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Japanese new

Is chemLeast chance of ruling out

Sensitivity was lowest 9% ans seizure

Increase the probablty of bias 5 6 signs of comparision given

Ans Study didn't analyze all sign and symptoms

Post test probablty of headache was asked LR 2.9 pretest probablty 10%

Ans 24

Diabetes type 2 metformin aen lisino wathe payo HBa1c 6.1

Urine to albumin 200% and proteins traces in urine creatinine 1.1

Ans Increase dose of Lisinopril

Add thiazide or losartan or glyburide

-Triathlon Pt with UTI takes TMP SMX UTI resolved repeat urine analysis 50-60 RBCs and mixed anaerobes 50k

CT urography

No further testing

Repeat urine analysis at 6weeks

- CKD pt checking for bleeding risk AV fistula created bleeding from fistula site he was not taking heparin platelete count was normal I think
- Before procedure what will you give- desmopressin

Psoriasis patient want to take etanercept what will you test PPD

-Middle age men party mn wanje th alcohol intoxication je kre unconscious got raped by friend now has recta bleeding

In addition to doing nesseria and chlamydia what will you do ?

Hep B testing

Treat the nesseria and gonorrhea

HIV testing and treat

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60y labs Hb 9 hematocrit 27 MCV 78 creatinine normal and flank pain CT show 3.5cm cystic mass BP normal

Benign kidney cyst

Adult polycystic

RCC he did

-Seizure medial temporal and hippocampus damaged thi wayo tas what will happen

Anterograde amnesia

Reterograde amnesia

Inattention

Allergic reaction to the patient what will happen if epi not given

Wheezes he did

Peripheral cyanosis

Heredtry angioedema dec C4

Sencha ques Crohns disease case xray given stricture shown on xray

Stricture he did

Adhesion

Pertussis long question give azithro to room

Was taking carbamezapine

2200 leuckocyte

18% segmented neutrophil

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40s age female Hysterectomy done due to endometrial hyperplasia with atypia with retained ovaries

Pelvic usg at 1y

Cervical cytology at 1y

No further testing

Emphysema classic case updown arrows FEV1 TLC and ratio

Anterolateral side prominence and medial side tenderness at knee and unable to extend knee

Patellofemoral tear

60y vit B12 wale symptoms and tertiary syphilis symptoms and charcoat arthropathy given

Which screening could prevent from this

Vit B12 he did

Or trepo pallidum

Patellofemoral syndrome proper case Rx activity modification or arthroscopy

Male patient with odynophagia came has linear ulcer at proximal esophagus and patient was sex active with multiple male partners and was also taking doxycycline in addition to pain management what will you do

HIV testing he did

Stop doxycycline

Pt was taking chemo for breast cancer

HOPDI diabetic mother child develop brachial plexus injury fate of disease

Spontaneous resolution

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ECG of inferior wall MI ST elevation 2 3 avf symptoms SOB diaphoresis peripheral cyanosis HR was low SatO<sub>2</sub> 89

Myocardial infarction he did

PE

Costochondritis

Atrial fibrillation ecg emboli develop

Left appendigeal atrial ans

Pericarditis ECG and classic case asking treatment

Ibuprofen

18 month old child while sitting has genu valgus

Reassure

Child with depressive symptoms normal appetite and sleep, teary and loss of concentration and going to mother for meeting, 2 month ago divorce of parents

Adjustment

Depression

Foster kid 6y normal otherwise goes to jail for meetup with father after that piercing pencil to other kids NBS

Refer to social worker group Ans

14y old child well groomed little good grades maintained anxious voices budhanr mn achin tha jeke chaen thyu prayer kre urger to do prayer and kadi kadi sumhnr time thooughts ehe sumhnr n denda tas

OCD he did

Adjustment

Somatic symptoms

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Patient with constipation diarrhea he has gone to multiple(3) physician saying he has tumor in abdomen and head and has abdominal tenderness at right side

Somatic symptoms disorder he did

-Firm mass below tongue and tender to touch 43y hx of chewing tobacco

Nbs biopsy he did

I and D

Young patient with 3 office reading 2 were elevated and one was normal ABP was 122/88 in last 5 days

A bp measurement at 1 month

B bp measurement after 1 week at office visit

C nothing

HPI 25yr male 2-3weeks of fever weight loss night sweats aquagenic pruritis several LAD nontender ,splenomegaly excoriation not sexually active

Hodgkin lymphoma

Inf mononucleosis

Multiple myeloma bone marrow evaluation, Hb electrophoresis

19 WOG child has choroid cyst parents want the confirmatory testing what will you do?

Amniocentesis

Nothing

Chediak Higashi case what to avoid live vaccine or NSAID

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Thalassemia trait meitzr index wala

Pt has previous hx of mania and now has symptoms car thaendm jaka fly kndi wife was saying he is doing these type of things all day and has acute agitation

What will you give

Olanzapine

Valproic

Depressive symptoms with suicidal thoughts but no proper plan

Admit to psychiatry and evaluate

ARDS Qs 1 after surgery and other after pancreatitis and other one with bilateral infiltrates

RCC with gross pica erythrocytosis

Want to change genitals

Refer to the medical speciality with this therapy

UTI and Pain with sexual intercourse no anterior vaginal mass

Urethral diverticulum

Heterogenous cystic mass with no fetal cardiac activity detected (Hydatidiform mole case )

Uterine evacuation

Panic attack unprovoked recurrent attacks – lora

MVA case all reflexes lost brain death criteria matched pt is registered organ donor

Donate organ he did **discuss end care live discussion with family** court order

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Female with acute cholecystitis after that physician was saying I'll do pelvic exam because he has seen some cases previously that he didn't do pelvic exam previously patients develop PID

Type 1 diabetes taking glargine and NPH hypoglycemia symptoms at morning

What will be glucose level

Before breakfast	before dinner	during bed
A)60	180	100
B)60	100	180

Diabetic ketoaci

Na	K	HCO <sub>3</sub>	CL
A)133	6	10	100
B)128	5.8	20	106

Test was developed to rule out the disease why this test is no good for this

Sensitivity is too low to rule out the disease

Specificity

31y old patient multiple trial of diet plan he is obese 34 bmi weight loss kre payo wari gain thi wanjes payo continuity n huyas diet plan aen gym mn

Weight loss 9kg

3-4 kg weigh loss and followup in one month he did

Bariatric surgery

5y old generalized seizure for 5 min fvr 103 nasal congestion 2day ago goes to day care had same symptoms there but no seizure Qs of lubby

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Viral respiratory panel

LP he did

EEG

*Simple febrile seizures*

Febrile seizures are one of the most common pediatric emergencies and are usually associated with high fever in children between six months and five years of age. The exact pathophysiology is unknown. Simple febrile seizures are the most common type; they are usually generalized, last under 15 minutes, and do not recur within 24 hours. Complex febrile seizures have a focal onset, last longer than 15 minutes, or recur within 24 hours. Diagnostic examination of simple febrile seizures focuses on addressing the cause of fever. Further diagnostics are required for patients with complex febrile seizures, particularly to exclude herpes encephalitis, and include lumbar puncture. CT scan, and/or EEG. Most febrile seizures end spontaneously and do not require any treatment. If seizures persist for longer than five minutes or present as complex febrile seizures, however, IV benzodiazepines are the treatment of choice. Caregivers should be reassured as the prognosis of febrile seizures is good, with the risk of epilepsy being less than 10%.

Crohn's disease ji ilectomy kayi aa after 8 weeks 6 times a day nobloody stool patient is otherwise normal

Oral cholestyramine

*Bile salt sequestrants*

Patient with fever 99.9 chills cough for 3 days now 2 days khn cough increase CBC leukocyte increase with inc segmented with normal CXR NBS

Azithromycin

Oseltamavir

Cough suppressant and Sputum culture he did

Diphenhydramine

DVT at common femoral vein edema and tenderness LMWH or thrombectomy he did

US govt making list of total numbr of patient lost life not specific to cancer increased emphasis on which one of the following

Increase mortality

Increase incidence of cancer

OT staff intervene with focus group means surgery and nurses this is example of

Strengthening the organization

Leading by example

Intern on morning round places order in EMR dring this resident interrupt and nurse interrupt so intern put treatment of A patient to the B patient where is the mistake ?

Mistake of intern    EMR design flop    mistake of nurse    environmental factors

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93y Alzeimr patient classified dependent dr is starting clinical trial what will you do regarding this patient to include in clinical trial?

Take consent of patient and from caregiver

Assess patient and take written consent according to his cognitive level

Not eligible

**Ethical Aspects of Informed Consent in Dementia**

In obtaining an informed consent in patients suffering from Dementia we are faced with a significant challenge, as obtaining a consent depends on the competence and mental capacity of the individual. Certain symptoms of dementia like difficulty in concentration and understanding, problems in short term memory, makes their ability to give informed consent questionable. Furthermore, as age progresses the symptoms may worsen. However, it cannot be assumed that people with dementia are incapable of giving consent. Patients with mild to moderate dementia can interpret, evaluate, and derive meaning from their lives. The law assumes that all Individuals are capable unless there is evidence to the contrary [6-7].

C section done in first preg after that one vaginal delvry Factor which support patient wish(vaginal delvry)

Cervical examination

Ethnicity

Previous vaginal delivery he did

Surgeon treating patient, patient says I want to follow you on social media can you give me your profile what will you do

You can email me whenever you want

Follow my public profile

Follow kr kadi kadi galhaenjae jadi dil thewae

Refuse the patient request and clearly explain the patient and physician relation he did

Female patiet 2 month hx of neck pain stiffness and tenderness but no weakness now duration has increased frst it was at night now also at day , tenderness at elbow, thumb index and middle finger te prick sensation proprioception and vibration lost NBS

Use of soft cervical collar he did

Wrist splint

Release of carpel tunnel

Naproxen

Physical therapy

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13y old female tanner 3 not menstruating NBS

BHCG

Reassure and followup in 6 month

Anti mullerian

12y tanner 2 breast not menstruating what will confirm

BHCG

Pelvic USG he did

Thiazide and Lisinopril what will be the net effect

Dec Sodium he did

Dec Potassium

Dec Magnesium

Factor v leiden mutation which contraception method wil you give

Copper IUD

POP

Hyperoxaluria envelop shaped urinary stone

US veteren in vitenam war- orange

Heart transplant case what to do screening in pretransplant CMV

Diffuse hemorrhagic fever san patient ayo ER mn ebola jo case ebola center is 90m away from ER

Isolate in Negatve pressure room

Transfer to ebola center

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PPE to the patient

Sequential

Pt under HMO policy depression hx since 4y and stable on duloxetine since 3y now policy is changing patient says I have tried multiple medications sertraline but now has become stable on duloxetine, now insurance company is saying to try venlafaxine if you .If not get better then we'll give duloxetine which principle

Nonmaleficence he did

justice

beneficence

After prescribing venlafaxine patient condition worse where is the primary failure in communication

Patient literacy

HMO policy

Psychiatrist

Uncomplicated UTI in male rx TMP SMX given then rashes on palm and sole no joint pain no hives what is the cause

Erythema multiforme

Serum sickness

HOPD

During surgery multiple drugs given including cephalexin after surgery they haven't discontinued the drug leucocyte 18k and RLQ pain NBS discontinue cephalexin

Detrusor instability

Surgery of patient done on wrong side what to do to prevent this ?

Surgeon verify marking with patient(he did) /nurse / family

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5y with minimal change disease symptoms 4+ protein 1+hematuria pr to cr ratio 200 steroid given which of the following represent the long term renal worsening

Ratio at the end of treatment

Ratio at the start of treatment

Hematuria at present

28 years old women presented to OPD. Her last LMP was two weeks back. chief

complaint: I might have cancer. I have a pea size mass in left breast

Family history: grandmother diagnosed with breast cancer in her 60s Vitals : stable

General examination : normal Cardio: Normal

Respi: Normal

Abdominal examination : normal

Breast examination: symmetrical nodularity on bilateral breast all over the breast. No any axillary lymphadenopathy.

No any discrete mass palpated in breast,

USG of breast : normal Diagnosis?

- a. Fibroadenoma
- b. Fibrocystic breast disease
- c. Benign hypertrophy of breast

sinusitis hx and now orbital cellulitis signs and symptoms explained in addition to antibiotic what to do ?

CT orbit and sinus

Symptoms of hypercalcemia 14 Rx Nsaline

Pt on TPN now discontinued now patient has diaphoresis sweating glucose is 38 what is the cause

Hypoglycemia

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Fetus was born to diabetic mother weight was 4.2kg during pregnancy mother use many illicit drugs nicotine alcohol now on evaluation at 9 month two growth chart given height was declining at 3 month and weight was decreasing at 6 month what will you do

No further test because of normal growth

Fetal growth restriction due to diabetes

Fgr due to many illicit drugs

Fgr due to nicotine

Further testing should be done to see growth has been restricted he did

Carotid or subclavian stenosis case patient having vertigo and dizziness on head tilt

Repositioning

Carotid usg

Bladder cancer case patient working in industry what will you find on urinalysis and hematuria

Child of CF came with complaints of infections doctor says patient may need hospitalization now mother says that last time when my son was hospitalized my husband didn't give any expenses to home and doesn't allow anyone to go out what will you do next

Interview father

cps

Diarrhea and vomiting from 18 hx along with his two friends what will you do to confirm

Toxin assay

Serology for ova and parasite

Stool pcr

Stab wound at upper left side of abdomen jvp raised cyanosis hypotension 90/60 dx

Aortic rupture cardiac tamponade

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Pt with classic signs of heart failure(bilateral crackles) ecg looks like normal tropon level normal also has classic chest pain of MI

Repeat ecg and troponin level

Nothing

Echo

Give Furosemide and discharge

5y old child with heart sound given which I interpret as harsh holosystolic murmur at LLSB

Ans VSD

Dec femoral pulses harsh systolic murmur at upper sternal and BP was raised ans coarctation of aorta

Medial canthus xanthoma and family hx of hypercholesterolemia NBS rosuvastatin

Another patient

TG 400

LDL 150

HDL 23

Give Rosuvastatin

BP 145/85 hypertensive patient BMI 29 taking caffeine daily 4 cups no other risk factor in addition to diet what doc recommend

A Regular aerobic exercise he did

B weight loss of 9kg

C thiazide

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21 alpha hydroxylase def

Hyperthyroidism case asking for TFTs arrow question TSH ft4 T3 and CK level

6y old child with reducing inguinal hernia NBS?

