



美国医师执照考试 (USMLE)

Clinical Vignettes for the Step 2 CK

Step 2 CK 模拟试题

(第5版)

- 368 USMLE Step 2 CK-style questions, answers, and explanations
- 8 blocks of 46 questions simulate the exam
- Targets what you really need to know
- Student tested and reviewed

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北京大学医学出版社



USMLE Step 2 CK

模拟试题

(第5版)

**Clinical Vignettes for the
USMLE Step 2 CK**

PreTest™ Self-Assessment and Review

Fifth Edition



Medical

New York Chicago San Francisco Lisbon London Madrid Mexico City
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北京大学医学出版社

图书在版编目 (CIP) 数据

美国医师执照考试 (USMLE) Step-2 CK 模拟试题 = Clinical Vignettes from the USMLE Step-2 CK; 英文/美国医师执照考试专家组编写.

—影印本—北京: 北京大学医学出版社, 2010. 1

(美国医师执照考试丛书)

ISBN 978-7-81116-856-3

I. ①U… II. ①美… III. ①医学—医师—资格考核
—美国—习题—英文 IV. ①R-44

中国版本图书馆 CIP 数据核字 (2009) 第 215655 号

北京市版权局著作权合同登记号: 01-2009-7112

McGraw-Hill Companies, Inc.

Clinical Vignettes for the USMLE Step 2 CK; PreTest™ Self-Assessment and Review, Fifth Edition

ISBN 0-07-160463-4

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美国医师执照考试 (USMLE) Step 2 CK 模拟试题 (第 5 版)

编 写: McGraw-Hill Companies, Inc

出版发行: 北京大学医学出版社 (电话: 010-82802230)

地 址: (100191) 北京市海淀区学院路 38 号 北京大学医学部院内

网 址: <http://www.pumpress.com.cn>

E - mail: booksale@bjmu.edu.cn

印 刷: 北京东方圣雅印刷有限公司

经 销: 新华书店

责任编辑: 冯智勇 责任校对: 齐 欣 责任印制: 张京生

开 本: 889mm×1194mm 1/32 印张: 9.25 字数: 237 千字

版 次: 2010 年 1 月第 1 版 2010 年 1 月第 1 次印刷

书 号: ISBN 978-7-81116-856-3

定 价: 38.00 元

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PreTest™ Self-Assessment and Review

Notice

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出版说明

美国医师执照考试 (United States Medical Licensing Examination, USMLE) 是针对全世界各国医学院的学生或毕业生, 欲到美国从医的执照考试, 考试全部为选择题, 采用计算机考试。考试分为:

Step 1 (第一阶段): 考察医学基础学科知识, 包括解剖学 Anatomy, 生理学 Physiology, 生物化学 Biochemistry, 微生物学 Microbiology, 病理学 Pathology, 药理学 Pharmacology, 遗传学 Genetics, 营养学 Nutrition, 神经科学 Neuroscience 等。

Step 2 (第二阶段):

(1) 临床医学知识 (Clinical Knowledge, CK): 包括内科学 Medicine, 外科学 Surgery, 妇产科学 Obstetrics and Gynecology, 儿科学 Pediatrics, 神经病学 Neurology, 家庭医学 Family Medicine, 急诊医学 Emergency Medicine, 预防医学 Preventive Medicine 等。

(2) 临床技能 (Clinical Skill, CS): 要通过 Step 1、Step 2 及 TOEFL 之后才能报考, 主要是考察考生的临床实践操作知识。

Step 3 (第三阶段): 测试考生的实际工作能力。内容包括采集病史、体格检查、诊断、治疗措施, 以及医疗法规等。

USMLE 在北京、上海和广州设有考点, 在中国大陆可参加 USMLE Step 1 和 USMLE Step 2 CK 的考试。考试介绍及报名情况可参见 <http://www.ecfmg.com>

为了帮助有志于参加 USMLE 的考生更好地复习, 北京大学医学出版社全面引进了 McGraw Hill 公司的两个著名 USMLE 复习品牌丛书: PreTest 系列、FIRST AID 系列。这两套丛书经过多次再版, 受到世界各地考生的欢迎。本次引进的均为其最新版本。

当前, 我国很多医学院校在进行英文授课、考试的改革, 本书对国内从事英语授课、考试的教师和学生也有重要的参考价值。为广大的医学生和医务工作者比较中美医学教育和自己掌握的知识提供参考。同时, 该书也是学习专业英语的好教材。

Preface

The current format of the United States Medical Licensing Examination Step 2 Clinical Knowledge (USMLE Step 2 CK) exam emphasizes clinical vignettes—in single-best-answer multiple-choice and matching formats—as the primary test questions. The examination has approximately 370 multiple-choice questions, divided into eight blocks. Examinees have one hour to complete each block administered over a nine-hour testing session.

