USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

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QUESTION 1

A 17-year-old male is evaluated for a painless neck mass. You assess the mass as lymphadenopathy and arrange for a biopsy. The pathology report subsequently notes the presence of Reed-Sternberg cells. Which of the following is the most likely diagnosis?

A. Hodgkin lymphoma

B. non-Hodgkin lymphoma

C. metastatic testicular cancer

D. acute lymphocytic leukemia

E. papillary carcinoma of the thyroid

Correct Answer: A Section: (none)

Explanation:

The Reed-Sternberg cell can be classified as the classic type, the mononuclear variant, the lymphocytic histiocytic variant, lacunar and pleomorphic variant. The classic Reed-Sternberg cell is a binucleated cell that contains an ovoid-shaped nucleus with regular contours and prominent eosinophilic nucleoli. Cytoplasm is abundant and eosinophilic. On cytogenetic studies, the Reed-Sternberg cells are either aneuploid or frequently hypertetraploid. The classic Reed-Sternberg cell is thought to be an end-stage cell that does not divide. The mononuclear variants of the Reed-Sternberg cells (so-called Hodgkin cells) could be identified in any type of Hodgkin disease, but they are not diagnostic of Hodgkin\\'s.

QUESTION 2

You are called to see a newborn in the nursery because the nurse is concerned that the baby may have Down syndrome.

If you were to perform an abdominal x-ray, what is the most likely finding that would be seen?

A. "double-bubble" sign

B. scimitar sign

C. normal gas patterns

D. free fluid in the abdomen

E. pneumatosis intestinalis

Correct Answer: A Section: (none)

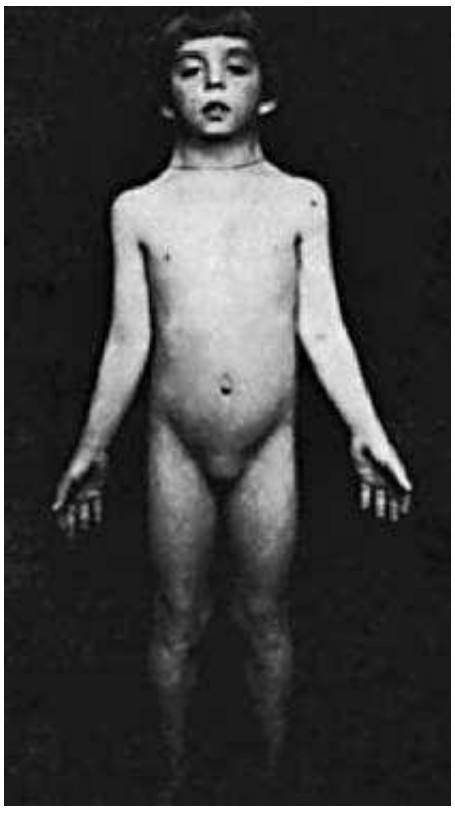
Explanation:

The most common finding in a newborn with Down syndrome is hypotonia. Other common findings include single palmar crease, flat facial profile, macroglossia, and wide space between the first and second toes. Hypotonia in the newborn period should prompt close evaluation and follow-up. Café au lait spots are associated with neurofibromatosis. High arched palates are associated with fragile X syndrome. Ambiguous genitalia are commonly seen in CAH.

Children with Down syndrome are at an increased risk for hypothyroidism. It may be hard to detect without routine laboratory screening as they will commonly have mental retardation and developmental delay as part of their syndrome. Hypothyroidism may not be present in the immediate newborn period and requires, at a minimum, annual testing throughout the child\\'s life. The other findings listed are not specifically associated with Down syndrome. Lens dislocation is commonly found with Marfan syndrome or homocysteinuria. Children with Down syndrome have an increased prevalence of duodenal atresia. Pyloric stenosis is uncommon to see in the newborn period. It tends to present with nonbilious vomiting usually after 24 weeks of age. Hirschsprung disease (aganglionosis coli) presents with constipation and failure to pass stool. Infants with Hirschsprung disease commonly will not pass stool in the first days of life. Biliary atresia is a progressive cause of jaundice in an infant. It is the most common cause of a cholestatic jaundice in the newborn period. Emesis is not typically associated with biliary atresia. Milk protein allergy is a common cause of bloody stools in the first few months of life, but does not have bilious emesis associated with it.

