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美国医生执照考试（二）

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Medicine

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Steven L. Berk ■ William R. Davis

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Medicine

PreTest® Self-Assessment and Review

Ninth Edition

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Medicine

PreTest® Self-Assessment and Review

NOTICE

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The authors and the publisher of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, neither the authors nor the publisher nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they disclaim all responsibility for any errors or omissions or for the results obtained from use of the information contained in this work. Readers are encouraged to confirm the information contained herein with other sources. For example and in particular, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in this work is accurate and that changes have not been made in the recommended dose or in the contraindications for administration. This recommendation is of particular importance in connection with new or infrequently used drugs.

前　言

“美国医生执照考试(United States Medical Licensing Examination, USMLE)”是一种获取美国行医执照的考试，由“美国国家联邦医学会(Federation of State Medical Board, FSMB)”和“美国国家医学考试委员会(National Board of Medical Examiners, NBME)”联合发起，由美国“外国医学生教育委员会(Educational Commission for Foreign Medical Graduates, ECFMG)”组成的联合会及“美国国家联邦医学会”和“美国国家医学考试委员会”共同组织管理。国际上，其他一些国家的医学组织也承认此项考试。目前，这项考试已在我国的北京、上海和广州开展。有志参加此项考试的中国医学生和医生可与这项考试在北京设立的机构 Prometric 取得联系，以获取更多的信息。联系地址和方式如下：100086 北京市海淀区泛亚大厦 1201 室(Room 1201, PANA Tower, Zhichun Road, Haidian District, Beijing 100086, China)，网址：http://www.prometric.com，E-mail：webmaster@sylvan.com.cn。

美国医生执照考试共分三部分，即美国医生执照考试(一)(PreTest USMLE Step 1)、美国医生执照考试(二)(PreTest USMLE 2)、美国医生执照考试(三)(PreTest USMLE 3)。第一部分考试以基础医学为主，如解剖、生理、病理、药理、生化，等等。第二部分考试以临床医学为主，如内科、外科、妇产科、儿科、物理诊断、神经病、精神病，等等。第三部分试题只为美国国内医学生使用。国际上，只使用第一和第二部分考试。

为满足中国医学生和医生的需求，人民卫生出版社将陆续引进了“美国医生执照考试”的第一和第二部分系列考试丛书英文版最新版本。这套系列考试丛书不仅为有志于参加美国医生执照考试的中国医学生和医生提供帮助，更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了参考。同时，该书也是学习专业英语的好教材。

INTRODUCTION

Medicine: PreTest® Self-Assessment and Review, Ninth Edition, is intended to provide medical students, as well as house officers and physicians, with a convenient tool for assessing and improving their knowledge of medicine. The 500 questions in this book are similar in format and complexity to those included in Step 2 of the United States Medical Licensing Examination (USMLE). They may also be a useful study tool for Step 3.

Each question in this book has a corresponding answer, a reference to a text that provides background for the answer, and a short discussion of various issues raised by the question and its answer. A listing of references for the entire book follows the last chapter.

To simulate the time constraints imposed by the qualifying examinations for which this book is intended as a practice guide, the student or physician should allot about one minute for each question. After answering all questions in a chapter, as much time as necessary should be spent reviewing the explanations for each question at the end of the chapter. Attention should be given to all explanations, even if the examinee answered the question correctly. Those seeking more information on a subject should refer to the reference materials listed or to other standard texts in medicine.

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CONTENTS

INFECTIOUS DISEASE

DIRECTIONS: Each item below contains a question or incomplete statement followed by suggested responses. Select the **one best** response to each question.

1. A 30-year-old male patient has complained of fever and sore throat for several days. The patient presents to you today with additional complaints of hoarseness, difficulty breathing, and drooling. On examination, the patient is febrile and has inspiratory wheezes. Which of the following would be the best course of action?

a. Begin outpatient treatment with ampicillin
b. Culture throat for beta-hemolytic streptococci
c. Admit to intensive care unit and obtain otolaryngology consultation
d. Schedule for chest x-ray

2. A 70-year-old patient with long-standing type 2 diabetes mellitus presents with complaints of pain in the left ear with purulent drainage. On physical exam, the patient is afebrile. The pinna of the left ear is tender, and the external auditory canal is swollen and edematous. The peripheral white blood cell count is normal. The organism most likely to grow from the purulent drainage is

a. *Pseudomonas aeruginosa*
b. *Staphylococcus aureus*
c. *Candida albicans*
d. *Haemophilus influenzae*
e. *Moraxella catarrhalis*