Nothing bcz this mass is not due to hernia

Operative repair bcz risk of obstruction and strangulation

Emergent surgery bcz of risk of incarceration

Case of albinism depigmented macules increased risk of ?

Hashimoto thyroiditis

No sequale

Hodgkin lymphoma case hx of radiation now thyroid nodule with hoarseness since 2y in addition to TFTs what will you do ?

FNAc he did no usg In option

Pancreatic pseudocyst case early satiety alcohol intake hx and hx of mild pain at upper quadrant now again has pain at upper abdomen

Born at 40 WOG Bilious vomiting since 3 days no stool has passed xray shows megacolon

Midgut volvulus

Intususseption

Cystic fibrosis he did

Necrotizing entero

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CV of osteoarthritis picture of hand given show nodules but not clearly nbs

nothing

xray

rheumatoid arthritis cv morning stiffness up down arrows

ESR and RF raised

ANA, uric acid and dsDNA

Infertility on part of woman. 47y old Woman also had some hereditary

disease. Male semen analysis was normal and had no other

background hereditary disease. The couple decided to pursue in

vitro fertilization from male sperm and female egg from a healthy

female donor 23y old. Chance of getting a hereditary disease? -No

increased risk

brown sequard syndrome at T4 level what will happen after 6 months ? Babinski sign

anal fissure with epidermal break nbs sitz bath

actinic keratosis picture given on temple

fishbone diagram given about alarm system he did standrize protocol

was implementing policy and detecting errors prior to implementing policy what is this

FMEA

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Osteoporosis case DEXA abnormal vit d was normal was drinking 4-6 drink per day recommendation ?  
dec alcohol intake

Classic case of benzos intoxication with pupil 6mm and sluggish movement

73y old 6 wine daily at night now surgery done after that temp is 100 physocal exam show no abnormlty  
except fine tremor and when asked about month and year he told wrong and said get me out of this jail I  
think vitally unstable nbs IV haloperidol lorazepam (he did) urinalysis lubby

20-30y old bp was 160/60 murmur was given of AR nbs hydralazine(he did ref MTV) nifedipine

Amoxiclav dose error wala qs

Pt taxi driver knwn hx of hypertension taking antihypertensive has lost his job bcz he sale his taxi due to  
some financial problem I think

A self sobatage

B due to lost taxi

C bcz of job status

32y old male engaged getting married soon came for regular checkup says I want to get HIV test what  
will you do ?

Do testing

Do testing if there is any riskfactor (he did)

Don't do testing

Patient intubated now I think for 10 days but he has written in its advance directive that don't intubate  
me for more that 7 days but his sister came and says continue intubation what will you do ?

Extubate (hedid)

Involve ethical committee

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MVA case leg has amputated leg has signs of fat embolism and peritoneal signs with positive FAST NBS

Intubate ans

Exploratory lapro

Intracranial hemorrhage patient with decorticate position now his neighbor came

40wog came for induction of labour she has been given trial of misoprostol slight change has occued in effacement and dilation but no rupture of membrane then she was given trial of oxytocin then 6h latter rupture of membrane occurred station was -3 80% effaced 4cm dilated temp was 101 in addition to giving antibiotic what will you do ?

C-section

Bunion – shoes with low heel and squire toes

Patient with hep C on tenofovir from us veteren posterior headache for 6month throbbing headache sleep dstrbance appetite high doesn't meet with friends meeting criteria for MDD and also has hx of fall last year associated with transient LOC Dx

MDD (he did)

Postconcussion syndrome

Progression/worsening of hep C

Asymptomatic patient with normal lfts hepc ab positive hep s ag positive other were negative what will you interpret ?

Susceptible to hep b

Chronic hep B

Immune to hep b

Case of borderline personalty disorder history of cutting what will you do at discharge ?

Dialectical behave therapy

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Irritable bowel syndrome treatment asked A.lifestyle modification B. TCA

Question of casting vs surgery chariot 60no question- cohort

HPV vaccine question 11y old female – give vaccine at this visit

Patient came to ER with 7 8 9 rib fracture pain killer and and oxygen discharged now came back with SOB dec breath sound tympanic sound nbs repeat CXR

Pneumonia symptoms with complication temp 102 pleural analysis show <7.2 ph glucose low hazy fluid chest tube loculated fluid at posterior nbs

Thoracocentesis

Videothoracoscopy he did

Bronchoscopy

CT scan

16y old girl has gone to party at friend house got raped and her college is going to start next week came and says I don't want that my parents and anyone to know in addition to emergency contra what will you do ?

Inform police he did

Don't inform anyone

Inform district health

Offer counselling

Old age Obese patient with family hx of mi and stroke patient is otherwise normal doc prescribe statin which is this stage ?

Preparation

Contemplation

Primary prevention (he did)

Sec prevention

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80y old otherwise normal HME what will you do?

Assess fall risk (he did)

Assess cognition

2y old Child joka chae dise th chae tho diyo jestae natha diyus t roe tho 2 3 dfa wathi dinas now come to physician that its very embarrassing what to do ?

Send him to school so that he meet other peers

Ignore childs behaviour

Slap when he cry

Buy him everything what he ask (he did)

Tell him that its embarrassing

Child at clinic playing with his toys doesn't listen to the physician what physician says what will happen

Language delay

47y old while working he has lift something now has neck pain mild and problem in abduction what will you do ?

Offer nsaid

Physical therapy

Arthroscopy

**Arthritis due** to SLE now his kidney is involving pt was already on hydrochloroquine nbs

Biopsy (not sure in option)

Add Cyclophosphamide

Dec HCQ dose

**Pt on multiple antidiabetic drug** now pancreatitis sitagliptin

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**Fibroadenoma** case smooth mobile cystic mass nbs usg or nothing

**Hypercalcemia** with normal albumin(4) what will you do to cnfrm-

PTH

ionized Ca

**acute cellulitis** wala easy question tx

amoxi

cephalexin

**mother brought** her daughter has symptom of pneumonia of some other disease doctor on night duty give treatment at night but didn't give treatment at day when shift changes condition worse then mother ask physician now how to decrease this error?

Tell mother

Hand to hand transfer of care and should be told which issues should be addressed

**2 ppv question**

**Best test to** rule out the disease wala question

Sensitivity                      specificity

95%                                  60%

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**15y old girl symptoms** of panic attacks due to exam and has history of fainting 1y ago on summer camp  
nbs

Serum electrolyte

Cbc

Ecg

Tsh

**Brain** death scenario all reflexes lost how will you confirm-

Stop the ventilation and check respiratory response

Corneal reflex

**MVA case** patient is saying I know I'll die without transfusion but I don't want to get transfusion what will you do

Do surgery without transfusion

**Nursing care** mn patient aa Alzheimer ji need surgery husband says surgery should be done patient is oriented nbs do surgery if patient and husband agree

**Cervical cytology** done 1y ago shows ASCUS hpv status cant recalled by patient nbs do cervical cytology

**Central pulmonary** mass bronchoscopy with biopsy

**Metaphyseal mass** – osteosarcoma

**BPH** classic case nbs tamsulosin

**Down syndrome** case patient has AML signs nbs bone marrow evaluation/aspiration

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**AML patient bone marrow transplant done (GVHD) case maculopapular rash and labs shows dec leuco and others parameters decreased dx**

GVHD

Cutaneous manifestation of AML

A 75 year old man with metastatic Prostate cancer came to his physician to know about the chances of him having another chemotherapy. He has already made financial preparation for his family, went on to a vacation with his loved ones and also visited his nearby friends. The physician tells the patient that the next chemo will cost him 75000 dollars, of which only 50% will be covered by his insurance and tells him specifically that the chemo will extend his life by only 3 more months. He is also waiting for his grandson to be born which is due in next 2 months. As a physician what advice will you provide first?

- a. Tell the patient to think about his comfort in his last few months.
- b. Tell the patient to carefully evaluate what financial burden it will bring to his family if he decides to have his next chemotherapy.
- c. Advise the patient to go through the next chemo, as he will get to see his newborn grandson.
- d. Tell the patient that it is natural that people have to die one day.
- e. Tell the family about all the possible options and let them decide before you give your final decision.

93y old female deliberately has lying down on bed on one side saying that I'll not stand postvoid volume is 100ml nbs

Encourage her to ambulate

Catheterize

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14/3/2024.

Biochem - 2Q

1. 2yr old pt. frequent hypoglycemia. What is the defect

- a) acyl carnitine      b) amino acid synthesis

2. Zinc def

3. 32 yr old. stroke in father, next best step - lipid profile

4. Bp def -

5. Bowel resection - what is not absorbed. in terminal ileum

6. C<sub>1</sub> esterase inhibitor - angioedema

7. Serratia - Oxidative burst - granulomatous abscess

8. Anaphylactic transfusion reaction - Next best step

1. stop transfusion      2. Epinephrine

9. X linked agammaglobulinemia - Family h/o +ve

10. Selective IgA def

11. (9) Graft vs host - Bone marrow transplant after 15 days

a) Leukemia reactivation; rash;

12. Catheter related blood stream inf - S. aureus

13. TB - 15mm PPD - Next best step

14. Psoriatic arthritis & is gng to be given. what to check?

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No.

15. Croup - Nxt best step? Xray or diagnostic test indicated

16. Lyme's Rx -

17. Syphilis in ~~inf~~ children (?) - periosteal bone reaction; teeth defect  
congenital inf given in options

18. Histoplasma - HIV pt + pul signs

19. Aspergillus - Silver stain given

20. HIV + B/c infiltrates - Pneumocystis

21. Trichomonas - Flagellated organisms ~~in~~

22. Strongyloides Rx - pic given

23. URTI sym + viral prodrome  
+ post pharyngeal wall  
Erythema

Rhino

Adeno

EBI

24. Pericarditis in pt - coxsackie virus; metapneumo virus(?)

25. travelling to Africa - Hep A vaccine should be taken

26. HIV - A<sup>sis</sup>

27. HIV screening

28. M. avium - No diarrhea + HIV pt + NO CD4 count given

29. E. coli - HUS A<sup>sis</sup>

30. " " - How to confirm A<sup>sis</sup> -

31. Cat bite - a) Broad spectrum Antibiotic

32. Tmp-smx drug interaction
33. Vancomycin anaphylaxis - wheezing; rash.
34. Construction worker; Risk factors given - lung Ca.
35. Lesion in occipital lobe; homonymous hemianopia.
36.  $MSH_2$  defect - causes which Ca?
37. AFP 2.4 times greater; baby  $\bar{c}$  spina bifida occulta;  
prognosis - (11)
38. Tolteridone - anti muscarinic effects
39. Cyp 450 drug interactions.
40. Bradford hill criteria -
41. NNT
- 42 - PPV - (20)
43. Likelihood ratio - 20.
44. ROC
45. +ve skew; -ve skew. - statements are confusing
46. PDSA cycle.
47. heart sounds - 50
1. AS
  2. MR.
  3. VSD

48. Term baby + after 2hrs resp distress. - Transient tachypnea

49. Autonomic dysreflexia

50. VSD. Afib ECG.

51. heart block

52. Descending aortic dissection R -  $\beta$  blockers.

53. Dilated cardiomyopathy - doxorubicin toxicity

54. HF R

55. Stab injury - Tamponade  
(ans)  
+ ~~dist~~ muffled heart sounds

56. MI  $\Delta^{20}$

57. DM + 41yr old - add statin

58. Cushing's disease - arrows

59. Central DI - arrows -

60. Hashimoto's - post pregnancy

61. 2cm nodule + lymphadenopathy. Next step?

62. Insulinoma + C peptide +ve. Which hormone is used for  
 $\Delta^{20}$  - GH

63. Hyperparathyroidism - 20

64. RAS - bruit +ve

Week 44

::For more recent and solved files visit [usmlepromax.com](http://usmlepromax.com)

65. PTU side effects - agranulocytosis

66. Gastric outlet obs - 4m old + vomit after eating

67. Biliary atresia - pale stools - Do usg to confirm

68. hemorrhoids - stools are coated &amp; blood

69. HIV + 5cm groin mass - In options opportunistic inf given

70. Esophageal Ca A<sup>ms</sup> - old pt + dysphagia to liquid → solids71. Crohn's disease A<sup>ms</sup> - colonoscopy pic given

72. Celiac disease - which def is seen - A, D; E; K

73. (R) upper quadrant mass - Intussusception

5 Sunday 74. Acute mesenteric Ischemia - Sequence (Q)

70yr old

75. Fundus polyps. Nxt what to do? Nothing (ans)

76. Cirrhosis ques - Alcohol abstinence

77. α<sub>1</sub>AT ↓ liver ~~cir~~ cirrhosis in father + hepatomegaly + Emphysema

78. Cholangitis

79. Ca in gall bladder - Nxt what to do -

↓  
Gall bladder removed; did not cross the wall.

80. Acute pancreatitis; Xray calcifications. R IV fluids.

81. ALL - bone pain ↑ WBC

82. Fe def anemic

83. Thalassaemia trait

84. G6PD def - type of anaemia

85. 5yr old + sickle cell anaemia + splenectomy - prophylaxis - penicillin

86. lead poisoning. - 20g

lead - 6 - Next best step?

old house renovation.

87. multiple myeloma - Next step

88. Heparin induced thrombocytopenia - Next what to give

89. lower limb resection + w/o HIT + Now what to give in post

of ? a) IVC filter b) Apixaban

90. low back pain + acetaminophen from 3wks; Next what to do - c

continue acetaminophen.

91. Acc injury in future what ? → OA

92. Carpal tunnel Syndrome R - splint

93. Osteonecrosis → hip #

94. Trauma + lytic lesions of skull - No other inv.

95. Osteosarcoma - femur (lower) mass. in metaphysis

96. Ewing's - lytic lesions given.

97. RA R - methotrexate

::For more recent and solved files visit [usmlepromax.com](http://usmlepromax.com)

98. hyperparathyroidism + sudden onset knee pain → pseudogout

- weakly +ve birefringent

99. Salmon pink rash - JIA ① ↑ESR ; ② RA-factor +ve

100. Giant cell arteritis - R - prednisone

101. SLE

102. myasthenia crisis - post surgery weakness.

103. Varicella zoster - post herpetic neuralgia.

1. Δ<sup>45</sup>

2. R.

104. post herpetic neuralgia R

105. Tinea cruris - ~~R~~ R.

106. 2cm flat brown lesion + sun exposure + regular (smooth)

? actinic purpura ✓ lentigo maligna.

