

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

United States Medical Licensing Step 2

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**QUESTION 1**

A 13-year-old girl had growth of breast buds at 11 years, followed by the appearance of pubic hair between the ages of 11 1/2 and 12 years. Which pubertal event is most likely to occur next?

- A. beginning of accelerated growth
- B. menarche
- C. Tanner stage 5 breast development
- D. maximal growth rate
- E. Tanner stage 5 pubic hair

Correct Answer: D

The mean age of onset of any pubertal event is approximately 11 years, beginning with the appearance of breast buds. Pubic hair appears approximately 6 months later, and this is followed by the peak height velocity (greatest rate of linear growth per unit time). Six to 12 months later, menstrual bleeding begins. Increased rate of growth begins early in the pubertal process. The sequence of pubertal events and the approximate age of appearance of each event is sufficiently predictable that significant variation in age of onset or sequence should lead to an evaluation of a cause of abnormal puberty.

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**QUESTION 2**

A 23-year-old pregnant woman at 5 postmenstrual weeks took coumadin until about 3 days after her menses was due. She has monthly menses. A home pregnancy test was positive on the day she took coumadin. She takes coumadin because of a history of deep vein thrombosis and pulmonary embolism. She is concerned that the coumadin will cause birth defects.

You advise this woman to do which of the following?

- A. Abort the pregnancy because the fetus is likely to have birth defects.
- B. Have an ultrasound in 12 weeks to search for fetal anomalies.
- C. Have a genetic amniocentesis at 16 postmenstrual weeks.
- D. Begin prenatal care because the probability of birth defects is low.
- E. Take 10 mg vitamin K to reverse the effects of coumadin.

Correct Answer: D

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**QUESTION 3**

A previously healthy male postal worker complains of fever, headache, myalgia, and cough for the past 3 days. He reports that several of his coworkers have also been ill with similar complaints. His leukocyte count is normal with a

relative lymphopenia. A chest x-ray shows only enlarged hilar shadows. Which of the following is the most likely cause of this infection?

- A. Influenza A virus
- B. Bacillus anthracis
- C. Francisella tularensis
- D. Yersinia pestis
- E. Clostridium botulinum

Correct Answer: A

Onset of influenza usually is abrupt, with fever, chills, fatigue, headache, myalgias, malaise, anorexia, scratchy throat, and nonproductive cough. Fever appears early and may reach 40°C (104°F). Myalgias affecting the back and legs, and retrobulbar headache are worse with high fever. There is a normal leukocyte count with relative lymphopenia. Chest x-ray may show enlarged hilar shadows. Fever lasts a few days. Upper and then lower respiratory symptoms become more prominent, and cough may persist for weeks. Respiratory anthrax is exceedingly rare. Initial symptoms may resemble influenza, but rhinorrhea is rare. X-rays generally show patchy lung infiltrate and mediastinal widening (due to enlarged hemorrhagic lymph nodes). Early treatment with antibiotics such as ciprofloxacin sometimes prevents death.

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#### QUESTION 4

Identify the following personality disorders with the symptoms listed below. Seems to not care what others think or feel; is aloof

- A. antisocial
- B. avoidant
- C. borderline
- D. dependent
- E. histrionic
- F. narcissistic
- G. obsessive-compulsive
- H. paranoid
- I. schizoid
- J. schizotypal

Correct Answer: I

Persons with personality disorders are rigidly bound to the use of patterns of defense and various traits that distinguish the disorders. All have problems with interpersonal relationships

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**QUESTION 5**

A 15-month-old African American male, who is otherwise healthy, is found to have an hemoglobin level of 8 g/dL on routine screening. The mean corpuscular volume (MCV) is decreased. His lead screen is within normal limits. You obtain a diet history, which reveals that he drinks about 3040 oz of whole cow's milk a day. He eats no meat and some fruits and vegetables.

Which of the following is the most likely cause?

- A. sickle cell anemia
- B. thalassemia major
- C. lead poisoning
- D. iron-deficiency anemia
- E. anemia of chronic disease

Correct Answer: D

Iron deficiency is the most common cause of microcytic anemia. In children it is often related to excessive consumption of cow's milk, which is low in iron content, and inadequate consumption of iron-rich foods. Allergy to cow's milk may also cause occult GI blood losses. In thalassemia major, there is usually physical evidence of chronic anemia with signs of bone marrow expansion (frontal bossing) and severe anemia often requiring transfusions. Lead poisoning may cause microcytic anemias; it may also be associated with iron-deficiency anemia, which enhances lead absorption and, therefore, should always be excluded. Anemia of chronic disease (renal disease) may be microcytic or normocytic and should be excluded by history and examination.

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