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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 sudden onset of pain and weakness of the left lower extremity of 2-hour duration. Past history reveals chronic atrial fibrillation following a myocardial infarction 12 months ago. On examination, he is found to have a cool, pale left lower extremity with decreased strength and absent popliteal and pedal pulses. The opposite leg has a normal appearance with palpable pulses. Which of the following is the most appropriate first step in management of this patient?

A. echocardiography

B. anticoagulation with heparin

C. anticoagulation with warfarin

D. arteriography

E. alkalinization of the urine with IV sodium bicarbonate

Correct Answer: B

The diagnosis of arterial embolism is suggested when the patient presents with an acute onset of severe pain, pallor, pulselessness, paresthesia, and paralysis (five P\\'s). The presence of atrial fibrillation is strongly suggestive of a cardiac source of the emboli. The first step in management is immediate heparinization to prevent propagation of the clot and maintain patency of collaterals. The cornerstone of treatment is thromboembolectomy. Thrombolytic therapy is reserved for treatment of irretrievable clots in small vessels. Fasciotomy, alkalinization of the urine, and mannitol diuresis are adjuncts to treatment, particularly if there is a delay in operation, increasing the risk of a reperfusion injury. Anticoagulation has been shown to reduce the rate of recurrent embolism.

QUESTION 2

An 11-month-old girl presents to your office with a fever of 39°C she has had for 2 days. She has also vomited frequently and had decreased fluid intake. She looked tired and ill but on examination, had no apparent source of infection. She appeared to be 510% dehydrated.

You decide to obtain a urine specimen for analysis and culture. Which of the following is the best method?

A. Collect a midstream "clean catch" specimen.

B. Collect a catheterized specimen.

C. Place an adhesive bag to collect urine.

D. Obtain urine from a diaper.

E. Collect urine after she urinates in a potty chair.

Correct Answer: B

Urine for urinalysis and culture must be properly obtained. Catheterization is the most reliable method of the choices offered. Suprapubic tap is considered the "gold-standard" but is not always technically feasible, especially in an outpatient office setting. Amidstream, clean catch specimen would be acceptable in an older, toilet-trained child. "Bagged" specimens are not recommended because of possible skin or fecal contamination of the specimen. Similarly, obtaining a sample from a diaper or potty would be unacceptable. Urinalysis includes dipstick method and microscopic

examination. Leukocyte esterase (an enzyme in WBC) and nitrites suggest probable infection. Microscopic analysis of unspun urine for WBC (>10/ highpower field) or bacteria is also predictive of infection. RBCs are often present in a UTI. The patient is vomiting and dehydrated; this may indicate possible pyelonephritis. The most appropriate course would be IV hydration and empiric treatment with antibiotics (ceftriaxone) while awaiting cultures. Children with pyelonephritis are at increased risk of renal scarring, especially younger children, and should be treated early. E. coli is the most common organism cultured; others include Proteus, Klebsiella, S saprophyticus, and Enterococcus. The occurrence of a UTI in a girl under age 35 years and in a boy of any age may be a marker for an underlying congenital anatomic abnormality, in particular, vesicourethral reflux. Radiologic investigation with renal ultrasound and VCUG is recommended

QUESTION 3

Schedules for the routine immunization of young children are developed jointly by the Advisory Commission on Immunization Practices (a federal commission) and the American Academy of Pediatrics. Which of the following vaccines is recommended for routine vaccination for all children in the United States?

A. anthrax vaccine

B. rabies vaccine

C. Haemophilus influenzae b (Hib) vaccine

D. hepatitis A vaccine

E. typhoid vaccine

Correct Answer: C

Hib vaccine is recommended for routine immunization of children. Introduction of the Hib conjugate vaccine in the late 1980s was followed by a spectacular decrease in the incidence of H. influenzae meningitis. Anthrax vaccine is used to vaccinate military troops in selected overseas deployment. Rabies vaccine is used for postexposure prophylaxis when children are bitten by potentially rabid mammals. Hepatitis Avaccine is used for children at special risk of such infection. Typhoid vaccine is not routinely recommended for use in the United States but may be indicated for travelers to areas in the developing world where typhoid fever is endemic.

QUESTION 4

An 11-year-old girl has become markedly withdrawn in the past 8 months and has complained of persisting abdominal pain and constipation, for which no organic cause has been found. Select the diagnosis with which it is most likely to be associated.

A. childhood depression

B. childhood schizophrenia

C. conduct disorder

D. ADHD

E. infantile autism

Correct Answer: A

Infantile autism, called a pervasive developmental disorder in DSM-IV, typically is diagnosed when children do not demonstrate the acquisition of communication skills. Ability to form interpersonal relationships also is grossly impaired. Other behavioral manifestations of infantile autism include unusual repetitive mannerisms (e.g., spinning), marked anxiety during environmental changes, and high pain threshold. As to be expected, school performance is poor, though autistic children may display isolated areas (islands) of normal or superior intellectual functioning. Behavioral manipulation is useful in trying to contain the behavior of autistic children. Unlike infantile autism, childhood schizophrenia usually develops later in childhood and follows an intermittent course. Deterioration in social or school functioning is a characteristic presenting feature, along with hallucinations, delusions, and other manifestations of psychosis. Phenothiazine drugs offer effective treatment. Symptoms and signs of depression in children are similar to those in adults. However, children may not be able to recognize depressed feelings. Persistence of puzzling physical problems in association with apathetic, withdrawn behavior is a common presentation. The use of antidepressants is controversial; family and individual counseling often can be quite helpful. ADHD once was called hyperactivity and minimal brain dysfunction. Characteristic signs include impulsivity, distractibility, inattention in school, and (usually but not universally) hyperactivity. A variety of pharmacologic agents, including imipramine, dextroamphetamine, and methylphenidate (Ritalin), have been recommended for treatment of ADHD.

QUESTION 5

A 16-year-old girl presents because she has not begun to menstruate. Also, breast development and pubic hair have not developed. She is 59 in. (150 cm) tall and weighs 115 lbs (52 kg). On examination, her vital signs are normal. She has skin folds on the lateral sides of her neck. She has evidence of cubitus valgus. Breasts are Tanner stage 1 and the nipples appear to be spaced wider than average. Pubic hair is Tanner stage 1. The external genitalia are normal. The vagina is of normal depth and a small cervix is seen on speculum examination. The uterus is present but small. There are no adnexal masses.

Which of the following is the most likely diagnosis?

A. anorexia nervosa

B. androgen insensitivity syndrome

C. Turner syndrome (gonadal dysgenesis)

D. Müllerian agenesis

E. premature ovarian failure

Correct Answer: C

The delayed puberty, short stature, web neck, increased carrying angle (cubitus valgus), widely spaced nipples are classic signs of Turner syndrome, gonadal dysgenesis. Women with anorexia nervosa are of normal height and have a history of weight loss below 15% of ideal body weight. Androgen insensitivity syndrome is not a consideration because these women lack a uterus and cervix, and have a short vagina. The Müllerian ducts develop to form the Fallopian tubes, uterus, cervix, and upper vagina. The presence of a cervix and uterus excludes this diagnosis. Strictly, gonadal dysgenesis is a type of premature ovarian failure, developing before the age of puberty to result in primary amenorrhea. However, premature ovarian failure is most often a postpubertal event and these women usually menstruate for a variable period of time.