107. Bifrontal hemorrhage - akinetic mutism

108. REM sleep disorder

109. Brain death pt → pupillary reflexes lost

110. Ischemic stroke - R sided weakness ; Bp - 160/80 + sudden onset

↓  
R

- 111. psychogenic Epileptic seizures ans: video EEG.
- 112. MS - how to prevent ~~prevent~~ future recurrences ans: continuous glatimer
- 113. Tuberous Sclerosis
- 114. VHL - Occipital mass.
- 115. Transverse myelitis - below umbilicus weakness.
- 116. BPPV R
- 117. Eye trauma + redness of Eye - prognosis
- 118. Curtain falling → Vitreous hemorrhage.
- 119. Absence seizures R
- 120. metoclopramide side effects
- 121. ODD
- 122. Tourette
- 123. Intermittent Explosive
- 124. Schizophrenia - Sequence  
① Risperidone side effect
- 125. Delirium not ↓ing w/ lorazepam. how what to do.  
↑ lorazepam dose
- 126. OCD - 29.

Sunday 27

Week 35



127. PTSD R

128. Schizoid

129. MDD.

130. Lithium toxicity

131. ↓ appetite + drug taking to ↓ wt + anorexia nervosa.

what is the drug? → amphetamine

132. Horse shoe kidney complications → urethral obs

133. hyperaldosteronism.

134. CKD + ↑ creatinine - what to do - <sup>venous</sup> hemodialysis

135. DKA R - IV fluids

136. Acid base disorder?

137. Interstitial nephritis <sup>Which drug causes</sup> + WBC casts

138. Nephrotic Syndrome + DM

139. Urinary incontinence.

140. Urgency " → Kegels already done Next what

141. Stress "

142. Interstitial nephritis →

143. Acetazolamide

144. Neural tube defects - Isotretinoin

145. Twin gestation - hyperemesis gravidarum.
146. CTG - cord compression
147. Uterine didelphys
148. Ectopic gestation → pain + 96/60 something + UPT +ve  
Q. ans → laparotomy. TVUS
149. Endometrial polyp - shiny mass protruding cervix.
150. Klinefelters
151. B/l breast nodules + male + pubertal age
152. placenta previa @ 20 wks. Nxt what
153. PCOS
154. Emergency contraception - (28)
155. OCP after 35 yrs + smoking - now what to do  
ans: 140
156. mass in breast - mammography or USG
157. FB aspiration → Xray given (insp & exp)
158. PE
159. trauma + crepitus + pneumothorax → thoracostomy.
160. Trauma + ↓ Breath sounds → ~~pneumothorax~~ / hemothorax.  
+ mediastinal shift

161. COPD - PFT arrows

162. restrictive lung disease arrows

163. Obesity hypoventilation Syndrome

164. pneumonia - A in

165. " organism

166. lung mass 6mm. Next best step

167. asthma & - step up therapy - Fluticasone

168. " " "

## Gear 5

Questions were decent length, some very long... READ last sentence first always, WHAT is the Q asking you!! And then look for symptoms / vitals and weed out the bullshit, 80% of the stem is bullshit every time.

## Abstracts

### Decompression vs fusion surgery (was on block 2)

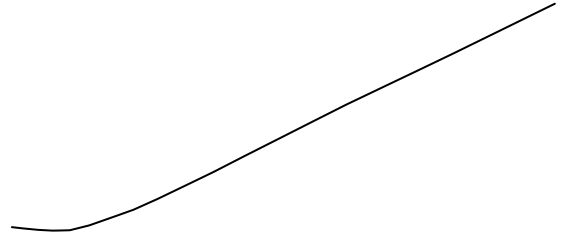
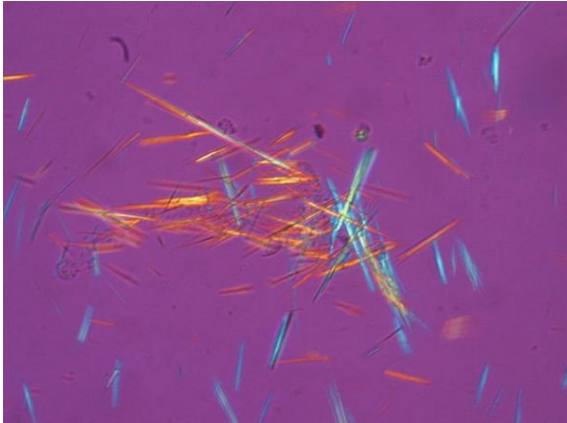
1. Pretty much asked you to evaluate the study .. answer was that = Quality of life is better in "Decompression surgery only" compared with decompression and fusion mix  
-tbh none of the answers were good bc none of the P values were  $P < .05$ , so nothing significant , but of the options given that was the best answer
2. Which of the following increased the validity of the study (I think this is what it asked)  
answer= 6 meter walk test  
(couldnt have been anything else)
3. Pretty much asked which of the following puts at risk for type 2 error, or causes increased chances of type 2 error-  
answer= Decreased sample size

### Ischemic vs hemorrhagic stroke (was on block 3)

1. Which of the following was least effective (it was based off the table in the study and you had to just pick which answer fit)  
Answer = Age < 60 .. (bc it had the lowest RR)
2. Calculate the posttest probability for the headaches comparing one of em to the other (pre test probability was 10% and LR was 2.9) = 24%
3. Tbh forgot what it asked but the answer I put was = the study didn't take in to effect other factors (kind like confounding bias typo answer).. I think, having a hard time remembering this one straight tbh

Gout black and white picture of needle crystals but they try to confuse you with the description and put 20,000 leukocytes and some other shit that almost sounds like septic arthritis .. but it's classic Gout crystal picture just black and white

ans = Gout (Exact same picture except they made it black and white)



Sequential Qs

2. 16 or 18 y/o active/ exercises, painful leg or some shit diagnosis was -
- a. osteosarcoma (correct and low key wasn't too convinced)
  - b. osgood schlatter
  - c. patellofemoral pain syndrome

3. Shows you the MRI i think showed sunburst pattern or some shit and gave you something else and tells you its osteosarcoma and says how to confirm?

- a. MRI
- b. Blood cultures
- c. Biopsy

4. Kid is shy to change in the locker room because of underdeveloped and he has bilateral gynecomastia and tall or some other shit obvious asf Klinefelters description, NBS = karyotype

5. Younger girl with URI couple weeks ago, and lately she's been experiencing random joint pain and random rashes + fever.. Legit long ass stem with like rash here and there and joint pain here and ther blah blah = Juvenile idiopathic arthritis

6. Minimal change disease described , 4 y/o with periorbital edema, he had +3 protein urinalysis blah blah , what would be increased?

- a. lipids

b. cholesterol (picked this)

c. albumin

d/e we're troll options

7. Picture of black guys foot with onychomycosis treat with what? had hella anti fungals both topical and oral options -

a. Oral terbinafine (obv)

b. oral fluconazole

c/d other topical antifungals

e. topical caspofungin

8. kid 5 y/o they described that he had down syndrome and had cervical and some other lymphadenopathy, lymphocyte count was high and had petechia (or maybe it was just low platelet count or both) essentially they had ALL (associated with downs), asked NBS ? = a. Marrow Biopsy, (be careful other options were down syndrome related)

9. some type of eye issue Q, one eye had 100/20 other was like normalish, pretty much seemed like only thing wrong was a lazy eye, most likely outcome or maybe asked what is it?

ocular dystrophy (I picked, was between these 2 ->) or amblyopia

#### Amblyopia

- Definition: visual decrease in one or both eyes (functional visual impairment) due to a developmental vision disorder during early childhood
- Pathophysiology: one or both eyes convey poor or mismatched visual information to the brain → brain suppresses information from one or both eyes → disuse of the eye → lacking visual stimuli with partial underdevelopment of the visual cortex
- Forms
  - Deprivation amblyopia (e.g., via ptosis, cataract, occlusion) ☒
  - Refractive amblyopia ☒
  - Strabismus amblyopia ☒



Failure to detect or adequately treat strabismus may result in irreversible amblyopia!



A serious underlying condition (e.g., brain tumor) should be suspected in infants with strabismus, especially in the presence of additional ocular findings like leukocoria!

it says in red.. The Kid had strabismus described

Yea legit what

10. Penis fracture heard a "snap" during sex, most likely outcome if u don't repair it?

a. painful erections (marked this)

b. Other options sounded good but its painful erections

11. Kid smokes marijuana couple times a week whats most likely outcome if he continues- A. Depression (marked this it's wrong)

B. **psychosis** (changed from this smh)

C. anxiety

12. Long stem and pretty much asthmatic taking Albuterol which electrolyte abnormality?

a. **Hypokalemia**

13. Turners girl described NBS = Karyotype

14. Long stem of oppositional defiant disorder in a young teenager, what treatment?

a. SSRI (fluoxetine)

b. Dialectical behavioral therapy (picked this fkkk)

c. **Psychotherapy**

d. CBT

15. Anaphylaxis case ,patient drowsy,swelling of lip and oral mucosa, wheezing, bp 90/60. Management ?.. it was kind of a weird stem

-**iv epinephrine** (The IV part kinda had me like :/)

-endotracheal intubation

-steroid

16. 1 mortality in hospital by some cause. 2 deaths in the past by the same cause. What to do to prevent such errors from occurring ?

-**Root cause analysis**

-Failure mode and effect analysis

17. Another Root cause analysis Q, it was easy tho

18. Q about patient who had 2 diff lines in 2 diff places, like an IV catheter and one for enteral feeding or some shit and then says the new nurse administers the patient food into the IV line lmao like put the food hooked up and let it go into the vein LMAO.. how could they prevent this?

- a. Have 2 different screw on type tips for the different location catheters
- b. Have diff color catheters
- c. Nothing else was even a decent answer

19. Forgetting the stem but had a sialadenitis Q, it had a lil purulent pus coming out

~~20. Had a like CT or some type of image of the skull/ sinuses and said something about it pushing out the ears or some shit, essentially was a long ass stem and I went with **Parotitis**~~

~~21. Akinetic mutism~~

~~22. CGD- Serratia and staph- **Defective Oxidative Burst**~~

~~23. Patient had a near amputation of his leg while cutting a tree and fell, he goes to hospital gets 12 transfusions of RBCs, 8 packs of platelets and other shit.. 18 hours later he has like SOB,  $paO_2:FiO_2$  is 350, and X ray (not given) described as bilateral infiltrates~~

Answer is **a. pulmonary contusion**

b. TRALI (everyone picking this but it's after 18 hours, TRALI shouldn't be past 6hrs and max 12) .. also TRALI would have low grade fever which this pt didn't have

~~24. Patient had tremulousness and diarrhea / other GI shit and listed drugs they are on, recently started on TMP-SMX, what's the cause?~~

answer = **lithium carbonate**

~~25. Frontal lobe hemorrhage, they show 2 CT scans on like the frontal medial lobe with one side brighter in the frontal lobe at like midbrain level, what would it lead to?~~

a. **Akinetic mutism** is the right answer i guessed and looked it up

b. Impulsive aggression (almost picked but based on area of brightness on CT it's wrong)



26. 3 year old showed X-ray with like a backward crescent moon 🌙, bloody diarrhea, kid crying and mass felt on palpating = classic **intussusception**

27. Young patient serratia marcescens infection and also mentioned staph, stopped reading the Q and looked and clicked = **Oxidative burst (CGD)**

28. young boy develops recurrent infections, diarrhea, uncle had some same shit and said no tonsils → **bruton's X linked**

29. IgA deficiency 2 diff Qs, one was they gave blood and now the person had anaphylaxis and another they gave IgA levels low and all the other ones normal / very slightly increased

30. herpes zoster described and how to manage the pain of the rash = **gabapentin** (other options were VZIG and Zoster vaccine but it specifically asked about managing the pain)

31. Lynch syndrome described, at end of Q it said microsatellite issue and asked what else would you screen for in daughter or somethin? = **Genetic testing** (no options like colonoscopy or endometrial sampling nothing else made sense)

32. (Tough Q) BP was 190/100 big ass stem of HtN and Ct scan showed a descending aortic dissection it was like poppin out the screen dawg, NBS? =  
a. **oral propranolol** (is correct even tho it's oral i looked it up)  
b. IV nitroprusside (no bc u need to give a beta blocker first)  
c. thoracostomy (they prolly need but NBS is beta blocker first even tho technically usually they prefer IV)

33. URTI and now has s3 heart sound and crackles = **myocarditis**  
another myocarditis like above asked what cause?  
answer = **coxsackie b**  
they had buncha bugs but it's coxsackie mcc

34. Pericarditis Q, they gav you NOTHING in the stem but the ECG showed diffuse ST elevation so i looked for **ibuprofen** and kept it moving

35. girl going to visit sub saharan africa and she already had HBs antibodies what will you give before she goes ? = **Hep A vaccine**

36. Patient went skiing in the mountains and became like confused and shit, they want to go again but they're worried, what do u give them?  
**Acetazolamide**

37. RBCs = 6million and MCV was low asf like 58 , also said they take iron supplements but either way mentzer index =  $(MCV/RBCs) = 58/6$  was 9.6 which is less than 13 so **thalassemia trait was answe** (greater than 13 is iron def)

38. HIV + person CD4 count was like 640 i think and it described a lobe pneumonia with dullness and egophany present

a. **strep pneumo** (correct)

b. Pneumocystis

c. staph

b. mycoplasma

39. baby with subdural hematomas described, bilateral retinal hemorrhages and shit answer = **Non accidental trauma** (shaken baby syndrome)

- they have troll options with the word subdural in them, it was weird lol

40. 16/17 year old girl never menstruated , she has 4 tanner breasts and 2 tanner axillar hair , plus inguinal mass or palpable mass on lower abdomen = **AIS**

41. bicycle injury and blood at urethral meatus NBS = **retrograde urethrogram** (deadass scan the Q, every 3-4 Qs you'll get some free shit that u don't even have to read more than a few words)

42. osteoarthritis described and crepitus on knee flexion Nbs = **quadriceps strength exercise** (was last option)

43. Female with shrimp allergy, wheezes and shit and wants to eat shellfish still what do u tell them ?

- a. **Eat shrimp and use epi pen as needed** (has to be this)
- b. slowly inc the amount of shrimp u eat for 3 weeks or something (the wording doesn't make sense so throw this option out)
- c. diphenhydramine with shrimp .. no it doesn't protect the airway which is first step

44. Patient with pleural effusion on chest X-ray and longggg ass mf stem, i scrolled down and saw TGs 40 on fluid analysis .. clicked **TB** and kept it moving other options are chylothorax, malignancy, etc

45. Tourette syndrome Q what will be the likely progress of disease = **they will likely get better in adulthood** is what i put , it's right i looked it up now

46. classic HIT Q, answer = **stop hep and start argatroban**

47. NBME 14 2 X-rays of inspiratory and expiratory answer is **foreign body aspiration**

(Q kinda troll bc instead of typical right sided wheezes etc it gave symptoms on the left but it's still right)

48. dental hygienist gets rash on hands , most recently saw patients with aphthous ulcers blah blah fluff shit, asks what's the cause? **Latex gloves**

49. DDH in an 8 month old, heard a "clunk" NBS = **Abduction harness** (be careful they put like spica cast and other troll shit )

50. 17 y/o patient comes in to ask about contraception and on evaluation gives u symptoms of Primary dysmenorrhea what to do to control this pain? a. aspirin  
b. OCPs (i picked this bc it will fix her PD and also that's why she came in, even tho aspirin works too but idk i figured this solves both problems )

51. patient with high Bp and shit NbS is = **DASH** diet they put it out in words dietary approach ...