Clinical Vignettes for the USMLE Step 2 CK: Fifth Edition parallels this format. The book contains 368 clinical vignette-style questions covering the principles of clinical science and was assembled based on the published content outline for the USMLE Step 2. The questions are divided into eight blocks of 46 questions each. As on the Step 2 CK exam, each block tests the examinee on all core areas of clinical medicine. Answers are in the second half of the book. Each answer is accompanied by a concise but comprehensive explanation and is referenced to a key textbook or journal article for further reading.

The questions in this book were culled from the eight PreTest clinical science books. The publisher acknowledges and thanks the following authors for their contributions to this book:

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Pediatrics: Robert J. Yetman, MD and Mark D. Hormann, MD

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McGraw-Hill
May 2009

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Block I

Questions

I-1. A 59-year-old man presents to the ED with left-sided chest pain and shortness of breath that began 2 hours prior to arrival. He states the pain is pressure-like and radiates down his left arm. He is diaphoretic. His BP is 160/80 mm Hg, HR 86 beats per minute, and RR 15 breaths per minute. ECG reveals 2-mm ST-segment elevation in leads I, aVL, V₃ to V₆. Which of the following is an absolute contraindication to receiving thrombolytic therapy?

- a. Systolic BP greater than 180 mm Hg
- b. Patient on Coumadin and aspirin
- c. Total hip replacement 3 months ago
- d. Peptic ulcer disease
- e. Previous hemorrhagic stroke

I-2. A 56-year-old woman is undergoing a cadaveric renal transplant. After revascularization of the transplanted kidney the transplanted renal parenchyma becomes swollen and blue. Which of the following statements is most accurate regarding her transplanted kidney?

- a. The donor had preformed antibodies against the recipient's HLA antigens.
- b. It is characterized pathologically by fibrin and platelet thrombosis of renal arterioles and small arteries and necrosis of the glomerular tufts.
- c. Biopsies should not be obtained intraoperatively.
- d. This form of rejection is associated with disseminated intravascular coagulation (DIC).
- e. The rejection process can be treated with a steroid bolus and OKT3.

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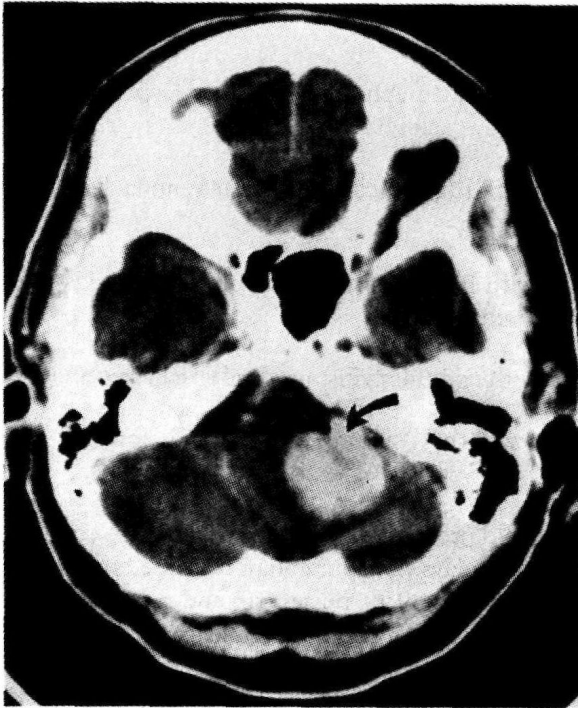
1-3. A 23-year-old woman comes to the psychiatrist because she “cannot get out of the shower.” She tells the psychiatrist that she has been unable to go to her job as a secretary for the past 3 weeks because it takes her at least 4 hours to shower. She describes an elaborate ritual in which she must make sure that each part of her body has been scrubbed three times, in exactly the same order each time. She notes that her hands are raw and bloody from all the scrubbing. She states that she hates what she is doing to herself but becomes unbearably anxious each time she tries to stop. She notes that she has always taken long showers, but the problem has been worsening steadily for the past 5 months. She denies problems with friends or at work, other than the problems that currently are keeping her from going to work. Which of the following is the most likely diagnosis?

