and the appropriate mechanism to provide this

information is part of the professional behavior inherent in our roles as physicians. Concepts for effective disclosure include: Many institutions have already developed policies and mechanisms to provide this communication. The attending physician is the most appropriate person to lead this process. Your knowledge of the clinical circumstances is hearsay. It is not appropriate for you to provide unsubstantiated information to the patient or to the friend. Appropriate documentation in the medical record provides the facts surrounding the primary event. It is inappropriate to document opinions, accusations, or arguments. Medical errors are responsible for more than 98,000 excessive patient deaths per year. In order for medical errors to be reduced, there need to be mechanisms for accountability which occur within a supportive environment. Peer review, morbidity and mortality rounds, shorter work weeks, and root cause analysis are all mechanisms to prevent future errors from fatigue, impaired system processes, and inadequate knowledge. Frequently when medical errors occur, the families want to know what is being done to prevent this from happening again. Although the peer review process is confidential and not subject to subpoena, it provides an effective mechanism to honestly evaluate our colleagues and enforce necessary discipline to improve patient safety. Random drug testing is not a systemic solution.

QUESTION 3

In your role as a physician in a community health center, you agree to perform sports preparticipation examinations on students from the local high school. You have several scheduled for today. Your first appointment is with a 16-year-old male who is planning to run on the cross-country team in the Fall and play baseball in the Spring. He reports that one time he "blacked out" while running, but he has never had chest pain while exercising and he is one of the top runners on the team. He has no known medical history, denies alcohol, tobacco, recreational drug, or performance-enhancing drug use. He has a cousin who died at the age of 21 of "some kind of heart disease," although your patient is not sure of any details. On examination, he is healthy appearing and has normal vital signs, with a pulse rate of 72 and a blood pressure of 100/65. Auscultation of his heart reveals no cardiac murmur while he is lying down, a soft systolic murmur when he stands which increases on having the patient perform a Valsalva maneuver. The remainder of his examination is normal

Appropriate diagnostic testing would include which of the following?

A. chromosomal analysis

B. echocardiography

C. serum calcium measurement

D. fasting plasma glucose

E. cervical spine x-rays with flexion and extension views

Correct Answer: B Section: (none)

Explanation:

Explanations:

Primary care physicians are frequently called on to perform preparticipation examinations on young athletes. These types of encounters can be used to serve a number of purposes, including attempting to identify conditions that may adversely affect the athlete during participation, identify conditions that may predispose the athlete to injury, provide anticipatory guidance on high-risk behaviors common to the age

group being addressed, and fulfill legal conditions of the institution involved. Fortunately, the rate of sudden

death in young athletes is low.

In those under the age of 35, the most common cause of sudden death is congenital cardiac anomalies.

Hypertrophic cardiomyopathy (HCM) is responsible for about onethird of these deaths. Unfortunately,

sudden death may be the presenting symptom of HCM. Apersonal or family history of congenital heart disease, symptoms of chest pain or tightness, palpitations, dyspnea, syncope or near-syncope are important. A family history of HCM or unexplained sudden death in someone under the age of 50 is significant as well. The murmur of HCM may not be present in all persons with this disorder.

To identify the murmur, dynamic auscultation is often necessary. The heart should be auscultated while the patient is lying and then standing. As this murmur is accentuated by maneuvers which reduce cardiac preload, the murmur will get louder when the patient stands or performs a Valsalva maneuver and will diminish as the patient lies or squats. As the patient in question 22 has the concerning historical point of exertional syncope and a family history of an unexplained, early death along with a characteristic murmur on examination, further evaluation is warranted. In the 26th Bethesda Conference report, the American College of Cardiology recommends that persons with HCM should be restricted from all, except possibly for the least strenuous, athletic activity. In this case, restriction of all athletic activity until the patient can be further evaluated by a cardiologist--preferably one with experience in dealing with the evaluation of athletes--would be the most appropriate option of the choices given.

Marfan syndrome is a connective tissue disorder that typically affects the eyes, skeletal system, and cardiovascular system. Persons with Marfan syndrome are typically tall and have arm spans that are greater than their height. Signs include long, slender digits, high-arched palates, and pectus deformities of the chest. Lens dislocations in the eye are common. Detecting Marfan syndrome during a preparticipation examination is important because of the occurrence of aortic\ root dilation and the risk of sudden death caused by aortic rupture. The patient in questions 23 and 24 has multiple signs of Marfan syndrome and further evaluation would be indicated. Of the options given, an echocardiogram to evaluate the aortic root and to look for other valvular abnormalities would be indicated. These persons usually require referral to an ophthalmologist as well for a dilated eye examination to evaluate for lens dislocations. Turner syndrome is a syndrome of gonadal dysgenesis, associated with a 45, X karyotype (or another defect of the X chromosome). This syndrome is typically associated with a short stature and multiple anomalies including a webbed neck and "shield" chest. The female athlete triad is a syndrome of disordered eating, amenorrhea, and osteoporosis. It is seen most often in participants in activities that emphasize low body weights, such as gymnastics or ballet. The presence of regular menstrual cycles makes this diagnosis unlikely. Atlantoaxial instability can be associated with Down syndrome.