52. hyperemesis gravidarum and said ketonuria = **twin gestation**

53. infant moved to grandmas house bc they are fixing there house up and this house is not childproof (whatever tf that means), now the child is a "picky eater" .. scrolled down at options saw **lead** and kept it moving

54. 2 biliary atresia Qs, they were textbook easy asf

55. benzocaine put on patients gums and now they have central cyanosis and shit what to give them ? = **methylene blue**

56. Patient is about to get ~~appendectomy i believe~~ and they go

~~Gallbladder cancer vs pancreatic cancer~~

~~It said abdominal pain, jaundiced , both extrinsic and intrinsic bile ducts dilated, 20lb weight loss, high bilirubin and increased amylase~~

~~I went with **gallbladder** bc the pain and both bile ducts issue.. but like idk, and it didn't mention ~~smoking~~~~

57. Hemothorax- Patient came in after some type of trauma, maybe a MVC and now has SOB normal JVP, hypotension and tachycardia.. I think even mentioned that they had an effusion NBS is ?

- a. **Tube thorocostomy** (chest tube) placement
- b. Needle thoracostomy
- c. Thoracotomy

(Pay attention they gave all options for all these Qs, u gotta know what is what!!)

58. I had a sequential back to back Pneumothorax you had to diagnose it.. It said they got stabbed, decreased breath sounds, hyperresonance and JVP and then it asked NbS ,

- a. needle decompression
- b. Tube thoracostomy
- c. Thoracotomy

59. 32 year old girl with dad who had CVD and mom had history of CAD, the girl herself been hella smokin cigs like 10 years now, NBS?

Lipid panel

60. 2 transverse myelitis and only a few Q s apart

61. Heart sounds I put VSD for one and Aortic stenosis for 2 of them

62. had a script of mobitz type 2 on ECG and asked what can happen or like what can it progress to?

I put - can progress to 3rd degree heart block

63. teenager super tired during th day and has episodes of dropping what's in his hands when he laughs (describing narcolepsy) .. what would benefit him?

answer was = Sodium oxybate

(i high key guessed after ruling out the others didnt know this)

64. HARD Q ... kid has like 6 pigmented macules on body and mom says she has always had 4-5 of the same pigmented maculae's but doesn't think anything of them , asks what the kid is at risk of? LONG ASS STEM, oml nothing else relevant given, i read the question 4 times ... if nothing was an option i would have put nothing, but i think this is NF1 ./ options -

- a. melanoma (i chose bc both S100+).. Per pubmed this is correct
- b. schwannoma (this is NF2)

- c. some type of neuropathy mentioned , almost picked it
- d. something dumb

65. ~~Na+= 145, K+= 3.4, BP was 160/110 what do they have?~~

- a. **Hyperaldosteronism**
- b. Pheochromocytoma
- c. RAS



66. ~~Placenta previa was described and did ultrasound, they are at 20 weeks gestation whats NBS?~~

- a. C-section
- b. **Re-ultrasound at 28 weeks**

67. ~~Teenage girl came in she was raped, her pregnancy test and STI tests were negative, she is concerned about getting prgnant NBS?~~

- a. **Oral levongosterol**  
(they had 5 diff contraceptive options)

68. ~~Classic post partum hemmorrhage question, boggy uterus and they did the massage NBS?~~

- a. **Oxytocin**
- b. Methyergonovine
- c. Carboprost

69. ~~Patient with history of COPD who is on Corticosteroid and albuterol already and mentioned other shit, he comes to hospital with sob, NBS-~~

- a. **Add tiotropium**

70. **TROLL Q...** Child had increased lead on capillary sampling, it said lead level was 12 (Normal <5).. Whats NBS to diagnose?

- a. Nothing further needed (this is what i chose but idk)
- b. Sample venous blood again

71. Pneumococcal 23 vaccine was the answer twice, one question the patient was like 55 but had like chronic heart disease or something

72. patient fell or got in an accident or something trauma and he was unconscious, then he was normal went back to whatever he was doing.. Now hes in the ED pretty much unconscious again or buggin out (lucid interval) what was cause?

- a. Subdural hematoma
- b. Epidural hematoma (yes) .. i think the answer was like

73. Silver stain picture of aspergillus clear acute angle budding and pretty picture lol, said that there was a cavitory lesion in the lung, and mentioned cough and other shit whats the cause?

- a. Pneumocystis jirveci
- b. Strep pneumo
- c. Aspergillus
- d. staph

(WOW jus realized i didnt have a pneumocystis Q .. kind of crazy)

74. Had a patient who had increased amylase, epigastric pain and they are on enzyme supplementation .. essentially described pancreatitis and now they develop SOB and did imaging and shows bilateral infiltrates on Xray what is it?

- a. ARDS
- b. Pneumothorax
- c.

75. Patient with BMI of 40 and they snore when they sleep and PcO2 was like 45 what do they have?

- a. Obesity hypoventilation apnea syndrome

76. Patient had Obesity hypoventilation syndrome or OSA described what else would they have?

- a. Decreased PCWP

(low key u had to reason through every option, the rest would have been opposite of what they gave in the answers.. Shit was exhausting :/)

77. Patient with TSH .05 (low asf) and T3/T4 normal , and they have neutropenia on labs , whats the cause ? = medication adverse effect

78. Older man brought in by his daughter who helps take care of him, she said the father calls often getting lost when driving, he lives alone and fails the seven backwards test and cant recall any of the 3 or 5 items after 5min, described Alzheimers dude whats NBS ?

Answer was - Request him to do a driving screen

79. MEN 1 question, the person had kidney stones described in history, and they had frequent episodes of hypoglycemia (insulinoma), what else could they have? Pituitary adenoma or something with pituitary was the answer

80. TROLL Q with a picture of the brain and it made the pituitary gland white/enhanced on imaging, it said in the stem that the patient had milk leaking from the nipples and shit, describing prolactinoma and asked what else could they develop?

a. Mass effect problems

b. Diabetes insipidus (troll ass option had me thinking twice bc the picture of the pituitary got me thinking ok maybe he gets fucked up and shit)

81. for Odds ratio u had to pick the one with the increased or highest risk or some shit of whatever it was talking about, so i had to rule out 2 options that included 1 in the confidence interval, and then 3 options all had confidence intervals that dont include 1 and i went with the one with the biggest number , it was like

a. OR 19, CI 2.4-28.6 (I chose bc it said increased/highest risk.. But tbh idk tf)

b. OR 13, CI 2.3-27.5

c. OR 4, CI 3.5-26.4

not like that exactly but it was like all similar numbers with decimals and the OR # u had to pick if it was higher or lower of that # i think to get it right, i picked the high one ?:/

82. Patient who had an alcohol use disorder just had surgery and they were getting lorazepam prophylactically and now after the surgery they have alcohol withdrawl symptoms. Asked what is NBS -

a. dec lorazepam

b. Increase dose of lorazepam (keep alcoholics on LOTs !)

c. change lorazepam to chlordiazepoxide



d. change benzo to something like tylenol

(rule of thumb for NBME, typically always try to increase dose of medications before changing them, even with pain .. but with pain you increase 25-50% is my rule, if its anything more and they have cancer or something chronic then fk it always morphine which is the answer 95% of the time for cancer type pain)

83. BPPV described NBS = **repositional movements**

84. Older patient recently had catheterization and stenting, they are in the ED recovering and shit and now they have SOB and they have purple / blue foot, diagnosis? = **cholesterol embolism**

85. Young kid comes in he had a seizure recently and has had a few recently as well, he has hypopigmented marks and shit that his mom also has similar ones, he has intellectual disability compared to his classmates (spectrum vibes haram) and has lesions on face/nose that feel like little pimples (describing angiofibromas) whats he have?

- Tuberous sclerosis** (free as fk)
- Neurofibromatosis 1
- NF2
- Sturge webber

86. Patient comes in for evaluation and has AAA of 4.2cm and he comes back in 6 months later and his AAA is now 5.1cm what NBS?

- US again in 6 months
- Follow up in a year
- Schedule surgery** (>.5cm in 6 months or >1cm in a year needs surgery electively)

87. Another Q of a patient who had AAA and like 1cm increase in 6 months in the width of diameter, they needed the surgery to be done, doctor scheduled to do the surgery in like 3 months from now, and the patient ends up having a AAA rupture and they die a couple weeks after the last visit, what could have prevented this?

- Answer was like more urgency toward the surgery (weird ass wording but they needed to have the surgery done like asap)

88. ITP (hellla vague) lady 40 petechia, everything else normal, treatment? **Corticosteoids (prednisone)**

89. 50y/o female does colonoscopy and .4cm hyperplastic polyp, i think they even remove it NBS?

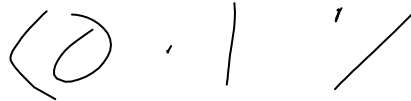
- colonoscopy in 10 years**
- Colonoscopy in 5 years
- Colonoscopy in 1 year
- CT colonography every 5 years

90. septic shock scenario described , they gave fluids and the patient was not really improving, NBS?- I went with **corticosteroids**, NE wasn't an option and ruled the rest out

91. high PTH level like 65 and calcium was low i wana say whats NBS = **parathyroid Sestamibi scan** (they put parathyroid in there mfs made it free)

92. What liver disease has +Bhcg.. +IgM anJ hep E , with + bHCG .. what is she at risk for?  
-cirrhosis or death?

**Death**, she is pregnant (+bHcg)



93. another one where kid was 14, but xray in hand of a 10 year old – constitutional growth delay = \_\_\_\_\_

- a. **reassurance**
- b. trial of growth hormone
- c. MRI of brain

94. **Graft vs host** in a girl who had a BM transplant like 20 days ago it said and now has maculopapular rash and i forget what else but nothing else fit \_\_\_\_\_

95. Uremia , Cr of 10 NBS = **Hemodialysis**

96. osteomyelitis described it didn't tell u that's what they had, but they do a surgery and debrid and give antibiotics all that shit and asks what would be the best to recommend this patient for an overall better recovery or something and answer was **Early range of motion exercises**

97. Seborrheic keratosis greasy mf gave picture .. associated with **HIV**

98. two Qs one in a libe girl... anytime they have a draining tract in booty, one answer was **crohns** and another was **IBD** ... one was a weird ass presentation but the other was a fistula to the bladder wher they have pneumoturia, air when the piss lmaoo

99. Transverse myelIJs Q -lower body no prop, no pinprick , has propriocepJon in thumbs but not umbilicus down= a. giuillan barre, b. ASA , c. transves myelIJs (all below umbilicus) , d. ALS


100. Dad died of liver cirrhosis in early age, he has elevated ALT/AST with COPD symptoms, hes 31 = **A1AT**

101. **HPV** vaccine at age 11, she had all other ones..

102. Person 50/60 had pneumococcal 13 breifly mentioned, now u give them **pneumococcal 23**

103. Fat kid falls, pain with internal rotaJon , but knee is hurJng him SCFE .. NBS = get

a. **X ray of hip** , b. x ray of knee, c. mri of knee, d. mri of hip

104. Vomiting Q wanted the values?= inc Hco, Dec 

105. TB negative chest Xray, from philipines (HPI) screen o work in US .. PPD was like 18 NBS = **isoniazid**

106. Pt with central venous catheter since 6 months,sepsis features given,organism?

**Staph aureus**

107. Rosacea Q it showed the picture and asked what would you have them do to decrease from happening? = decrease alcohol intake

108. Thyroid gland was enlarged and it said that TSH was elevated and gave t3/t4 values i forget, but it asked NBS and both US and FNA were options, i went US bc you should TSH/US first

109. Another similar Q except TSH was decreased and a nodule was palpable, NBS?

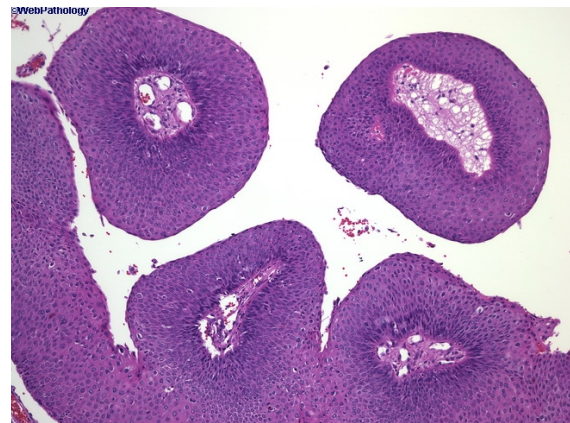
a. Ultrasound 

- b. Radioactive iodine (clicked this bc dec TSH you do RAIU next)
- c. Other measurement options  
(I didnt US bc bruh tye nodule was already palpable so idk...)

110. Tough Q, it showed a histo slide never seen anything like it before but it essentially explained HPV 6,11 like on the larynx/ in the throat .. said little flesh colored nodules on vocal cords and shit were removed and showed histo slide (didnt see any koilocytes or anything) it asked whats the progression? - Laryngeal papillomas

- a. Chronic condition (per google this is correct)
- b. It can come back and be hella invasive
- c. It can come back and slight chance of being invasive
- d. It should resolve after treatment (i chose)

Almost identical picture →



111. 45 yrs old pt, heavy bleeding for 2 weeks, spotting 4 months, bmi high like 33. NBS?

