USMLE-STEP-2 Q&As

United States Medical Licensing Step 2

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QUESTION 1

Select the organism associated with the following clinical findings:

A2-year-old child is pulling on her earlobe and has a temperature of 39°C and a bulging eardrum.

A. aureus

B. beta-hemolytic Streptococcus

C. respiratory syncytial virus (RSV)

D. Mycoplasma pneumoniae

E. Haemophilus pertussis

F. Helicobacter pylori

G. Escherichia coli

H. Rickettsia prowazekii

I. Giardia lamblia

J. C. perfringens

Correct Answer: C

Giardiasis may cause cramping and a chronic diarrheal syndrome, with malabsorption and weight loss. Its distribution is worldwide, particularly where hygienic standards are not high. It also occurs sporadically in high-risk individuals. Streptococcal pyoderma, including erysipelas and impetigo, has been demonstrated to precede acute glomerulonephritis. Even when appropriate antibiotics are given in adequate dosage and duration for these conditions, renal damage may still result. Prevention thus consists of wound care, including cleaning wounds well and removal of crust. Mycoplasma infections are particularly common in families with younger children. They are frequently imported to the family by school-aged children, leading to a low-grade fever and persisting tracheobronchitis in the parents, or more acutely, an atypical pneumonia. G. lamblia is found in up to 20% of homosexual males, and may cause chronic diarrhea, although in these patients it tends to be asymptomatic. E. coli was first reported as a cause of watery diarrhea in nurseries in the 1940s. Although nursery epidemics with enteropathogenic serotypes had decreased in recent years in the United States, the increase of infant- child day care centers has resulted in their relatively frequent occurrence. Furunculosis is most frequently caused by coagulase-positive staphylococcal infections. The public health significance of this largely relates to the hazards of skin infections in food handlers and subsequent staphylococcal toxin in the food, leading to staphylococcal intoxication food-borne disease. H. pylori has been associated with gastric ulcers, but not with duodenal ulcers. Otitis media, whether acute or with effusion, commonly results from viral infection, such as by RSV. Various other organisms may be responsible including Streptococcu pneumoniae, H. influenzae, and others. C. perfringens, with rare exceptions, is transmitted in a meat dish prepared in bulk. Under propitious circumstances for the organism, especially on cooling of the food, bacterial multiplication can be very rapid. Symptoms begin to occur in the affected population in about 12 hours. Epidemic typhus is a rickettsial illness. Man is the host and long-term reservoir. The vectors are body lice (P. humanus corporis). The rickettsia are not present in human excretions and cannot be transmitted by person-toperson contact.

QUESTION 2

Workers in certain occupations are exposed to diseases for which animals are the reservoir. These workers may then

become a source of infection to others.

Livestock worker are most likely to acquire and transmit the infectious disease?

A. anthrax

B. brucellosis

C. Lyme disease

D. murine (endemic) typhus

E. salmonellosis

Correct Answer: B

Brucella infections in humans follow a varied and sometimes chronic or recurrent course. Chronic disease is rare in appropriately treated patients. Human infections generally occur through one of three routes: ingestion, direct contact, or inhalation. Cattle sheds become infected after abortion, a manifestation of the disease, or occasionally after normal parturition.Worldwide, ingestion of unpasteurized dairy products is the primary source of infection.

QUESTION 3

In the adult neutropenic patient, which of the following is the most likely organism to cause bacterial meningitis?

A. group B Streptococcus

B. S. aureus

C. H. influenzae

D. S. pneumoniae

E. L. monocytogenes

Correct Answer: E

Although Listeria still represents only a fraction of total cases (about 10%) of meningitis, it is seen in diabetes and cancer patients, alcoholic, elderly, and immunocompromised patients.

QUESTION 4

A 4-year-old child presents to his pediatrician with a complaint of a mild rash and fevers. His travel history is positive for a camping trip 2 weeks prior. The parents do not recall a tick bite on the child and do not remember if there were ticks in the area. No other members of the family complain of similar symptoms and the child does not attend day care. Physical examination is positive for a temperature of 100.9°F with an erythematous rash noted over the child\\'s trunk. Which of the following factors would significantly increase the possibility that the child has Lyme disease?

A. The camping trip occurred in an area endemic for the tick Ixodes dentatus.

B. The camping trip occurred in Texas.

C. The camping trip occurred in an area with a high indigenous population of lizards.

D. The camping trip occurred in an area endemic for the white-footed mouse.

E. The camping trip occurred in an area which had recently been sprayed with pesticides.

Correct Answer: D

The principal risk factor for Lyme disease in the United States is residence in an area with high infestation rates of infected ticks. In the coastal northeastern United States, the whitefooted mouse is the most competent vertebrate reservoir of B. burgdorferi, the organism responsible for Lyme disease, with infection rates of up to 80%. Therefore, residence in an area where there is a large population of whitefooted mice will also increase the likelihood ofexposure to Lyme disease. The tick species I. dentatus has maintained cryptic cycles of B. burgdorferi, but it is not considered to be a public health risk because it rarely feeds on humans. Texas is not one of the endemic areas for Lyme disease. Lizards are actually considered to be a zooprophylactic host because they are an incompetent reservoir of B. burgdorferi, and they are also a preferential feeding source for immature stages of the tick. Pesticide spraying is actually protective against tick infestation and therefore will reduce the chances of tick exposure.

QUESTION 5

In order to allocate health care resources in your community, you compare the health status of subpopulations by comparing infant mortality rates. Which of the following most accurately compares the infant mortality rates for children born to White mothers and for children born to Black or African- American mothers in 2004 in the United States?

A. The infant mortality rate for children born to Black or African-American mothers was one-third the infant mortality rate for children born to White mothers.

B. The infant mortality rate for children born to Black or African-American mothers was one-half the infant mortality rate for children born to White mothers.

C. The infant mortality rate for children born to Black or African-American mothers was between one and two times the infant mortality rate for children born to White mothers.

D. The infant mortality rate for children born to African-American mothers was between two and three times the infant mortality rate for children born to White mothers.

E. The infant mortality rate for children born to Black or African-American mothers was six times the mortality rate for children born to White mothers.

Correct Answer: D

In 2004, the infant mortality rate for children born to White mothers was 5.7 infant deaths/1000 live births. The infant mortality rate for children born to Black or African- American mothers was 13.8 infant deaths/1000 live births.