USMLE Q&As

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QUESTION 1

Which of the following cranial nerves causes sensation to 1/3 of the tongue?

A. IV

B. VII

C. X

D. XI

Correct Answer: B

QUESTION 2

A 65 year-old man is admitted to the coronary care unit with a diagnosis of a large myocardial infarct (MI) of the left ventricle. On his 6th postinfarct day, he goes into shock and dies, manifesting signs and symptoms of cardiac tamponade. Which of the following complications is the most likely cause of this patient\\'s death?

A. Aortic dissection

B. Extension of previous MI

C. Fatal arrhythmia

D. Rupture of the left ventricular wall

E. Rupture of papillary muscle

Correct Answer: D

Explanation:

Rupture of the free left ventricular wall is a frequently fatal complication that may occur in the first week after myocardial infarction (MI). At this stage, the infarcted area is composed of friable necrotic myocardium and early granulation tissue. It is during this crucial phase, therefore, that rupture usually occurs. Blood rushes out, filling the pericardial sac and causing compression of the left ventricle. Cardiac tamponade ensues, and the patient usually dies of acute cardiogenic shock. Aortic dissection is not a complication of MI, although cardiac tamponade may also follow this acute condition when dissection works its way back toward the aortic root. Aortic dissection usually develops in aortas affected by cystic medial degeneration (CMD), which is due to fragmentation of elastic laminae with accumulation of myxoid material in the aortic media. CMD may be either sporadic or associated with Marfan syndrome. Extension of a previous MI may occur in the first few hours or days after MI. It may aggravate or precipitate cardiogenic shock and/or arrhythmias, but it does not cause cardiac tamponade. Arrhythmias are frequent complications of MI and are often fatal, producing cardiac arrest (ventricular fibrillation) or aggravating cardiac dysfunction. If infarction involves papillary muscles, these may rupture. This complication is followed by valvular dysfunction and may manifest with signs of mitral regurgitation and acute congestive heart failure.

QUESTION 3

Which of the following is not an associated change during the antepartum period?

A. Increased urination frequency

B. Increased respiratory requirements

C. Decreased basal metabolic rate

D. Goodell\\'s sign

Correct Answer: C

QUESTION 4

A 2-year-old boy is brought to the physician for a well-child examination. He was delivered at term after an uncomplicated pregnancy. His birth weight was 3500 g (7lb11oz), and Apgar scores were 8 and 10 at 1 and 5 minutes, respectively. At the age of 15 months, physical examination showed no abnormalities, but he was not yet talking. Both of his parents had learning difficulties in school, and his mother stopped attending after the 10th grade. He has a maternal uncle with cognitive disabilities. He is at the 25th percentile for height, 15th percentile for weight, and 90th percentile for head circumference. He appears irritable, he resists making eye contact, and he is flapping his hands. Which of the following is the most likely cause of this patient\\'s condition?

A. Creation of an alternative splice site

B. Frameshift mutation

C. Missense mutation

D. Nonsense mutation

E. Trinucleotide repeat expansion

Correct Answer: E

QUESTION 5

Which of the following is not a causative agent with syndrome of inappropriate antidiuretic hormone secretion?

A. Pulmonary disorders

B. TBI

C. Drug induced

D. HIV

Correct Answer: D

QUESTION 6

A 40-year-old woman comes to the physician because of a 6-month history of increased facial hair growth. Her last menstrual period was 4 months ago. She is 165 cm (5 ft 5 in) tall and weighs 70 kg (154 lb); BMI is 26 kg/m2. Her pulse is 80/min, and blood pressure is 130/82 mm Hg. Physical examination shows temporal balding and coarse dark hair on the upper lip and chin. Pelvic examination shows clitoral enlargement. Her serum testosterone concentration is increased. Serum concentrations of androstenedione, dehydroepiandrosterone, and urinary 17-ketosteroids are within the reference ranges. Ultrasonography of the pelvis shows a 12-cm ovarian mass. Which of the following best describes this mass?

A. Granulosa tumor

B. Ovarian carcinoid

C. Sertoli-Leydig tumor

D. Teratoma

E. Thecoma

Correct Answer: C

QUESTION 7

Which of the following is not related to a chronic diabetes mellitus condition?

A. Atherosclerosis

B. Neuropathy

C. Glaucoma

D. Hypotension

Correct Answer: D

QUESTION 8

Which of the following is not a primary target group of T cells?

A. Viruses

B. Toxins

C. Fungi

D. TB

Correct Answer: B

QUESTION 9

How many ATP are required to transform pyruvate into glucose?

A. 5

B. 6

C. 7

D. 8

Correct Answer: B

QUESTION 10

Mean arterial pressure is the product of:

A. TPR x SV

B. TPR x CO

C. CO/SV

D. SV/EDV

Correct Answer: B

QUESTION 11

Which of the following nerves innervates the pronator teres muscle?

A. Radial

B. Median

C. Musculocutaneous

D. Ulnar

Correct Answer: B

QUESTION 12

What type of cells secretes insulin?

A. Beta cells

B. Alpha cells

C. Plasma cells

D. Acinar cells

Correct Answer: A

QUESTION 13

A 17-year-old girl is brought to the physician by her mother because she has not had a menstrual period for 6 months. The patient is unconcerned about the lack of menses. Menarche occurred at the age of 12 years, and menses had occurred at regular 28-day intervals until they became irregular 1 year ago. She is a member of her high school gymnastics team. She appears emaciated. She is 163 cm (5 ft 4 in) tall and weighs 40 kg (88 lb); BMI is 15 kg/m2. Her pulse is 54/min, and blood pressure is 80/50 mmHg. Which of the following is the most likely cause of this patient\\'s amenorrhea?

A. Hyperthyroidism

B. Hypogonadotropic hypogonadism

C. Hypothyroidism

D. Polycystic ovarian syndrome

E. Prolactinoma

Correct Answer: B

QUESTION 14

A 22-year-old woman comes to the office because of a 3-day history of cold symptoms and a 1-week history of progressive fatigue. Six weeks ago, she received a kidney transplant from a living, related donor. Immediately after the operation, she received monoclonal anti-CD3 therapy. Current medications are azathioprine, cyclosporine, and prednisone. Her temperature is 39°C (102.2°F). Physical examination shows a well-healed surgical scar. Serum studies show that her urea nitrogen and creatinine concentrations have tripled. A diagnosis of allograft rejection is suspected. In addition, this patient\\'s clinical presentation is best explained by an infection with which of the following agents?

A. Adenovirus

B. BK virus

C. Epstein-Barr virus

D. Herpes simplex virus

E. Varicella-zoster virus

Correct Answer: B

QUESTION 15

A new test to detect the presence of malarial antibodies by ELISA is evaluated in 100 patients with active untreated malaria proven by demonstration of blood-borne parasites and in 100 patients with no history of infection. Results of testing are shown:

		Malaria		
		Present	Absent	
ELISA Test Results	Positive	75	5	80
	Negative	25	95	120
		100	100	200

Which of the following is the specificity of this test?

A. 65%

B. 71%

C. 75%

D. 94%

E. 95%

Correct Answer: E