- a. Endometrial biopsy
- b. Pap smear
- c. Colposcopy

112. Contact dermatitis picture of rash on arm what to give?

- a. Corticosteroids
- b. Diphenhydramine
- c. Silver nitrate

113. Girl had fear at school of having to speak in front of class, trippin hard about if she gets called on and has to speak, treatment?

- a. Fluoxetine
- b. Lorazepam

(social anxiety disorder treat with SSRI, but if it asked to treat acute/episode symptom it could be beta blocker or benzo)

114. Fibromyalgia case, female with pain in like random trigger points all over (it didnt say trigger points) and it said ESR and muscle strength was normal, what to treat?

- a. Duloxetine
- b. Ibuprofen
- c. Oxycodone (some opioid i forget)  
(they did not have exercise as an option, that is first line to try first before treatment)

115. A child maybe 8y/o, fever, No pain on pullin of the ear, said he keeps tugging his ear (implying that it helps with the pain), and asks what is most likely cause? (otitis media)

- a. Strep pneumo
- b. Haemophilus influenza
- c. Staph

*Handwritten note: Nasty! ewh*

116. I had a subdural hematoma it showed the CT scan and described it, they were not really stabilizing despite certain efforts made, and asked what was the next step in management?

- a. Craniotomy (I chose, patient seemed like it was emergent asf)

117. They had a pic of like legit just a fkin macule or cafe a leu spot ... too small to be a melanoma idk but it asked whats the risk for?

- a. Squamous cell carcinoma
- b. Actinic keratosis
- c. Basal cell carcinoma  
(I dont remember if nothing was an option or not if it was i chose it if not i went with squamous but it was a troll Q, patient was normal..)

118. Hidradenitis suppurativa picture of the armpit and gave a light description.. Essentially they

didnt really have a history of this or much complaints so it was relatively new for sure.. NBS? It

should be antibiotics and they like clindamycin and tetracyclines but they were not options

- a. Cephalexin (I chose)
- b. Axillary surgery (you cant just jump straight to this)
- c. IV vancomycin

119. ~~patient~~ has a surgery done. Mass seen in appendix. Symptoms of vipoma given. Treatment asked= **octreotide**

120. ~~LONG~~ ass Q about a guy who had PSA of 6.7 (normal was 4) 7 years ago and he chose not to follow up again with PSA because he did not want to or something, he has some BPH like symptoms if i remember right, he had a colonoscopy up to date, all other exams and shit were up to date but you had to figure that part out yourself based on the info given, what should doc recommend?

- a. **Recommend getting PSA testing again**

121. Had a ~~VWD~~ Q and it asked what else is decreased

- a. ~~Factor VIII~~ (they ride or die together dawg)

122. ~~pneumonia~~ case and asked treatment, it was like hellllll ~~white on one side~~ and the other kinda looked normal, it didnt say lobar but it wasnt interstitial either idk it was weird but asked treatment?

- a. ~~piperacillin/tazobactam~~ (i chose bc legit nothing else made sense)  
b. ~~vancomycin~~

123. Military pt 2 weeks of nonproductive cough. CXR shows opacities in R middle and R lower lung. Rash 3 days earlier, concentric, nonpruitic, nontender on legs.

- a. ~~Burkholderia~~  
b. ~~Pseudomonas~~  
c. ~~Strep pneumoniae~~  
d. ~~Staph~~  
e. **Mycoplasma**

124. Described a hemodynamically unstable patient who was cold to touch, hypotensive and other shit and they gave fluids and he was not responding, whats goin on?

- a. **shock**

125. I had a hernia Q it said it was below the inguinal ligament which i think is femoral ?  
so i put needs **surgery**

126. Question on a person who had weight loss and was on chemotherapy and they now start presenting with strange behavior and a couple seizure episodes what is the cause?  
It's brain metastasis of cancer but the actual answer was like **Metastasis** i think

127. Acyanotic holosystolic murmur heard and loud s2 i think ... I put TOGV , hypoplastic heart syndrome (no), coarctation of aorta - idk wasnt too sure on this it was buggy kinda

128. I had a becks triad , hypotension, JVP, faint heart sounds , ddx = Cardiac tamponade  
another Q with the same description.. hypotension, JVP, faint heart sounds, what is causing the hypotension?

the answer was like **diastolic dysfunction** or some weird way of saying that diastolic filling was decreased

129. a test that can help with screening of HPV (or some other disease) bc it said it can help detect it at 40 instead of 45 or something what will happen to prevalence and incidence?

Both will **increase**

130. T EFFED UP. Patient came in and had chlamydia like 3 weeks ago and they were treated for it and were gucci and now as of last 5 days they have symptoms again, clear discharge and typical chlamydia symptoms and said she went back to having sex again bc she a mf hoe. What do u give her?

a. **docyclycine** (yes)

b. azithrocmycin (fml idk why i bugged out and picked this :(

c. ceftriaxone

d. TMP-SMX

131. HOPI Q on paget's disease of the breast, described like pruritic, erythema toys and scaling lesion on the breast (or nipple) idk but it was clearly pagets and asked NbS?

- a. mammogram
- b. **biopsy** (yes)
- c. CT scan

132. 27 y/o, Ovarian cyst or maybe it was a teratoma, some mass was described and it was like 7cm it said and asked NbS?

- a. US follow up in 3 months
- b. CT scan
- c. **Surgery** (yes bc >5cm u gotta take that shit out and risk of torsion too)

133. I had an availability bias Q, the doctor had just had a patient or 2 who had like strep I believe and treated them with amox and now next patient comes in and they treat him with amox but he's not getting better, he comes back they do imaging and realize he has like a pleural effusion or something completely diff, what bias?

- a. **availability bias** (yes)
- b. anchoring bias

134. I put missed abortion for this weird ass Q, said she's not sexually active and now has 14x 16cm palpable something on exam and she is bleeding from the os but it was closed and said there was no fetus even i think.. I still put a missed abortion, didn't like other options and i am forgetting them now :/

135. man Dr. dumeny (Dr dumbass) actually clutched this .. patient came in and said the last menstrual period is like 12 weeks ago let's say and gave a long ass stem with bullshit and said that the ultrasound says 18weeks gestation.. and now like another visit the ultrasound is like another 2 weeks ahead or before or some shit idk they tried to make it confusing .. what do you go with?

answer is the option that STICKS WITH FIRST ULTRASOUND DATE!

- a. go based on her documents LMP
- b. new ultrasound dated
- c. **original ultrasound date** (correct but it was worded differently)



136. Kid with severe scoliosis and asked the values of his FEV1, FVC, DLCO decreased, decreased, normal

137. Myocarditis type description, it was after an infection and now fever, SOB, crackles NBS?

Echocardiography

138. patient in OR has surgery and now presents with calf pain on dorsiflexion (hamman +), pretty much obviously DVT said nbs?

- a. warfarin
- b. heparin (yes)
- c. thrombectomy (fk no)

139. Long ass stem patient on dialysis missed their appointment, it had 2 sets of lab values of like 1 day apart they went from a Cr of 4.1 to 10, other values effed up to NBS?

- a. furosemide
- b. Hemodialysis (yes)
- c. hydrochlorothiazide

140. I didn't have one Non stress test!!! but I picked it as the NBS answer for a Q that i can't remember right now ...

141. goooood Q, they said that the person has a history of episodes of diarrhea and constipation and relief on defecation (so they want u to think IBS) ... but they say they have bloody stools on occasion now, and they gave something else that pointed toward UC they asked the cause of the symptoms?

- a. celiac disease
- b. constipation
- c. Ulcerative colitis (had to be jus wasnt obvious)
- d. Cancer

142. asymptomatic bacteria /UTI in prego bitch the answer was amox/ clavulanate  
Bullemia nervosa, purging behavior and Bml 18-19 and said a bunch of other shit Nbs?

a. SSRI

143. mom brings 4y/o kid in he recently slept at fathers house , they're divorced burn marks that are symmetric and bubble up on the back NBS?

CPS

144. patient had like a partial cleft lip and ear issue and a long ass stem, at the end said they have tetralogy of fallow and asked what else would they have lab value wise ?

a. hypokalemia

b. hypocalcemia (duh)

c. hypercalcemia

d. hypophosphatemia

145. Alcoholic patient and asked what causes the hypokalemia , but this was hellla rapid like within 1 day the values changed which made me think but still went with -

hypomagnesemia

146. mom is cartier of hemophilia A what's chances kid gets it ?

a. 50%

b. 25% (yes .5 chance being boy and .5 chance of getting so .5 x .5)

c. 100%

d. 0%

(thank god this was an anki card at one point bc i mightve bugged lmao)

147. Female patient post partum by like a month or 2 and said she's bleeding from the nipple, other shit in the Q but essentially the bleeding was continuous and she couldn't breast feed from that breast anymore what the most likely diagnosis ?

- a. intraductal papilloma (i went w bc mcc of breast bleeding)
- b. crack in the nipple (almost picked this but idk wasn't convinced based on the stem)

148. described either bicornuate uterus or uterine didelphys i forgot which one and they were also pregnant, asked what's the risk? \_\_\_\_\_

- a. preterm delivery ( i went with)

149. phyllodes tumor classic histo slide and asked NBS? \_\_\_\_\_

- a. biopsy (yes)
- b. mammo
- c. follow up in 6 months with US

150. White shit on roof of mouth and on tongue and hella white shit been noticing for days what's NBS? \_\_\_\_\_

Nystatin (they are trolls it gave another word after that i never heard of , it was swish and spit or oral or anything it was weird)

151. HIV patient with CD4 count less than 50. Which micro-organism are they more susceptible to? \_\_\_\_\_

- A. Bartonella hensale  
(was only aids defining option)

152. Long-standing diabetes patient with symptoms of bloating 2 hour after meal. Which test will diagnose? A. Gastric emptying studies

153.



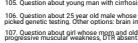
- What is increased = ALP
- 2. Commo cordis was answer
- 3. RLS, what to check, ferritin level
- 4. Female patient with pain in pelvis and thigh (right side), mass present below the inguinal ligament. Severe pain. Operation -> nodular lipomatous tissue
- 5. Placenta previa at 20W, Ido USD at 28W
- 6. Baby given benzocaine by mom because teething, burns blue, methemoglobinemia MOA = cytochrome reductase deficiency
- 7. Preeclampsia at 38W = labor induction
- 8. PPH case, boggy uterus = give oxytocin
- 9. Case of hypoglycemia = neuroendocrine tumor
- 10. Klinefelter case, boy shy to change in front of others = karyotyping
- 11. **12. OA of knee = quadriceps strengthening**
- 13. RA prevent progression = Methotrexate
- 14. Brain death question = apnea test
- 15. Positional vertigo = repositioning maneuvers
- 16. BP 140/90 = DASH diet
- 17. Foreign body question with inhalation/expiration CXR shown
- 18. basketball player with pain in thigh/knee/rubbery tender mass. Eying or osteosarcoma or chondrosarcoma? Mentioned LAMELLATED/lamella on biopsy. I put Ewing.
- 19. DDH = positive ortolani test = abduction humps
- 20. DDH = 2 month old, NBS after clunk = U/S of hips
- 21. Abstract Q: PPI & H2 blocker and CDI infection: confounding
- 22. High/Increased
- 23. need more prospective studies
- 24. PaO2/FiO2: 350 = CHF?
- 25. TQ 40 (pleural effusion fluid) = TB effusion
- 26. Wavy door = macular degeneration
- 27. CT scan showing bi-frontal lobe hemorrhage = akinetic mutism
- 28. Obese female, S2 accentuated, morning headache = OSA
- 29. Priapism from trazodone = switch to citalopram
- 30. Leishmaniasis nose picture
- 31. 6 month old child with SCID exposed to cousin with chickenpox = Varicella IVIG 32.
- 32. Serratia + staph infection = how to test it = neutrophil oxidase test
- 33. Bruton's question: Kid with FTT, multiple infections, maternal uncle had similar hx, tonsils absent 34. Bleeding in joint = factor 8 issue
- 35. Contraceptive after rape = levo
- 36. SVC syndrome, smoker, facial edema, JVD increased
- 37. Papilledema in female, what next = MRI of brain
- 38. 7cm ovarian teratoma = laparoscopy
- 39. PCOS = irregular menses, hirsutism was described
- 40. Intussusception described, Xray given = intermittent abdominal pain, bloody stool, mass felt. 41. Thalassemia trait = MCV 55, RBC 6 million
- 42. Reminding pts about screening colonoscopies = remind patients who are 50 to schedule a colonoscopy when they arrive for their appointment
- 43. Old lady with Swan neck deformity wants to quit her granddaughter a sweater, takes methotrexate, ibuprofen, etc. what to give her = prednisone (other option was hydrocortisone injection)
- 44. Man with ankle pain 5 years ago had an injury. Showed MRI of ankle, rubbery mass with no skin changes. All motor was fine. Sensation slightly decreased. I put ganglion cyst, but other options were hemangioma
- 45. 35 year old who hasn't seen a doctor in 12 years, but was up to date with her vaccines at last visit, what to give her now = c. tetani. (tetanus every 10 years)
- 46. Pregnant lady comes with pressure sxs and had 2 previous elective abortions, 3cm dilation and 100% effaced, showed U/S picture = I put cervical insufficiency.
- 47. Pregnant lady with 3 previous spontaneous abortions, has an use one and asked how to diagnose it = genetic testing of chorionic villi.
- 48. Shellfish allergy but wants to try eating it = keep epinephrine and another one.
- 49. Old man with jaundice and pain and hard mass in epigastrum, made me think of pancreatic malignancy. asked how to confirm diagnosis, I picked EUS, other options were CT or abdomen, MRA.
- 50. Kawasaki case, what to do next = Echo
- 51. Boy and dad move in with grandma, what to screen kid for = lead poisoning 52. Teenager with grades falling, withdrawing from school and people, marijuana use.
- 53. Woman whose husband of 46 years died 1 year ago from sudden MI, doesn't meet criteria for MDD, dx = complicated grief. Feels guilty to leave house, feels close to husband there, cries a lot.