- a. Attention-deficit hyperactivity disorder
- b. Obsessive-compulsive disorder
- c. Obsessive-compulsive personality disorder
- d. Separation anxiety disorder
- e. Brief psychotic disorder

1-4. A 30-year-old G1 with twin gestation at 28 weeks is being evaluated for vaginal bleeding and uterine contractions. A bedside ultrasound examination rules out the presence of a placenta previa. Fetal heart rate tracing is reactive on both twins, and the uterine contractions are every 2 to 3 minutes and last 60 seconds. A sterile speculum examination is negative for rupture membranes. A digital examination indicates that the cervix is 2 to 3 cm dilated and 50% effaced, and the presenting part is at –3 station. Tocolysis with magnesium sulfate is initiated and intravenous antibiotics are started for group B streptococcus prophylaxis. Betamethasone, a corticosteroid, is also administered. Which of the following statements regarding the use of betamethasone in the treatment of preterm labor is most accurate?

- a. Betamethasone enhances the tocolytic effect of magnesium sulfate and decreases the risk of preterm delivery.
- b. Betamethasone has been shown to decrease intraamniotic infections.
- c. Betamethasone promotes fetal lung maturity and decreases the risk of respiratory distress syndrome.
- d. The anti-inflammatory effect of betamethasone decreases the risk of GBS sepsis in the newborn.
- e. Betamethasone is the only corticosteroid proven to cross the placenta.

I-5. A 35-year-old woman has noticed that over the past 3 to 5 months she has had some difficulties with balance, particularly when she closes her eyes. On examination, she has decreased hearing in her left ear and also left body dysdiadochokinesia. Her physician orders a head CT. Given this CT scan, which was obtained without contrast enhancement, the physician must assume that the posterior fossa mass at the arrow is which of the following?



- a. Normal
- b. Calcified
- c. Highly vascular
- d. Granulomatous
- e. Highly cystic

Questions 6 to 10

For each physical finding or group of findings, select the cardiovascular disorder with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all.

- a. Massive tricuspid regurgitation
- b. Aortic regurgitation
- c. Coarctation of the aorta
- d. Thoracic aortic aneurysm
- e. Myocarditis

1-6. An elderly man with abnormal pupillary responses (Argyll Robertson pupil).

1-7. A 24-year-old drug addict with jugular venous distention and exophthalmos.

1-8. A patient with flushing and paling of the nail beds (Quincke pulse) and a bounding radial pulse.

1-9. A patient with conjunctivitis, urethral discharge, and arthralgia.

1-10. A patient with short stature, webbed neck, low-set ears, and epicanthal folds.

1-11. A 35-year-old previously healthy male develops cough with purulent sputum over several days. On presentation to the emergency room, he is lethargic. Temperature is 39°C, pulse 110, and blood pressure 100/70. He has rales and dullness to percussion at the left base. There is no rash. Flexion of the patient's neck when supine results in spontaneous flexion of hip and knee. Neurologic examination is otherwise normal. There is no papilledema. A lumbar puncture is performed in the emergency room. The cerebrospinal fluid (CSF) shows 8000 leukocytes/ μ L, 90% of which are polys. Glucose is 30 mg/dL with a peripheral glucose of 80 mg/dL. CSF protein is elevated to 200 mg/dL. A CSF Gram stain shows gram-positive diplococci. Which of the following is the best treatment option?

- a. Begin acyclovir for herpes simplex encephalitis.
- b. Obtain emergency MRI scan before beginning treatment.
- c. Begin ceftriaxone and vancomycin for pneumococcal meningitis.
- d. Begin ceftriaxone, vancomycin, and ampicillin to cover both pneumococci and *Listeria*.
- e. Begin high-dose penicillin for meningococcal meningitis.

I-12. A 15-year-old girl is brought to the pediatric emergency room by the lunchroom teacher, who observed her sitting alone and crying. On questioning, the teacher learned that the girl had taken five unidentified tablets after having had an argument with her mother about a boyfriend of whom the mother disapproved. Toxicology studies are negative, and physical examination is normal. Which of the following is the most appropriate course of action?

