Kaplan USMLE Step 2 prep: 5 stumpers that start with a cough

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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 five cases from Kaplan Medical involving the common cough. Each question comes with an expert explanation of the answer. You can check out all posts in this series.

The AMA selected Kaplan as a preferred provider to support you in reaching your goal of passing the USMLE® or COMLEX-USA®. AMA members can save 30% on access to additional study resources, such as Kaplan’s Qbank and High-yield courses. Learn more.

Think you can answer these questions where a cough is a common symptom? Find out now.

Minimize harmful drug interactions

A 72-year-old man with a known history of chronic obstructive pulmonary disease comes to the clinic complaining of a worsening cough. He states that he often gets bronchitis and thinks he is coming down with a case of it now. His cough is productive of copious amounts of green-tinged sputum and is associated with some mild chest pain. Aside from the increased cough and sputum production over the last three days, he has been in his usual state of health. He denies fever or chills. Which is an appropriate course of action to minimize harmful drug interactions?

Which culprit is behind man’s symptoms?

A 52-year-old man with a history of chronic low back pain complains of three days of a cough productive of purulent sputum, fever and left-sided subcostal pain worsened by
breathing. A single episode of shaking chills accompanied the onset of the illness. He has no gastrointestinal complaints. What is the most likely pathogen?

**Senior man has worsening cough**

A 72-year-old man comes to the physician because of a worsening cough productive of blood-tinged sputum and progressively darkening skin. He has a history of type 2 diabetes mellitus, hypertension, and obesity. Current medications include metformin, glyburide, lisinopril, hydrochlorothiazide and metoprolol. He has smoked two packs of cigarettes daily for 50 years. His blood pressure is 164/94 mm Hg. Examination shows truncal obesity with thin extremities. There are violaceous striae on the abdomen. Which is the most likely cause of this patient's condition?

**A solitary nodule in the thyroid gland**

A 54-year-old woman comes to the physician for a routine health maintenance examination. She has had no weight loss, fever, cough, decreased appetite, chest pain, lower extremity swelling or blood in the stool or urine. She has a history of osteoarthritis in her right knee treated with ibuprofen. Her temperature is 36.5° C (97.7° F), blood pressure is 128/72 mm Hg and pulse is 75 per minute. Neck examination shows a solitary nodule in the thyroid gland that is readily palpable. The remainder of the examination shows no abnormalities. Laboratory studies show TSH 0.4 µU/mL and free thyroxine (FT4) 10 ng/L. Ultrasound of the thyroid shows a 1.5-cm hyperechoic nodule in the right lower lobe. What is the next step in management?

**Dyspnea, wheezing, cough. What’s next?**

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. Which is the most appropriate next step in diagnosis?