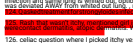
- 54. **55. Duchenne = cardiomyopathy cause of death**
- 56. Heroin toxicity = pinpoint pupil and 9RR
- 57. High BP and low K given = hyperaldosteronism
- 58. Pyloric stenosis vomiting relieves: low K, low ClHCO3
- 59. Child with 2 weeks of spasmodic coughing and rhinorrhea = give azithromycin? 60.
- Patient with yellow-green sinusitis, what abx = amoxicillin-clavulante
- 61. Man has back pain, better when he leans forward = spinal stenosis
- 62. Hypercalcemia = total protein is 10 = I put MM
- 63. Man falling asleep during interview + myoclonus = lithium toxicity
- 64. Child with beetle in right ear, asked you to pick Weber and Rinne findings: Weber will lateralize to, right ear (affected ear), Rinne will have bone conduction greater than air conduction (because this is obstructive hearing loss).
- 65. MMG showed microcalcifications of right breast, core biopsy showed typical hyperplasia I think. Next step? I said excisional biopsy.
- 66. Patient had splenectomy 5 days ago, what should you give him now: pneumococcal vaccine or penicillin?
- 67. 2-part question: first part describing teen who is withdrawn and depressed. Answer: suicide risk assessment.
- 68. Next question, he doesn't answer you when you ask if he wants to hurt himself = hospitalize the patient.
- 69. Bipolar patient is pregnant and stopped taking her quetiapine. She is 11 weeks pregnant. NBS = fetal ultrasound and then start treatment. Other choices: treat quetiapine.
- 70. Lady with bloody/foul smelling diarrhea, she had taken an antibiotic for pneumonia 2 weeks ago. What is it? I said C.diff.
- 71. Pregnant lady drinking alcohol, what next she had to be at risk for? I said growth restriction. Another option was saddle nose.
- 72. Kid from India with PPD 15, CXR clear, what step = INH for 9 months
- 73. Salicylate overdose, what do you give after gastric lavage: sodium bicarb, IVF. (other option mentioned sodium bicarb, IVF, and artemisia chlorides).
- 74. Doctor is overworked, handwrites prescription for amoxicillin dose for kid with otitis media, pharmacist calls doctor to confirm dosage, what is reason for error? I put doctor workload. Other options: patient not used to treated pediatric patients, handwriting the note.
- 75. NP in ED is really busy, copy and pastes previous med list for a patient who is on SSRI and doesn't see a handwriting med reconciliation that mentions zola is taking rosuvastatin, she goes into operation and anesthesiologist gives her some med that makes the lady have seizures, what should the resident do to prevent this from happening again? I said disable copy and paste function on EMR. Other options: have anesthesiologist do all preoperative evaluation, make all patients taking that med in ED wear a special wristband, patient feels good but is vegan for a year. What do you want to check? I put B12 level.
- 76. Lady started metformin 4 days ago and has history of watery diarrhea and lightheadedness for 2 days. Next step = discontinue metformin
- 77. Man with rattlesnake bite a week ago, he received 4x antivenom, now he has high WBC, what to do? I said NSAID. He also received antivenom 5 years ago from a snake bite in the past. Other options: steroids.
- 78. Child with hoarseness, laryngoscopy shows HPV 11 mass. Next step = surgical excision. Other options: laryngectomy, observation?
- 80. FHR given, variable deceleration = umbilical cord compression
- 81. LVEF question, I put LVEF for the risk factor.
- 82. Lady with 12 hours of SOB, nausea and vomiting, EKG given but I honestly couldn't tell anything. They said she was diagnosed. No chest pain mentioned. I put MI. Other options: PE?
- 83. CHF features mentioned. Asked what medication to start patient on. I put lisinopril. Other options: digoxin, diltiazem?
- 84. Worsening asthma case. I put fluticasone + salmeterol. Other options were salmeterol by itself? 85.
- Question about autism, asking what is true about prognosis. I said symptoms will continue
- 86. Question about old man with delirium, asked what is true about his disease course. I said symptoms will progressively worsen throughout his lifetime.
- 87. Newborn with fatigue and pallor and jaundice, stopped feeding/lethargic, mom is B, Rh-, th1/2, Gilbert is stress related for baby's symptoms. I put Gilbert. Other options: ABO incompatibility, deficiency WRT related jaundice.



- 88. **89. SMM with increased urinary sxs, DRE reveals symmetrically enlarged prostate. Next step: I put PSA. Other options were prostate biopsy, cystoscopy, transrectal U/S, no other testing necessary.**
- 90. Patient wants to curb their opioid use. I put naltrexone.
- 91. Cushing signs. Next step = I put cortisol level.
- 92. Pt with opioid use for 10 years, pain not controlled, what to do for pain management: I put add fentanyl patch. Other options were switch oxycodone to morphine, increase oxycodone dose, decrease oxycodone and add buprenorphine.
- 93. Lady signed DNR order, what does this mean you can do: I picked something about palliative care. Other options had to do with surgery, etc.
- 94. Old man with wife who has metastatic cancer, he wants her on full code, next step = have end of life and goals of care discussion with her. Other options: discharge to SNR?
- 95. Lady with RA who increased her NSAID dose 4 months ago has 3 months of epigastric pain and now she vomited blood. I picked erosive reflux esophagitis. Other options: erosive gastritis, duodenal ulcer?
- 96. Lady with breast cancer had chemo, now she has shingles rash. What is the reason = herpes zoster. 97.
- Man with postherpetic neuralgia on face, what could have prevented his symptoms: zoster vaccine.
- 98. Man in MVA, BP is 90/60, heart sounds distant, asked for next step: I put IVF. Other option was pericardiocentesis. Do you have a stethoscope? I said before doing pericardiocentesis?
- 99. Patient is braindead on ventilator. He lived with his boyfriend of 1 month. Has a younger brother and a 17 year old daughter. boyfriend and rammy can't agree on plan of care/ who gets to decide? I put dialynier. Other options: hospital ethics committee, court appointed person, brother, boyfriend.
- 100. Child with funduscopy shown with weird oval central thing. Asked what else to test for: I picked slit lamp.
- 101. Man in army with lots of stomach pain complaints, doesn't want to go back to work, sounded like somatic symptom disorder. Do you have a stethoscope? I said before doing pericardiocentesis?
- 102. 60 year old smoker quit 10 years ago, what screening to do now: CT scan
- 103. Teen boy with mass under nipple, what do you do = reassurance. Other options were US of right breast?
- 104. Question were I picked respiratory distress
- 105. Question about young man with cirrhosis and emphysema, answer was alpha-1 antitrypsin.
- 106. Question about 25 year old male whose mother and grandmother died of Huntington and he wants to know his risk. I picked genetic testing. Other options: brain imaging, refer for genetic counseling?
- 107. Question about girl whose mom and older brother have pain issues and ankle sprains, she has had 4 months of progressive muscular weakness, DTR absent. I picked something that had to do with B12 deficiency.
- 108. Alcoholic induced peripheral neuropathy (bf) for man with burning numbness in bilateral lower extremities, but it said his B12 was normal.
- 109. Old lady with stroke and had left heel ulcer. What could have prevented her symptoms: I picked offloading boots. Other options were hydrocolloid patch etc.
- 110. 6 year old boy with VSD repair in infancy had loose tooth knocked out by teammate elbow during basketball, and another teammate hit him in the face with a basketball. He now has fatigue and fever and innum at the apex. What is the cause of his fever and fatigue. Options were dental abscess, VSD repair failure, infective endocarditis, and one more I can't remember. Not sure what I picked.
- 111. Guy who drank a bunch of cold turkey, asked what do you want to give him. I put chloroquine?
- 112. Osteomyelitis, surgical debridement and IV antibiotics. What will prevent disability: Options: external fixation of femur, cast, exercise (I picked that), full leg cast, gaitweight bearing.
- 113. Kid with red eye and conjunctival injection, what to do next: I picked acetaminophen and NSAID. Other options: NSAID, acetaminophen, and one more I can't remember. Not sure what I picked.



- 114. Man with HIV has what looked like Kaposi sarcoma. Next step = I put biopsy. Other options: radiation, chemo, observation.
- 115. Hyperthyroidism, diffuse enlarged single lobe, Next step = ultrasound
- 116. Hyperthyroidism, free T4 is high, TSH is normal, don't remember T3 but I think normal. Says her RAU was negative. What to do next: I picked check thyroid levels again now. Other options were check in different time frames (6 months, 1 year, etc).
- 117. CT with what looked like horseshoe kidney. Asked what will you see if the girl develops. Other options were renal cystic hyperplasia/dysplasia vs renal artery thrombosis, etc.
- 118. female baby with painful tender in genital mass that during exlap you see it has a testes in it. You inform parents that she has what: true hermaphroditism vs M gonadal dysplasia? Vs androgen insensitivity syndrome?
- 119. central line infection, what bug = staph aureus
- 120. Tree fell on a patient = lung contusion?
- 121. impending doom after blood transfusion = call blood bank
- 122. man with rust colored sputum? I think I picked thoracocentesis or this might be a nother question with options for bronchoscopy.
- 123. kid with knife wound and pneumothorax with chest tube placed for 3 days and now 2 weeks later he has infection and airway lung is pulled out, options were atelectasis. I picked atelectasis because it looked like trachea was divided away from lung. recurrent pneumothorax, emphysema.
- 124. **125. Both the women who mentioned not a pregnant, I picked esophageal obstruction. Other options were food bolus, dysphagia, gastroesophageal reflux disease, wrong.**
- 126. Cellulac question where I picked itchy vesicles on elbows or something. Other option was erythema nodosum described: painful nodules on shins
- 127. Pick with contact dermatitis, lady in her garden wearing sleeveless shirt scratched by bushes, asked how to prevent = avoid weeds.
- 128. lady with red scaly itchy rash on her right breast around nipple. I picked do biopsy. Other options were antifungal cream.
- 129. 18 month baby. I scrotal sac empty, next step = exploratory laparotomy.
- 130. Patient with fibromyalgia it sounded like, all tests come back negative, she is anxious and depressed about symptoms. Question asked what is best response. I picked: you discuss how her anxiety and depression can worsen pain perception.
- 131. decreased sensation in feet, I put diabetic neuropathy
- 132. Ankle pain, tenderness over lateral malleolus, can't bear weight. Next step = ankle xray. 133.
- Recurrent falls, how to prevent future falls = physical therapy.
- 134. Old man with brings in different stages of healing on medial upper arm, uses walker to ambulate, lives with daughter, she brings him to ED because he fell, he says he tripped over rug, before you discharge what do you do: arrange for PT to evaluate his gait vs talk to patient and daughter about safety concerns vs conduct house visit to see tripping risk.
- 135. Screen for depression in a female patient with menopause?
- 136. confusion in pt taking srsi and ace inhibitor I think. I picked discontinue srsi? 137. lithium patient what will you check: renal function and thyroid function test? 138. OCD question where you had to diagnose I think
- 139. Question I picked buproprion for because it sounded like pericarditis - pain on inspiration and movement I think...no murmur mentioned, maybe recent illness?
- 140. I think I picked thiazide diuretic for someone with elevated BP. Other options were alpha blocker, beta blocker, and I can't remember.
- 141. Patient with viral myocarditis, droplet precaution and isolate patient.
- 142. mass behind ear showed granuloma. Don't remember options but one was assure patient it is benign but I didn't pick this.
- 143. man with high triglycerides. Options were tell him to decrease alcohol, decrease unsaturated fat, decrease peanut butter, decrease green leafy vegetables. I picked decrease alcohol.
- 144. Pheochromocytoma question, going for surgery, what to give: phenylephrine and metoprolol.
- 145. Something that sounded like thymus to me, I picked pituitary adenoma, other option was adrenal insufficiency.
- 146. marasmus vs kwashiorkor in very thin child. I picked mental moonface so it wasn't kwashiorkor. 150. CXR which I picked pneumonia.
- 160. Primary dysmenorrhea
- 161. Resary fitting for lady with cystocele
- 162. Weird intraatrial mass picture similar to this:



