Kaplan USMLE Step 2 prep: Abdominal pain drives these 6 stumpers

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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 where a major symptom was abdominal pain. 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 abdominal pain is a major symptom? Find out now.

**Six months of diarrhea, malaise, cramps**

A 22-year-old man presents with a six-month history of non-bloody diarrhea, malaise, recurrent abdominal cramps, and temperatures to 38.5 °C (101.3 °F). At this time, he is afebrile. Examination reveals a palpable, ill-defined mass in the right lower quadrant of the abdomen. Palpation causes local tenderness without guarding.
Oral ulcers are also noted. An upper gastrointestinal series with small bowel follow-through reveals a sharply demarcated stenotic segment in the terminal ileum. The patient undergoes laparotomy, and the involved segment of ileum is resected. What is the most likely diagnosis?

**How should AAA repair complications be managed?**

A 71-year-old man is brought to the operating room for elective repair of a growing abdominal aortic aneurysm (AAA). The aneurysm has been followed closely for three years, but has grown 1 cm over the past year, to 5.8 cm. The operation is uncomplicated, and the patient is extubated and brought to the surgical ICU postoperatively for management. What is the next step in management?

**Man has worsening symptoms**

A 32-year-old man comes to his physician with one year of worsening nausea, abdominal pain, constipation, diffuse bone pain, and intermittent headaches. The patient has a 10 pack-year history of smoking and denies use of alcohol or recreational drugs. His blood pressure is 130/80 mm Hg, pulse 90 per minute, respirations 18 per minute, temperature 37°C (98.6°F).

The exam shows dry mucous membranes and mild left lower quadrant abdominal pain on deep palpation. The chest X-ray is normal. What is the most appropriate next step in the management of this patient's current condition?

**Symptoms after cardiac catheterization**

A 72-year-old man with a history of peripheral vascular disease and recurrent chest pain underwent cardiac catheterization three hours ago. Angiography showed 80 percent occlusion of the left main coronary artery. He now complains of diarrhea and severe constant mid-abdominal pain. On examination, his temperature is 37.2 °C (99 °F), blood pressure is 170/90 mm Hg, pulse is 102 beats per minute, and respirations are 22 per minute.
The lungs are clear, and the abdomen is soft and nondistended without focal tenderness. Bowel sounds are hypoactive, and no masses are palpable. Rectal examination reveals occult blood in the stool. What is the most likely diagnosis?

**Intermittent abdominal cramps**

A 42-year-old woman comes to the physician because of a four-month history of intermittent abdominal cramps and diarrhea. She has had episodes of skin flushing lasting from two to 15 minutes, most pronounced in the head and neck area. She denies nausea, vomiting, constipation or blood in her stools. Her medical history is unremarkable, and she takes no medications.

A grade 3/6 murmur is heard along the mid left sternal border. The lungs are clear to auscultation. Abdominal examination shows no abnormalities. Laboratory studies show urinary excretion of 5-hydroxyindoleacetic acid of 75 mg per day (normal: 0.5-9.0 mg/day). CT scan of the liver demonstrates a 2-cm lesion. What is the most likely diagnosis?

**Woman has abdominal pain, 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?

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