Physicians performing preparticipation examinations on someone with Down syndrome must consider performing lateral cervical spine x-rays with flexion and extension views. This patient does not have any of the classic findings of Down syndrome. Similarly, she does not exhibit any of the classic symptoms of type 1 diabetes polydipsia, polyphagia, and polyuria. Performing serum glucose testing would therefore not be indicated. The patient in question 25 is the most typical type of patient who presents for a preparticipation examination--the healthy adolescent. This may be the only encounter that a physician will have with an adolescent, especially an adolescent male. It is in this population where a physician can use this encounter to address other age appropriate health maintenance issues. As the patient had a Td booster 3 years ago, another one at this point would not be indicated (although consideration could be given to providing a Tdap). Other vaccinations to consider would be hepatitis B and MMR, if he has not previously been adequately immunized. As he has had two MMR vaccines, he has completed the recommended series. There is no history given regarding hepatitis B vaccination and this would be something to address clinically. A nonjudgmental discussion of sexual behaviors, drug use, alcohol use, and other high-risk behaviors would also be appropriate. Screening athletes who have neither concerning symptoms nor signs with ECGs is not recommended because of the poor predictive values and significant costs involved with mass screening. ECGs should be performed without hesitation in any athlete who has a history, examination finding, or preexisting diagnosis of a potentially high-risk condition. Although some localities may require a urinalysis as part of a preparticipation examination, there is no evidence to recommend universal screening

QUESTION 4

A 4-year-old child is seen in the emergency department after having a seizure at home. This is the first time that this has happened. The mother says that the child was sitting on the couch watching television when she suddenly became limp, started drooling, and having generalized tonic-clonic movements of her arms and legs. The mother relates that the child felt like she was "burning up" and that the tonic-clonic activity stopped after a few minutes. The mother says that the child is otherwise healthy, does not take any medicines, and has never been hospitalized. The child\\'s immunizations are up-todate, and she has no known drug allergies. On examination, the vital signs are temperature of 104°F, BP 97/49, HR 112, and RR

26. The child is sitting on the examination table playing with stickers and drawing. She has a mild amount of clear nasal congestion but her examination is otherwise normal. When asked, the child replies that she feels fine.

Which test(s) should be performed while the child is in the emergency department to evaluate the cause of these seizures?

A. electroencephalogram (EEG)

B. no testing is needed

C. noncontrast head CT

D. lumbar puncture

E. blood and urine cultures

Correct Answer: B Section: (none)

Explanation:

Febrile seizures are the most common cause of seizures in childhood. These are classically seen early in an illness and when there is a rapid rise in the child\\'s temperature. These seizures usually last less than 23 minutes (typical febrile seizures last no longer than 15 minutes) and have a very mild, short, postictal phase. Children who have seizures that are the result of bacterial meningitis will not subsequently be normal. For typical febrile seizures, in an otherwise healthy and well-appearing child, no evaluation (outside of treating any underlying cause of the fever) is warranted. Blood and urine cultures would not be necessary in evaluation of the seizures, but they may be warranted in evaluation of the fever. An EEG and head CT will nearly universally be normal and are unwarranted. A single typical febrile seizure routinely does not require any anticonvulsant therapy. If the child has had multiple febrile seizures, or the seizures are not typical, anticonvulsant therapy may be entertained. Prophylactic anticonvulsant therapy is usually initiated after the third febrile seizure. Occasionally, children may have convulsions associated with fevers which do not fall into the typical features. Some criteria which would make a febrile seizure atypical would be prolonged duration (greater than 15 minutes) and a prolonged postictal state

QUESTION 5

A full-term baby boy was noted in the immediate neonatal period to fail to pass meconium. Progressive

abdominal distention was noted. Multiple laboratory and clinical tests lead to a decision to perform a rectal

biopsy.

The treatment of choice for Hirschsprung disease is which of the following?

A. laxatives

B. colonoscopy with relief of the obstruction

C. surgical therapy

D. antiperistaltic drugs

E. chemotherapy

Correct Answer: C Section: (none)

Explanation: Hirschsprung disease usually manifests in the immediate neonatal period by failure to pass meconium, followed by obstructive constipation. Abdominal distention develops and, in general, a large segment of the colon is involved and distended. The incidence of Hirschsprung disease is 1 in 5000 live births, with an 80% male predominance in nonfamilial cases. There is no apparent difference in occurrence among races. A number of abnormalities have been associated with Hirschsprung disease, including Down syndrome (23% of the cases), congenital heart disease, colonic atresia, and malrotation. The tissue diagnosis is made on the basis of an absence of ganglion cells in the submucosa and the myenteric plexus on a full-thickness rectal biopsy. Some surgeons prefer suction biopsy to full-thickness biopsy because it is easy to obtain the specimen and they can avoid scarring and fibrosis in the area. The other four choices are not applicable and can be ruled out on the basis of clinical history and an extremely low incidence of other pathologic conditions at the perinatal age. When suction biopsies are performed, the tissue sample for acetyl cholinesterase stain should be frozen as soon as possible. All of the other stains would not be helpful to identify ganglion cells. As soon as the diagnosis is confirmed with the rectal biopsy, a surgical procedure should be undertaken that consists of a resection of the aganglionic section of colon. All the other options are not the treatment of choice for this disease.

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