- Mentioned that the lady was in remission for breast cancer. Question asked histologic origin of this mass, some options were skeletal muscle, vascular, etc. It is a cardiac myxoma.
- 163. Lady with ovarian cancer, wants chemo, asked questions. Her 2/mx (I picked), vs platinum something or aromatase inhibitor
- 164. Sister wants to bring kid from daycare to you - I picked call CPS.
- 165. ROC curve question with hemorrhage thing. I picked the option with 30%, don't remember.
- 166. Emergency surgery scheduled, what should be done once everyone in team is assembled in OR. I picked TIME OUT.
- 167. Question where I picked report to chief
- 168. I picked anchoring bias for 2 questions...
- 169. I picked - women not included for one of the abstract questions. Also totally random guess on the question asking about unmatched odds ratio.
- 170. Inflicted head trauma = child with subdural hematoma and retinal hemorrhage. **171. 172. Red/pink colored membranes on lips/throat**
- 173. **174. Muslim woman in hijab fasting, pregnant - I picked ask her what fasting means to her. Other choice I was stuck between was ask her if her religion allows her to skip fasts in pregnancy.**
- 175. Handing off patient, I picked: summary progress note. Other options: face to face hand off, handwritten notes attached to chart, discharge summary dictated note.
- 176. Something describing appendicitis asking about what would preclude surgery if seen on imaging: I picked fat stranding option. Other options: appendix 9mm vs fluid around appendix ...
- 177. Vaccine before going to Africa = hepA
- 178. Woman in army mosquito bites, wants to get pregnant, tell her to postpone pregnancy because of what mosquito borne illness - I picked Zika, but dengue was an option.
- 179. 27 year old unable to conceive for 1 year. Sperm analysis normal. She has regular menses and mentioned high basal temperature. I picked: ovulation induction therapy, but partial tubal ligation, and no leakage of dye into peritoneum. I picked IVF. Other options were clomiphene, baby hysterosalpingogram, intrauterine sperm deposit. Not sure what else.
- 180. question about lady who had fibroids and what is risk to baby. I said malpresentation. Other options were placental rupture and preterm labor I think
- 181. **182. Platelet count decreased after using heparin, what next - I think I picked iv infusion of apagotran or something. CORRECT.**
- 183. Progressive supranuclear palsy question with patient unable to look up.
- 184. Man with dementia, I said give donepezil.
- 185. I think for one OB question I picked continue current management because it seemed like normal labor to me.
- 186. 15F pregnant and wants to keep it, biggest risk factor = preeclm
- 187. 17F with bilateral lower extremity weakness and now develops urinary incontinence, spine has thoracic lesion... I picked M section something. Other options: Guillain Barre, cauda equina syndrome. Transverse myelitis?
- 188. Pelvic fracture, vitals stable, they already did xray, next step = I think I said CT.
- 189. Patient with meningitis with gram positive cocci, asked what will they develop, I picked Gram-negative meningitis because I thought staph.
- 190. Creatinine 10 - dialysis
- 191. Marathon runner disoriented because his hct is too high. Reason = anabolic steroid use. 192. I picked fishbone diagram for something about flu vaccines
- 193. Lady with neck and shoulder pain, she had petechiae on chest and face, after **194. Genu varum in kid = reassure father**
- 195. Lady with painful toe, pallor, no pulses felt, next step: I said doppler ultrasound. Other option was IV heparin. Per season, I should be hearing.
- 196. Patient with kidney transplant rejection, tenderness over graft site, hasn't adhered to his therapy. I picked rework his therapy. Other option was kidney biopsy.
- 197. Question asking what feature of a colon polyp would be bad. I picked adeno-something. 198. Patient with TIA, in addition to giving aspirin, what else do you give him on - I picked statin.
- 199. Rape victim, already showered. What do you give her in addition to emergency contraceptive. I picked ceftriaxone/doxycycline.
- 200. syphilis confirmation - antibodies option is what I picked.
- 201. I think I picked subclavian artery stenosis for something with upper arm weakness or something.
- 202. I picked meniscal tear for teen who twisted her knee and borrowed crutches from a friend. Question didn't mention pop or catching.
- 203. question describing smoker and white sputum, no blood. What else will you see. I picked retrosternal widening.
- 204. flow volume loop of basketball player before and after... I picked vocal cord. Other options: asthma vs hypersensitivity pneumonitis.
- 205. 14 month infant with microcephaly but all milestones normal, no ridges of sutures. Next step - I think I said head ct. other options were vaginal delivery.
- 206. Vaginal candidiasis picture, asked what treatment = micomazole.
- 207. I picked subdural hematoma in an alcoholic for some reason. The other choice was Wernicke. Mentioned patient had one eye with blown pupil, and stroke like symptoms I think.
- 208. Something about wobbly on feet.
- 209. What monotherapy to avoid in someone on tyramine inhibitor - I picked nitrates. 210. man with CT showing hernia and SBO.
- 211. CD4 count 150, what to start prophylaxis for - PCP.
- 212. Vaginismus case, next step = physical therapy (other options: botox injection)
- 213. question about polyposis but I'm not sure what I picked.
- 214. DVT prophylaxis - I put pneumatic compression stocking
- 215. I picked substituted judgment for a question talking about brother knows his sister would have wanted to be on life support.
- 216. Man stopped on a pat. Tetanus is UTD. On exam, the wound is red and gram stain shows gram negative rods. What should you give - I picked tetanus toxoid.
- 217. schizoid Q about patient who voluntarily self isolates and is happy
- 218. allergic rhinitis vs rhinitis nascentosa - guy worked on farm area 18 months on agricultural machinery. I picked rhinitis. Answer was rhinitis
- 219. DKA or HHUS - I said give fluids
- 220. NAAT is negative for C/G, cultures are pending, what do you do - wait for cultures?
- 221. Q about patient with brown/bronze color on the dorsal hand and a few other features. I think I put genetic testing/test for mutation or ion studies.
- 222. Q about teenage girl with ODD and manic behavior but turns out she has untreated bipolar I disease. Options were anchoring bias vs 89% o2 saturation?
- 223. lady with pneumonia and 89% o2 saturation, I said send her to emergency department. Other options were order CXR, order CBC, etc.
- 224. Woman in army is paraplegic, she has depression and asks you if she will ever walk again. Q asks what is her prognosis = I said good. Other options were reassurance, normal follow up.
- 225. Abstract about man who wonders about omega3 child with SSRI.
- 226. Woman who is worried because her sister's child died from cystic fibrosis, her husband has no, family history of CF, wants to know if her future children will have it. Next step = I put check for mutation. Other option was linkage analysis to check her sweat chloride test.
- 227. Hyperplastic polyp - screen in 10 years.
- 228. 30s Patient newly diagnosed with DM, A1c 10+, what do you want to do next: I picked retinal scan. Other option was renal U/S, EKG ...
- 229. Pregnant woman at 37/38 weeks has HPV or something, what do you want to do - I picked option about C-something. Other options were reassurance, normal follow up.
- 230. Patient with HIT needs DVT prophylaxis, what do you give. I think I picked apixaban or apagotran or something. Other options were clopidogrel/aspirin/IVC filter/nothing needed.
- 231. Question describing synovitis after viral URI - I said NSAids.
- 232. Question about patient turned away at ED. I picked violation of EMTALA.
- 233. Question about lady who your clinic wants to fire from practice. I picked the option where the letter says you have 30 days and offer to find her another provider for her studies.
- 234. Nausea after a surgery, what to give. I picked ondansetron. Other options were metoclopramide vs promethazine vs ...
- 235. question about old woman with confusion and AMS, and asked her prognosis - I picked the option that had to do with her mental status. Other options were aQ...
- 236. Question about patient getting nosocomial infection. Asked what do you consider. Options were season in which patient acquired infection vs strain in that particular community vs infectious foci.
- 237. Alzheimer question, prevent - exercise
- 238. Q about man with intermittent constipation that fiber and increased water diet for several weeks. Stool culture is negative. I picked colonoscopy and biopsy.
- 239. Q about faulty PCA equipment. I picked the answer that had to do with dequistering the PCA device.
- 240. Q about acute dystonia from risperidone, I picked the option for discontinuing risperidone.
- 241. Q about what type of study for foodbank and interviewing residents and compiling summary - I picked qualitative.
- 242. 30s F, mom has HTN, dad had MI or stroke, what do you want to screen her for. Options lipids, CBC, thyroid, A1c, ...
- 243. Question about indication for surgery of AAA. I picked size.
- 244. **245. sjs vs jericsh hemimer**
- 246. pt with acid prone to which bacteria - I put streptococcus but that's wrong, it is Neisseria (shin bugs).
- 247. lady paying too much for meds, cant afford hearing bill. Asks you to write the dose. I picked the option for nearby social worker meet with her to find options.

1. A child with multiple fractures and positive family Hx of bone fractures → Osteogenesis Imperfecta
2. MCC of death in a patient with Duchene → H. failure
3. A case of Vit. B12 deficiency, patient had neuropathy and megaloblastic anemia
4. a child in a family ~~is~~ that had vegan diet, at what risk is the child → Rickets
5. A patient had splenectomy ~~→~~ with Hb 7.0 <sup>was</sup> in day 10 after splenectomy: ~~a, Give PRP~~  
a, Give Packed RBC    b, Give pneumococcal vaccine  
I marked Packed RBC
6. A case of congenital C1 esterase inhibitor deficiency  
Patient had recurrent <sub>edema</sub> <sup>swelling</sup> and respiratory problem after dental procedure
7. 18 month boy with recurrent sinopulmonary infection with family Hx of recurrent infection in male side, and absent tonsils: a, x-linked agammaglobulinemia b, SCID  
there was no Hx of fungal infections

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8. A case of Wiskott-Aldrich syndrome

patient with Hx of recurrent infection and bleeding, peripheral blood smear was showing small platelets and thrombocytopenia.

9. A patient with Hx of infections with *Serratia* and family Hx of infection with *S. aureus*.

Dx: Chronic Granulomatous Disease

\* Review Immunodeficiencies In First Aid Steps

(there (4) Qs on Immunodeficiencies)

10. A case of Transfusion-related lung injury.

Patient had pulmonary infiltration after transfusion

a, Volume overload      b, Transfusion-related lung injury

PCWP was 12, in volume overload it increase

11. there was two cases of acute hemolytic transfusion

reaction → a, check Free Hb      b, confirm patient ID

I was not clear for these Qs

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Medication	Dose	Effects Observed in Controlled Trials	Side Effects
<b>Nonimmunocompromised persons</b>			
Acyclovir (e.g., Zovirax)	800 mg orally five times daily for 7-10 days	Reduced time to last new lesion formation, loss of vesicles, full crusting, cessation of viral shedding; reduced severity of acute pain <sup>10,11</sup>	Malaise
Famciclovir (e.g., Famvir)	500 mg orally three times daily for 7 days	Reduced time to last new lesion formation, loss of vesicles, full crusting, cessation of viral shedding, cessation of pain <sup>12,13</sup>	Headache, nausea
Valacyclovir (e.g., Valtrex)	1 g orally three times daily for 7 days	Reduced time to last new lesion formation, loss of vesicles, full crusting, cessation of pain <sup>14</sup>	Headache, nausea
Brivudin (e.g., Zoster, Hepljin) <sup>*</sup>	125 mg orally once daily for 7 days	Reduced time to last new lesion formation, full crusting, cessation of pain <sup>15</sup>	Headache, nausea; contraindicated in persons receiving fluorouracil or other fluoropyrimidines
<b>Immunocompromised persons requiring hospitalization or persons with severe neurologic complications</b>			
Acyclovir (e.g., Zovirax)	10 mg/kg intravenously every 8 hr for 7-10 days	Reduced time to last new lesion formation, full crusting, cessation of viral shedding, cessation of pain, reduced cutaneous dissemination, reduced visceral herpes zoster <sup>16</sup>	Renal insufficiency
Foscarnet (e.g., Foscavir) for acyclovir-resistant VZV <sup>†</sup>	40 mg/kg intravenously every 8 hr until lesions are healed	Not reported	Renal insufficiency, hypokalemia, hypocalcemia, hypomagnesemia, hypophosphatemia, nausea, diarrhea, vomiting, anemia, granulocytopenia, headache

<sup>\*</sup> Brivudin is not available in the United States and has not been approved by the Food and Drug Administration (FDA).  
<sup>†</sup> Foscarnet is not approved for this use by the FDA.

12. A patient after organ transplant, using immunosuppressive developed disseminated Herpes Zoster, asking about treatment

a. Oral acyclovir b. IV acyclovir

I marked oral (patient was stable) → Not clear

13. A patient on immunosuppressive recently increased dose of prednisolone developed new mood symptoms → NBS : decrease prednisolone dose

**Steroid induced psychosis**

14. A case of Craft versus Host disease patient after transplant of stem cells developed GI symptoms, rash and ~~↑ LFT~~ ↑ LFT

15. A patient with bloody diarrhea developed HUS asking about the cause → EHEC



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16. A child with one month hx of intractable dry cough with vomiting, asking about cause  
I marked B. pertussis

17. A patient developed infection in venous catheter site and bacteremia, asking about cause  
a, S. Aureus b, S. Epidermis

18. A patient after removal of stone in CBD, was found that had Gall bladder Adenocarcinoma not invaded serosa, asking NBS:

a, Chemotherapy, b, whole body PET scan

c, Abdomino-Pelvic CT scan

I marked Abdomino-Pelvic CT scan (I think I am wrong)

Treatment of urinary tract infection in nonpregnant women

Uncomplicated UTI

- Nitrofurantoin
- Trimethoprim-sulfamethoxazole
- Fosfomycin (single dose)
- Fluoroquinolones only if previous options cannot be used
- Urine culture only if initial treatment fails

Complicated UTI\*

- Outpatient: fluoroquinolones
- Inpatient: ceftriaxone, piperacillin-tazobactam, carbapenems (eg, imipenem)
- Culture obtained prior to therapy, with adjustment of antibiotic as needed

\*infection above the bladder (eg, pyelonephritis), pelvic pain in men, other signs or symptoms of systemic illness.

UTI = urinary tract infection.

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19. Pregnant women had asymptomatic bacteriurea

Asking about treatment → I marked Nitrofurantoin

20. Hospitalized Patient developed watery diarrhea with positive C. difficile toxin in stool, asking about treatment

a, Oral Vancomycin b, IV metronidazole

Ceftazidime

21. A girl 3 days after rape was asking about contraception → I marked Oral levonorgestrel.

22. A patient with traumatic skin infection →

culture showing P. aeruginosa → asking about

treatment. Ciprofloxacin

23. A girl with dysuria and Frequency, Picture was

given → showing vesicular lesion on genital area also has

lymphadenopathy, asking about cause → HSV

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24. A case of Rocky Mountain spotted fever patient had headache, rash,  $\uparrow$  LFT,  $\downarrow$  Platelet asking about treatment  $\rightarrow$  Doxycycline

25. Patient developed liver abscess (picture was given) <sup>CT scan</sup> with Hx of bloody diarrhea and travel Hx to Mexico asking about cause: a. E. Histolytica b. Bacteria

26. A patient with Hx of travel to middle east had a lesion on nose for few months asking about cause  $\rightarrow$  leishmaniasis

27. A patient with scabies, asking about isolation precaution  $\rightarrow$  Contact Precaution

Zika virus is transmitted through the bite of an infected mosquito. Congenital infection can cause microcephaly and intracranial (not periventricular) calcifications with no hepatosplenomegaly.

Congenital Zika syndrome	
Pathogenesis	<ul style="list-style-type: none"><li>• Single-stranded RNA Flavivirus</li><li>• Transplacental transmission to fetus</li><li>• Targets neural progenitor cells</li></ul>
Clinical features	<ul style="list-style-type: none"><li>• Microcephaly, craniofacial disproportion</li><li>• Neurologic abnormalities (eg, spasticity, seizures)</li><li>• Ocular abnormalities</li></ul>
Diagnosis	<ul style="list-style-type: none"><li>• Neuroimaging: Calcifications, ventriculomegaly, cortical thinning</li><li>• Zika RNA detection</li></ul>

Zika virus can be transmitted via an Aedes mosquito bite or sexually transmitted from an infected partner. Women infected with Zika virus are frequently asymptomatic; however, during pregnancy, transplacental maternal-fetal viral transmission may occur and result in fetal disease. Zika virus preferentially destroys fetal neural progenitor cells, resulting in abnormal brain development and neuronal destruction. Therefore, in addition to the severe microcephaly, infants typically have thin cerebral cortices with multiple intracranial calcifications (due to tissue necrosis). Additional clinical features include a closed anterior fontanelle (ie, craniosynostosis), multiple contractures, and hypertonicity. Diagnosis is confirmed with Zika virus reverse-transcriptase PCR performed in newborn serum, urine, or cerebrospinal fluid, and neuroimaging is performed in patients with confirmed disease to evaluate for abnormalities. Management of congenital Zika syndrome is supportive with continued evaluation of sequelae. Due to the risk of congenital Zika syndrome, precautions for pregnant women include avoiding travel to tropical, mosquito-infested regions.