- a. Hospitalize the teenager on the adolescent ward.
- b. Get a psychiatry consultation.
- c. Get a social service consultation.
- d. Arrange a family conference that includes the boyfriend.
- e. Prescribe an antidepressant and arrange for a prompt clinic appointment.

I-13. A 22-year-old G1P0 at 28 weeks gestation by LMP presents to labor and delivery complaining of decreased fetal movement. She has had no prenatal care. On the fetal monitor there are no contractions. The fetal heart rate is 150 beats per minute and reactive. There are no decelerations in the fetal heart tracing. An ultrasound is performed in the radiology department and shows a 28-week fetus with normal-appearing anatomy and size consistent with dates. The placenta is implanted on the posterior uterine wall and its margin is well away from the cervix. A succenturiate lobe of the placenta is seen implanted low on the anterior wall of the uterus. Doppler flow studies indicate a blood vessel is traversing the cervix connecting the two lobes. This patient is most at risk for which of the following?

- a. Premature rupture of the membranes
- b. Fetal exsanguination after rupture of the membranes
- c. Torsion of the umbilical cord caused by velamentous insertion of the umbilical cord
- d. Amniotic fluid embolism
- e. Placenta accreta

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1-14. A 79-year-old man presents to the ED by paramedics with the chief complaint of agitation and confusion over the previous 12 hours. He has a past medical history of schizophrenia and is not taking any of his antipsychotics. His BP is 135/85 mm Hg, HR is 119 beats per minute, RR is 18 breaths per minute, oxygen saturation is 97% on room air, and fingerstick glucose is 135 mg/dL. Because of his agitation at triage, he was placed in wrist restraints. At this time, he is calm but confused. Examination reveals warm and clammy skin and 4-mm pupils that are equal and reactive. His cardiac examination reveals tachycardia and no murmurs. His lungs are clear to auscultation and his abdomen is soft and nontender. He is able to move all of his extremities. Which of the following is the most appropriate next step in management?

- a. Administer haloperidol or lorazepam
- b. Consult psychiatry
- c. Order a CT scan of his head
- d. Send a urine toxicologic screen
- e. Obtain a rectal temperature

1-15. You are evaluating a 41-year-old man in your office who reports abdominal pain. He says the pain began suddenly and is located in the right lower quadrant. He describes the pain as “gnawing” and it seems to get worse after eating. He has vomited twice since the pain began. Which historical feature would lead you toward an emergent evaluation?

- a. The pain's location in the right lower quadrant
- b. The fact that the pain began suddenly
- c. The description of the pain
- d. The fact that it is worse after eating
- e. The fact that it is associated with emesis

1-16. A 55-year-old man comes to the physician with the chief complaint of weight loss and a depressed mood. He feels tired all the time and is no longer interested in the normal activities he previously enjoyed. He feels quite apathetic overall. He has also noticed that he has frequent, nonspecific abdominal pain. Which of the following diagnoses needs to be ruled out for this man?

- a. Pheochromocytoma
- b. Pancreatic carcinoma
- c. Adrenocortical insufficiency
- d. Cushing syndrome
- e. Huntington disease

1-17. A 39-year-old man presents to his physician with the complaint of loss of peripheral vision. Which of the following findings are demonstrated by the subsequent magnetic resonance imaging (MRI) scan, shown here?

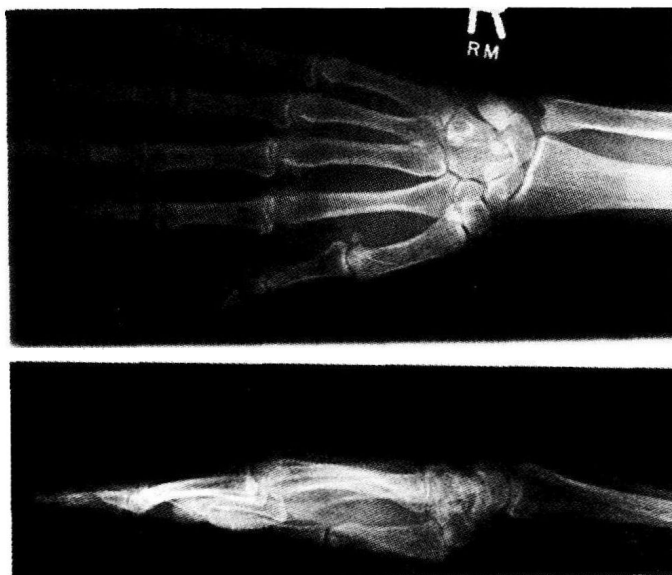


- a. Cerebral atrophy
- b. Pituitary adenoma
- c. Optic glioma
- d. Pontine hemorrhage
- e. Multiple sclerosis plaque