QUESTION 3

A 17-year-old female presents with delayed puberty. Her mother reports her daughter has never menstruated. On examination, the patient is 59 in. (4 ft 11 in.) tall and is shown in Figure. Which of the following tests is most likely to confirm the diagnosis?



A. karyotype

B. follicle-stimulating hormone (FSH)

C. luteinizing hormone (LH)

D. cranial magnetic resonance imaging (MRI)

E. growth hormone (GH)

Correct Answer: A Section: (none)

Explanation:

Numerous causes lead to delayed puberty. Common features of Turner syndrome include short stature, sexual infantilism, "shield" chest, "webbed" neck, high arched palate, increased carrying angle of the arms (cubitus valgus), short fourth metacarpal, and streak gonads. The diagnosis of Turner syndrome requires the presence of typical phenotypic features and the complete or partial absence of a second X chromosome. Diagnosis should be considered in individuals with primary or secondary amenorrhea and in adult women with unexplained infertility, particularly when such individuals also are short in stature. Although the FSH would be elevated in Turner syndrome, it would not differentiate among the many causes of ovarian failure. In childhood, GH therapy is standard to prevent short stature as an adult. Estrogen replacement therapy usually is required, but starting too early can compromise adult height. Estrogen usually is started from age 12 to 15 years

QUESTION 4

A 4-year-old is brought to your office by his mother for evaluation. She is concerned because the child has been spiking fevers and pulling on his left ear. Your examination reveals a bulging and erythematous tympanic membrane (TM).

Which of the following is most likely to be the cause of his illness?

A. Haemophilus influenzae, type B (HIB)

B. Moraxella catarrhalis

C. Mycoplasma pneumoniae

D. GAS

E. S. pneumoniae

Correct Answer: E Section: (none)

Explanation:

The most common cause of otitis media in children is pneumococcus (S. pneumoniae). This is also the most common cause of sinusitis and pneumonia. Otitis media is usually seen in conjunction with an upper respiratory tract infection. Pressure from extensive use of antimicrobials has resulted in a dramatic increase in penicillin resistance in pneumococcus. Amoxicillin remains the recommended initial antibiotic of choice for the treatment of otitis media in children. In an effort to reduce the incidence of antibiotic resistance, and because of the high spontaneous cure rate of otitis media, many authorities are advocating withholding antimicrobial treatment unless symptoms persist for several days in spite of symptomatic treatment.

QUESTION 5

A54-year-old man without significant past medical history presents to his primary care physician complaining of epigastric discomfort and early satiety. He subsequently undergoes an endoscopic procedure revealing an ulcerated mucosal lesion. The biopsy of this lesion is interpreted as a well-differentiated lymphoma.

Which of the following statements regarding his treatment and prognosis is most accurate?

A. His prognosis is poorer than if he were diagnosed with a gastric adenocarcinoma.

B. This lymphoma is not associated with Helicobacter pylori infection.

C. Antibiotic therapy may induce regression of the lesion in the majority of cases.

D. Treatment will not offer curative potential, so he should be referred for hospice care.

E. Gastric resection is recommended for well-differentiated, bbut not higher grade, lymphomas.

Correct Answer: A Section: (none)

Explanation:

Although gastric lymphomas are less common than adenocarcinomas, they are much more treatable with a more favorable prognosis. Gastric lymphomas, especially well-differentiated mucosa-associated lymphoid tissue (MALT), are associated with Helicobacter pylori infection, and antibiotic therapy to eradicate H. pylori has been associated with regression of 75% of such tumors. Higher-grade gastric lymphomas may require chemotherapy with a standard regimen, such as CHOP, and consideration for surgical resection with curative intent.