Step 2 prep: 6 stumpers on middle-aged patients

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Over the years, the AMA has run dozens of example questions from Kaplan Medical. If you’re preparing for the United States Medical Licensing Examination® (USMLE®) Step 2 exam, you might want to know which questions are most often missed by test-prep takers. We’ve compiled six cases from Kaplan Medical involving middle-aged adult patients—those between 36 and 55 years old. Each question comes with an expert explanation of the answer. You can check out all posts in this series.

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Think you can answer these questions involving middle-aged adult patients? Find out now.

**Dypsnea, wheezing and cough**

A 40-year-old woman with a nine-year history of scleroderma comes to the physician because of shortness of breath and a dry cough for four months. She has had weakness, dyspnea with minimal exertion, arthralgias, and difficulty with swallowing. Her temperature is 36.8 °C (98.2 °F), blood pressure is 135/75 mm Hg, pulse is 112 beats per minute, and respirations are 26 per minute. What is the most appropriate next step in diagnosis?

**Unusual mole on upper back**

A 50-year-old man comes to the physician because of an unusual appearing mole on his upper back. He says that his wife has noted a recent change in its color and shape. The lesion measures 0.7 cm and has ill-defined margins and irregular pigmentation. The patient is otherwise healthy and takes no medication.
Which of the following is the most appropriate next step in management?

**Man has severe perianal pain for five days**

A 59-year-old man comes to the physician because of severe perianal pain for the past five days. He has always been healthy and exercises three times a week. His regular diet consists mainly of fruits, vegetables, and fish. His temperature is 37 °C (98.6 °F). Physical examination shows a very tender, purple, thrombosed, external hemorrhoid. He has been trying sitz baths at home but gets only temporary relief. He needs to go on a business trip five days from now and wants to make sure that he is comfortable by then. What is the best course of action at this time?

**Woman has abdominal pain and gross ascites**

Over a two-month period, a 50-year-old woman with a history of polycythemia vera develops abdominal pain and gross ascites. Physical examination demonstrates smooth hepatomegaly and mild jaundice. Pressure applied over the liver fails to distend the jugular veins. The abdomen is grossly edematous, and the abdominal wall shows a tortuous venous pattern. Edema of the legs is prominent. What is the most likely diagnosis?

**After fluid resuscitation, what’s next?**

A 60-year-old alcoholic man is brought to the emergency department with hematemesis. His pulse is 110 beats per minute, blood pressure is 100/60 mm Hg and respirations are 19 per minute. He has multiple spider angiomata on his back and chest, and bilateral gynecomastia. Abdominal examination is significant for hepatosplenomegaly, and a distended abdomen which is tympanic on percussion. His testicles are small, and a rectal examination produces guaiac-negative stool. His hematocrit is 23%. After placement of a nasogastric tube, 400 mL of bright red blood is evacuated. After initial fluid resuscitation, what is the most appropriate next step in management?

**Man has history of hypercholesterolemia**

A 61-year-old man with a two-month history of hypercholesterolemia comes for a follow-up visit. He denies abdominal pain, nausea, vomiting, diarrhea, or constipation. He reports mild, chronic bilateral ringing in his ears. His medical history is unremarkable. He has had
one surgery to repair a femoral fracture 18 years ago. He exercises four times a week. Current medications include pravastatin. Serum gamma-glutamyl transpeptidase level and calcium level are within normal limits. What is the most likely diagnosis?

For more prep questions on USMLE Steps 1, 2 and 3, view other posts in this series.