



# USMLE-STEP-2<sup>Q&As</sup>

United States Medical Licensing Step 2

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### QUESTION 1

A 55-year-old woman has a bloody discharge from her left breast. A mammogram discloses a cluster of microcalcifications 3 cm beneath her left nipple.

Which of the following is the most common type of breast cancer?

- A. inflammatory carcinoma
- B. lobular carcinoma in situ
- C. lobular infiltrating carcinoma
- D. infiltrating ductal carcinoma
- E. ductal carcinoma in situ

Correct Answer: D

Infiltrating (invasive) ductal carcinoma accounts for 65-80% of all breast carcinomas. Infiltrating lobular carcinoma accounts for 1-4%, and the others 5% or less

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### QUESTION 2

A 2-year-old boy has had a purulent drainage from the right nostril for a week. He is afebrile and has had no associated symptoms, such as cough. Which of the following is the most likely diagnosis?

- A. sinusitis
- B. nasal polyps
- C. an upper respiratory infection
- D. a foreign body in the right nostril
- E. allergic rhinitis

Correct Answer: D

Children frequently insert foreign bodies into the nose. Initial symptoms are local obstruction, sneezing, and pain. Subsequently, there is swelling and infection leading to a purulent, malodorous, and often bloody discharge. The infection clears after removal of the foreign body. Nasal polyps cause obstruction of the nasal passages, hyponasal speech, and mouth breathing; gray, grape-like masses can be visualized on nasal examination. An upper respiratory infection is usually suggested by a careful history. Initial symptoms include a scratchy throat, followed by development of thin nasal discharge and sneezing. Myalgia, low-grade fever, headache, malaise, and decreased appetite may be present. By the 2nd or 3rd day, the discharge becomes thicker and more purulent. Cough is common. Symptoms usually resolve by 7-10 days. Adolescents with sinusitis may have classic symptoms of headache and sinus tenderness. In children, cough and nasal discharge are common; the cough is worse when supine. If upper respiratory infection symptoms persist without improvement for >10 days, sinusitis should be considered. A more acute form may occur, with a shorter duration and more severe symptoms such as fever >39°C, purulent nasal discharge, headache, and eye swelling. Children with allergic rhinitis present with sneezing, clear watery, rhinorrhea, and itching of the nose, palate, pharynx, and eyes. Itching, redness, and tearing of the eyes may be present. This occurs in response to exposure to an allergen such as pollen, mold spores, and animal or mite antigens



### QUESTION 3

During a routine checkup, a 45-year-old executive is found to have hypercalcemia. Subsequent workup reveals elevated parathormone, decreased phosphorus, elevated chloride, and normal blood urea nitrogen (BUN), and creatinine in serum. Urinary calcium is above normal levels. What is the most likely etiology?

- A. multiple myeloma
- B. primary hyperparathyroidism
- C. hypervitaminosis D
- D. sarcoidosis
- E. milk alkali syndrome

Correct Answer: B

Primary hyperparathyroidism is characterized by hypercalcemia, hypophosphatemia, hyperchloremia, increased urinary calcium excretion, and an increase in serum parathormone level. Multiple myeloma is associated with hypercalcemia when there are many lytic lesions. Chronic ingestion of 50100 times the normal requirement of vitamin D is required to produce hypercalcemia in normal people, so hypervitaminosis D is rare and parathormone levels would be suppressed. With milk alkali syndrome, which is caused by excess ingestion of calcium and absorbable antacids, parathormone levels would also be suppressed. In sarcoidosis, about 10% of patients have hypercalcemia attributable to increased intestinal absorption of calcium and increased production of 1,25(OH)<sub>2</sub>D.

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### QUESTION 4

A 12-year-old boy comes to the clinic for a sports physical. He is new to your practice. He comes with his foster mother, who states that he was recently placed in her care because of his mother's problems with drug abuse. Although a complete medical history is not available, she knows that he has not received regular care. He does not have any chronic medical problems. She also knows that his father died of heart disease when he was 35. On physical examination, the boy's height is greater than the 95th percentile. His arm span exceeds his height.

As you continue your physical examination, you remember that congenital heart disease is common in this particular syndrome. Which of the following is the most likely congenital heart defect in patients with this syndrome?

- A. supravulvular aortic stenosis
- B. AV canal defects
- C. coarctation of the aorta
- D. pulmonary valvular stenosis
- E. mitral valve prolapse

Correct Answer: E

Marfan syndrome is associated with mitralvalve prolapse and aortic root dilatation.

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**QUESTION 5**

A 2-year-old child was recently adopted from India. She appears to be healthy, and there are no abnormal symptoms. Her weight and height are at 25th percentile for age. Her examination is normal. On screening, you find a positive TB skin test using purified protein derivative (PPD) with 20 mm induration. She has a history of receiving a BCG vaccination at birth. Your management plan is to do which of the following?

- A. Obtain a chest x-ray and treat only if this is abnormal.
- B. Obtain a chest x-ray and initiate prophylactic treatment with isoniazid (INH).
- C. Repeat the test in 36 months.
- D. Attribute the positive PPD to the BCG vaccination and do serial yearly x-rays.
- E. Obtain sputum cultures.

Correct Answer: B

Generally, the interpretation of tuberculin skin test (TST) is the same regardless of BCG status. Induration  $>5$  mm is considered positive in children in close contact with known or suspected cases of tuberculosis disease or children suspected to have tuberculosis disease. Induration  $>10$  mm is considered positive in children at greater risk of disseminated disease (age 15 mm is positive in children  $>4$  years without any risk factors). Radiographic evaluation of all children with positive TST is recommended. Latent tuberculosis infection is defined as an infection in a person with a positive TST, no physical findings of the disease, and a chest radiograph that is either normal or reveals only granulomas or calcifications in the lungs or regional lymph nodes. Children with latent tuberculosis infection should receive prophylaxis, usually 9 months of INH. Those with symptoms, signs, and/or radiographic manifestations are said to have tuberculosis disease. There is no benefit to repeating the test in 36 months, and it will delay treatment. Sputum cultures are difficult to obtain in younger children. Gastric aspirate specimens obtained with a nasogastric tube are preferred. Culture material should be obtained in children with evidence of the disease in order to obtain information on drug susceptibility and resistance patterns.

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