1-18. A 16-year-old boy is struck on the side of the head by a bottle thrown by a friend involved in a prank. He appears dazed for about 30 seconds, but is apparently lucid for several minutes before he abruptly becomes stuporous. His limbs on the side opposite the site of the blow are more flaccid than those on the same side as the injury. On arrival in the emergency room 25 minutes after the accident, he is unresponsive to painful stimuli. His pulse is 40 beats per minute, with an ECG revealing no arrhythmias. His blood pressure in both arms is 170/110 mm Hg. Although papilledema is not evident in his fundi, he has venous distention and absent pulsations of the retinal vasculature. Which of the following is the best explanation for this young man's evolving clinical signs?

- a. A seizure disorder
- b. A cardiac conduction defect
- c. Increased intracranial pressure
- d. Sick sinus syndrome
- e. Communicating hydrocephalus

1-19. A 30-year-old woman presents with hypertension, weakness, bone pain, and a serum calcium level of 15.2 mg/dL. Hand films below show osteitis fibrosa cystica. Which of the following is the most likely cause of these findings?



- a. Sarcoidosis
- b. Vitamin D intoxication
- c. Paget disease
- d. Metastatic carcinoma
- e. Primary hyperparathyroidism

1-20. A healthy 9-month-old girl is brought to her pediatrician by her concerned parents. Previously very friendly with everyone, she now bursts into tears when she is approached by an unfamiliar adult. Which of the following best describes this child's behavior?

- a. Separation anxiety
- b. Insecure attachment
- c. Simple phobia
- d. Depressive position
- e. Stranger anxiety

I-21. You are seeing a 78-year-old man who was brought to the office by his daughter. The daughter says her father is becoming increasingly forgetful. His medical history is significant for a 20-year history of type 2 diabetes and well-controlled hypertension. On examination, he is mildly hypertensive with otherwise normal vital signs. He is oriented to time, place, and person, but is unable to complete “serial sevens” on a mini-mental status examination. Which of the historical features make this diagnosis more consistent with dementia as opposed to delirium?

- a. His history of hypertension
- b. His history of diabetes
- c. His current level of orientation
- d. His inability to complete serial sevens
- e. The recent onset of his symptoms

I-22. A 53-year-old woman is seeing you because of chronic nausea and vomiting. She has a 15-year history of type 2 diabetes mellitus. Her symptoms are worse after eating, and on occasion she will vomit food that appears to be undigested. Her weight is stable and she does not appear dehydrated. Which of the following is the best treatment for her condition?

- a. An anticholinergic medication, like scopolamine (Transderm Scop)
- b. An antihistamine, like promethazine (Phenergan)
- c. A benzamide, like metoclopramide (Reglan)
- d. A cannabinoid, like dronabinol (Marinol)
- e. A phenothiazine, like chlorpromazine (Thorazine)

I-23. A 67-year-old man is brought to the ED by emergency medical service (EMS). His wife states that the patient was doing his usual chores around the house when all of a sudden he started complaining of severe abdominal pain. He has a past medical history of coronary artery disease and hypertension. His BP is 85/70 mm Hg, HR is 105 beats per minute, temperature is 98.9°F, and his RR is 18 breaths per minute. On physical examination, he is diaphoretic and in obvious pain. Upon palpating his abdomen, you feel a large pulsatile mass. An electrocardiogram (ECG) reveals sinus tachycardia. You place the patient on a monitor, administer oxygen, insert two large-bore IVs, and send his blood to the laboratory. His BP does not improve after a 1-L fluid bolus. Which of the following is the most appropriate next step in management?

- a. Order a CT scan to evaluate his aorta.
- b. Call the angiography suite and have them prepare the room for the patient.
- c. Order a portable abdominal radiograph.
- d. Call surgery and have them prepare the operating room (OR) for an exploratory laparotomy.
- e. Call the cardiac catheterization laboratory to prepare for stent insertion.