- Complications
- Guillain-Barre syndrome
- Congenital Zika syndrome: growth restriction and significant CNS complications in neonates resulting from intrauterine transmission of the Zika virus
- Microcephaly (craniofacial disproportion)
- Ventriculomegaly
- Subcortical calcifications
- Spasticity (contractures), hyperreflexia, seizures
- Ocular abnormalities (e.g., pigmentary retinal mottling)
- Sensorineural hearing loss
- Miscarriage

28. A patient with positive ~~also~~ Zika virus PCR in blood, asking that what may patient develop in one month ~~or later~~ a, Flaccid Paralysis  
b, No symptom.

I marked No symptoms, even though zika virus is causing Paralysis, I thought that most patient may not develop symptoms

29. A patient had plan to go of tripe to Africa, asking about what is needed: HAV vaccination

30. A man with Hx of phobia (Flight), called doctor (was his friend), asked him to prescribe a dose of benzodiazepine, he was about to have Flight, also said i want to drink alcohol during Flight  
a, refer him to another doctor b, prescribe him benzodiazepine  
c, prescribe him propranolol d, discuss him that alcohol ↑ anxiety  
I marked propranolol (Not sure)

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31. patient with positive P24 antigen in blood  
BNS → HIV PCR

32. A patient with positive HIV, ~~low~~ and CD4 = 150  
beside antiretroviral : Pneumocystis jirovecii prophylaxis

33. ~~HA~~ AIDS patient with seizure and <sup>MRI</sup> ~~CT~~ showing  
multiple ring-enhancing lesions → Rx : Sulfadiazine/Pyrimethamine

34. Elderly man with pressure ulcer on buttock, his  
daughter was asking that discharge us, we are going  
to home, ~~BNS~~ ~~what~~ → inform adult protective service

35. a patient with lead poisoning, asking what  
we will see on peripheral blood: Micocytes

36. Patient on Anti-tuberculosis treatment, developed visual problem: Ethambutol

37. there was a case to calculate NNT (it was simple)

38. Asking about attack rate:

In a population of 100, developed a specific disease of 14 cases in 6 months, if 10 case were developed in first month, what is the attack rate in 5 other months  
I marked 10%. ( $\frac{10}{100} = 0,1 = 10\%$ )

39. An abstract comparing H<sub>2</sub> blocker vs PPI in developing *C. difficile* used in hospitalized patients  
\* 3 consequent Q about this abstract

40. many Qs about patient safety (3-4 Qs each block)

41. Impaired doctor wants to do surgery, you speak with him about his situation, but he is saying he is good, BNS → report to Hospital Health supervisor

42. a student on clerkship, impaired, you speak with him, he says he will be okay within few day, but on next days he is still impaired, BNS Report to clerkship supervisor

43. there was 3 Q of murmur auscultation i put them for the end of block, but at the end my time was complete and I picked the options by chance.  
watch Heart murmur videos of amboss (they are available on youtube)

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44. A case of viral pericarditis, asking about next step ~~about~~ For diagnosis → Echocardiography

45. young patient with an episode of syncope during exercise, Dx. HOCM

46. A <sup>young</sup> patient with Hypertension and audible bruit on epigastric area. asking about Dx  
a, Renal artery stenosis b, coarctation of aorta  
I marked (a), there was no difference of BP in upper & lower extremity

47. A typical ECE of A. Flutter. Asking about Dx

48. Patient had pleural effusion, fluid analysis showing exudative and TG - 40 asking about cause  
a, TB b, chylothorax c, other was transudative cause

I marked TB



49. A Bipolar patient developed Nausea, Vomiting, ataxia, tremor, asking about cause:  
Lithium toxicity

50. A Hypertensive patient developed tearing chest pain, BP was (N), CT was showing ascending and descending aorta dissection, BNS:  
a. Thoracotomy b. Nitroglycerin c. Oral propranolol

51. there was ECG showing Inferior leads ST elevation (lead II, III and AVF), patient had chest pain, bradycardia, Troponin (N) asking about diagnosis:

Myocardial infarction

Troponin is normal in first 6 hr after Myocardial infarction

52. another case of myocardial infarction patient had chest pain 24 hr ago, now asymptomatic, ECG was showing old changes of myocardial infarction (Q wave and T wave inversion in inferior lead - II, III, aVF), asking about diagnosis → Myocardial infarction

53. Patient developed peripartum cardiomyopathy, has heart failure symptoms, asking about treatment I marked Furosemide (this is an emergency case, first we should control the symptoms)

54. Patient with Hx of cancer, now had symptoms of cardiac tamponade, asking about next step

BP was 90/60

✓ a, Echocardiography      b, Pericardiocentesis

I marked Echo, because of long Hx, IF it was acute then it is better to do direct pericardiocentesis

55. there was a case of endocarditis,  
patient was anemic, ch-fatigue and  
Holosystolic murmur MR > TR

56. patient with ulcer on the tip of Foot finger,  
on biopsy was showing arterial occlusion →  
a case of thrombangiitis obliterans  
asking what will can decrease chance of ulcer  
in future.

smoking cessation

57. Hypertensive patient was taking lisinopril, want  
to become pregnant,  
Stop lisinopril (teratogen)

58. A case of Hyperparathyroidism, don't remember,  
but it was easy

PP

- Psychogenic polydipsia means the patient is simply drinking too much.
- Both the urine and serum will be dilute.
- Serum vs urinary values are the opposite of SIADH:
  - ↓ serum sodium (<135 mEq/L), ↓ serum osmolality, ↓ serum specific gravity.
  - ↓ urinary osmolality, ↓ urinary specific gravity.
- I'd say 3/4 Qs on USMLE are obvious and will say some psych patient is drinking lots to "clear himself from evil spirits," etc.
- Probably 1/4 Qs won't be an obvious psych vignette, but will just show you the lab values where you have to say, "The urine and serum are both dilute, so this is psychogenic polydipsia."
- First step in diagnosis is fluid restriction in order to see how urinary/serum values change.

59. a case of Psychogenic polydipsia asking about asking about urinary osmolality (<300) and I think urinary Na<sup>+</sup>

	Psychogenic polydipsia	Diab. insipidus	SIADH
Plasma osmolality	↓	↑	↓
Serum sodium	↓	↔ or ↑	↓
Urine osmolality	↓	↓	↑
Urine sodium	↔	↔	↑

60. Hypothyroidism patient developed Fever, pharyngitis CBC was showing ~~leucopenia~~ ↓ Neutrophils asking about cause, PTU side effect (agranulocytosis)

61. patient has 2 cm thyroid nodule, TSH → 2.6 asking BNS → Ultrasonography

62. A child with retinal hemorrhage, CT was showing Sub-dural hematoma, mother was asking for leave → Call child protective services

63.

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Q3) patient with DKA was under treatment  
Few hours later  $\rightarrow$  pH  $\rightarrow$  7.35, Glucose - 140  
potassium  $\rightarrow$  4.5

asking about next step what to give

there was a,  $K^+$  and Glucose b,  $K^+$

c,  $K^+$ , Glucose and Insulin

Concluded do not  
change

I marked (c), because there was anion gap still  
present ( $Na^+$  was 139,  $Cl^-$  - 105,  $HCO_3^-$  - 15)

anion gap was 19

Glucose less than 200, add dextrose.

Add potassium if  $< 5.3$

Q4. patient with restless leg syndrome.

what should be checked in this patient  $\rightarrow$   $Fe^{++}$

Q5. patient had steatorrhea,  $\downarrow Fe^{++}$ ,  $\downarrow Ca^{++}$

~~ask~~ NBS  $\rightarrow$  check Anti-tissue transglutaminase  
(celiac disease)

66. patient with watery diarrhea, lymphadenopathy  
Neurologic symptoms, arthralgia  
asking about cause → Tropheryma whippelii (Whipple disease)

67. patient after pancreaticoduodenectomy due to  
pancreatic cancer developed steatorrhea, asking  
about cause → I marked pancreatic insufficiency

68. there was a case of irritable bowel disease

767. patient had neck mass, gurgling, foul smelling  
asking what will be abnormal in this patient.

a, Manometry, b, contrast esophagography

I marked esophagography (Zenker diverticulum)

68. 2 month old patient developed bilious emesis,

X-ray was showing <sup>gas in</sup> small bowel. Dx?  
a, malrotation b, necrotizing enterocolitis

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Neurologic symptoms, arthralgia  
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X-ray was showing <sup>gas in</sup> small bowel. Dx ?

a, malrotation b, necrotizing enterocolitis

69. patient had 3 small hyperplastic polyps on colonoscopy, polypectomy done, NSS  
a, colonoscopy in 5 yr b, colonoscopy in 10 yr  
I marked (b), low risk patient

70. patient peutz-jegher syndrome (multiple bowel polyps, and hyperpigmented macules on lips)  
asking what is the chance that this patient may transfer the disease to her child?  
50% (because this is autosomal dominant)

71. 2 Q about colorectal cancer and lung cancer screening (MORID <sup>table</sup> is enough for this)

72. patient with ascites due to cirrhosis  
long treatment option  
a, spironolactone



73. Patient with <sup>10</sup> drug abuse Hx, HIV negative  
now has liver cirrhosis symptoms?

Check Viral markers (patient most likely had HBV or HCV)

74. ~~sp~~ patient with cirrhosis, now has diffuse  
abdominal pain, confusion, peritoneal fluid  
shows neutrophils 300

NBS → Antibiotics (I think it was cefotaxime)  
(Spontaneous Bacterial Peritonitis)

75. 2 month old child developed jaundice,  
acholic stool, Total bilirubin 11, direct - 6

NBS → Abdominal Ultrasonography (biliary atresia)

76. Old patient with smoking Hx, developed  
post-prandial abdominal pain, ↓ weight

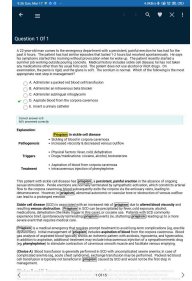
NBS → Abdominal CT (to check pancreatic cancer)

77. Patient with chronic Fatigue Rx:  
I marked Modafinil (For chronic Fatigue Syndrome)

78. Cancerous patient developed nausea, vomiting,  
drug is given to control vomiting,  
patient developed Ventricular tachycardia  
asking about cause:  
Ondansetron (cause Q-T prolongation)

79. patient with microcytic hypochromic  
anemia, CBC was showing  $\uparrow$  RBC number  
a, iron deficiency      b, thalassemia trait  
I marked (b) (in iron deficiency reticulocyte  
numbers do not increase)

80. there was (3) (4) about screening tests during  
pregnancy (these were too easy, world has a  
table about this topic, it is enough)



81. a patient with sickle cell disease developed priapism : Rx : Aspiration

82. Pregnant patient developed pruritis, LFT ↑ lab was showing ↑ bile → Rx : Urodeoxycholic acid

83. <sup>male</sup> patient with bleeding diastasis, with family Hx of bleedig in male child Dx?

✓  
a, Hemophilia      b, vWD

I marked @ it is x-linked (more common in male)

84. patient with diffuse lymphadenopathy (Neck, mediastinal), asking about Dx

✓  
a, Non-Hodgkin      b, TB

I marked @, there was no risk factor for TB

85. A case of ALL (↑ lymphocytes with ↑ blast)

86. patient with leukemia started treatment which drug can decrease complication allupersinal ( $\downarrow$  tumor lysis syndrome)

87. A patient with sensory and motor deficit at L5 distribution, also had back pain. Dx: lumbosacral radiculopathy

88. patient had symptoms of neurovascular symptoms of left upper limb during exercise. Dx: Thoracic outlet syndrome

89. a child with developmental dysplasia of the hip, asking about the treatment Paulik Harness

90. patient trachantiz bursitis symptoms

Rx,

a, NSAID b, steroid injection

I marked (a) because first we give NSAID, if didn't helped then steroid injection.

91. A child with spiral humerus fracture

- call child protective services

92. Old patient with hearing loss, x-ray shows multiple osteolytic lesion, asking what will be increased in this patient.

Alkaline phosphatase (osteitis deformans - paget)

93. there was a question of osteosarcoma

(Simple Q)

94. a case of RA, which drug decrease disease progression: Methotrexate

95. a case of contact dermatitis treatment  
Rx: Topical Steroid

96. patient with congenital birth marks (melanocyte nests); Rx: observation

97. patient with oral leukoplakia  
NBS → Biopsy

98. patient with BCC, (Picture was given)  
NBS → Excision biopsy

99. patient with typical symptoms of syringomyelia after trauma. NBS → Cervical MRI

105. A child with ADHD, asking about Rx: Clonidine (Methylphenidate & atomoxetine was not given)

106. A hospitalized patient developed delirium, asked about Rx: Haloperidol

107. A case of MDD (was simple asking about Dx)

108. Male patient had visual problem (anterior lentibus), sensorineural hearing loss, asking that patient is at risk of developing ???  
Chronic Renal disease (Alport syndrome - X-linked)

109. patient developed oliguria after surgery  
NBS → 0.9% saline (patient has signs of hypovolemia)

110. A case traumatic Urethral injury (blood in urethral meatus), NBS → retrograde urethrography
111. there was a case of child development milestone
112. A patient with primary amenorrhea, Female phenotype (Breast developed, Female external genitalia), Internal genitalia is absent, Carototype is male (46-XY)  
Dx: Androgen insensitivity syndrome
113. A case of pregnant women, Fetal heart rate monitoring was showing variable deceleration asking about cause: Umbilical prolapse
114. A case of Hydiform mole  
Rx: Dilatation and curettage



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115. A case of superior vena cava syndrome patient had facial plethora, cervical veins dilation, headache, dizziness asking about Dx

116 .

100. patient with cognitive problem; progressive vertical gaze palsy, recurrent fall

Dx: progressive supranuclear palsy

101. patient had symptoms of uncal hernia 2 days after head trauma

Dx: <sup>Epidural</sup> Subdural hematoma

102. A case about Migraine headache prophylaxis → propranolol

103. Old age patient developed visual problems in Fundoscopy was showing yellowish materials in retina Dx: Macular degeneration

104. patient with atherosclerotic risk factor developed acute visual impairment. Fundoscopy was showing arterial narrowing. Dx: Retinal artery occlusion

