USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

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QUESTION 1

A 64-year-old Hispanic female with type II DM and hypertension for 15 years comes to your office after not seeing a physician for 5 years. The HgbA1C is 9. She reports that her vision has been deteriorating but new glasses from the optometrist have helped.

Your examination findings include all of the above. These form which of the following diagnoses?

A. nonproliferative diabetic retinopathy

B. proliferative retinopathy

C. central serous chorioretinopathy

D. microangiopathy of the retina

E. hypertensive retinopathy

Correct Answer: B Section: (none)

Explanation:

Persons with DM are 25 times more likely to become legally blind than persons without diabetes. Blindness is primarily the result of progressive diabetic retinopathy and clinically significant macular edema. The presence of retinal vascular microaneurysms, blot hemorrhages, and cotton wool spots mark the presence of nonproliferative diabetic retinopathy. Increased retinal vascular permeability, alterations in blood flow, and abnormal microvasculature lead to retinal ischemia. In response to the ischemia, new blood vessels may form at the optic nerve and/or macula (neovascularization). This marks the presence of proliferative diabetic retinopathy. These new vessels rupture easily and may lead to vitreous hemorrhage, fibrosis, and retinal detachment.

QUESTION 2

A 68-year-old White male, with a history of hypertension, an 80 pack-year history of tobacco use and emphysema, is brought into the ER because of 4 days of progressive confusion and lethargy. His wife notes that he takes amlodipine for his hypertension. He does not use over-the-counter (OTC) medications, alcohol, or drugs. Furthermore, she indicates that he has unintentionally lost approximately 30 lbs in the last 6 months. His physical examination shows that he is afebrile with a blood pressure of 142/85, heart rate of 92 (no orthostatic changes), and a room-air O2 saturation of 91%. He is 70 kg. The patient appears cachectic. He is arousable but lethargic and unable to follow any commands. His mucous membranes are moist, heart rate regular without murmurs or a S3/S4 gallop, and extremities without any edema. His pulmonary examination shows mildly diminished breath sounds in the right lower lobe with wheezing bilaterally. The patient is unable to follow commands during neurologic examination but moves all his extremities spontaneously. Laboratory results are as follows:

Blood Sodium: 109 Potassium: 3.8 Chloride: 103 CO2: 33 BUN: 17 Creatinine: 1.1 Glucose: 95 Urine osmolality: 600 Plasma osmolality: 229 White blood cell (WBC): 8000 Hgb: 15.8 Hematocrit (HCT): 45.3 Platelets: 410 Arterial blood gas: pH 7.36/pCO2 60/pO2 285 A chest x-ray (CXR) reveals a large right hilar mass.

Which of the following is the correct statement regarding the treatment of hyponatremia?

A. Desmopressin acetate (DDAVP), used in conjunction with intravenous saline, will help correct the serum sodium.

B. Correction of sodium slowly by 3 meq/day will prevent any subsequent neurologic injury.

C. Correction of serum sodium by 15 meq over 24 hours could lead to permanentneurologic injury.

D. Diuretics should be avoided in the treatment of hyponatremia.

E. Potassium should always be added to IV saline solutions when treating both hyponatremia and hypokalemia.

Correct Answer: C Section: (none)

Explanation:

The patient has hypotonic hyponatremia, which can lead to increased water shifting into the brain, resulting in cerebral edema. This patient has nothing in history or physical examination to suggest a stroke or the presence of sepsis as the etiology of his altered mental status. Central pontine myelinolysis is a potentially devastating neurologic complication that can result from the treatment of hyponatremia, not hyponatremia itself. While respiratory acidosis could potentially contribute to this patient\\'s change in mental status, cerebral edema due to hypotonicity is the most likely etiology. The patient\\'s laboratory studies indicate a low plasma osmolality with an inappropriately increased urine osmolality. With this degree of hypotonicity, the urine should be maximally dilute (osmolality of