Items 3–4

A 25-year-old male student presents with a chief complaint of rash. There is no headache, fever, or myalgia. A slightly pruritic maculopapular rash is noted over the abdomen, trunk, palms of hands, and soles of feet. Inguinal, occipital, and cervical lymphadenopathy is also noted. Hypertrophic, flat, wartlike lesions are noted around the anal area. Laboratory studies show the following:

Hct: 40%
Hgb: 14 g/dL
WBC: 13,000/mm^3
Diff
Segmented neutrophils: 50%
Lymphocytes: 50%

3. The most useful laboratory test in this patient is

a. Weil-Felix titer
b. Venereal Disease Research Laboratory (VDRL) test
c. *Chlamydia* titer
d. Blood cultures

4. The treatment of choice for this patient would be

a. Penicillin
b. Ceftriaxone
c. Tetracycline
d. Interferon alpha
e. Erythromycin

Items 5–7

A 20-year-old female college student presents with a five-day history of cough, low-grade fever (temperature 100°F), sore throat, and coryza. On exam, there is mild conjunctivitis and pharyngitis. Tympanic membranes are inflamed and one bullous lesion is seen. Chest exam shows few basilar rales. Laboratory findings are as follows:

Hct: 38
WBC: 12,000/mm^3
Lymphocytes: 50%
Mean corpuscular volume (MCV): 83 μm^3
Reticulocytes: 3% of red cells
CXR: Bilateral patchy lower lobe infiltrates

5. The sputum Gram stain is likely to show

a. Gram-positive diplococci
b. Tiny gram-negative coccobacilli
c. White blood cells without organisms
d. Tubercle bacilli

6. This patient is likely to have

a. High titers of adenovirus
b. High titers of IgM cold agglutinins
c. A positive silver methenamine stain
d. A positive blood culture for *Streptococcus pneumoniae*

7. Treatment of choice would be

a. Erythromycin
b. Supportive therapy
c. Trimethoprim-sulfamethoxazole
d. Cefuroxime

Items 8–10

A 19-year-old male presents with a one-week history of malaise and anorexia followed by fever and sore throat. On physical examination, the throat is inflamed without exudate. There are a few palatal petechiae. Cervical adenopathy is present. The liver is percussed at 12 cm and the spleen is palpable.

Throat culture: negative for group A streptococci
Hct: 38%
Hgb: 12 g/dL
Reticulocytes: 4%
WBC: 14,000 mm^3
Segmented: 30%
Lymphocytes: 60%
Monocytes: 10%
Bilirubin total: 2.0 mg/dL (n 0.2 to 1.2)
Lactic dehydrogenase (LDH) serum: 260 IU/L (n 20 to 220)
Aspartate (AST): 40 U/L (n 8 to 20 U/L)
Alanine (ALT): 35 U/L (n 8 to 20 U/L)
Alkaline phosphatase: 40 IU/L (n 35 to 125)

8. The most important initial test would be

a. Liver biopsy
b. Strep screen
c. Peripheral blood smear
d. Toxoplasmosis IgG
e. Lymph node biopsy

9. The most important serum test is

a. Heterophile antibody
b. Hepatitis B IgM
c. Cytomegalovirus IgG
d. ASLO titer
e. Hepatitis C antibody

10. Corticosteroids would be indicated if

a. Liver function tests worsen
b. Fatigue lasts more than one week
c. Severe hemolytic anemia is demonstrated
d. Hepatitis B is confirmed

DIRECTIONS: Each group of questions below consists of lettered headings followed by a set of numbered items. For each numbered item, select the **one** lettered heading with which it is most closely associated. Each lettered heading may be used once, more than once, or not at all.

Items 11–14

Match the clinical description with the most likely organism.

a. *Streptococcus pneumoniae*
b. *Staphylococcus aureus*
c. *Viridans streptococci*
d. *Providencia stuartii*
e. *Actinomyces israelii*
f. *Haemophilus ducreyi*
g. *Neisseria meningitidis*
h. *Listeria monocytogenes*

11. A 30-year-old female with mitral valve prolapse and mitral regurgitant murmur develops fever, weight loss, and anorexia after undergoing dental procedure.

12. An 80-year-old-male, hospitalized for hip fracture, has Foley catheter in place when he develops shaking chill, fever, and hypotension.

13. A young man develops painless, fluctuant, purplish lesion over the mandible. Cutaneous fistula is noted after several weeks.

14. A sickle cell anemia patient presents with high fever, toxicity, signs of pneumonia, and stiff neck.

Items 15–18.

Select one antiviral agent for each patient.

a. Ganciclovir
b. Acyclovir
c. Interferon alpha
d. Didanosine
e. Ribavirin
f. Amantadine
g. Vidarabine
h. Zalcitabine

15. Military recruit develops pneumonia secondary to influenza A. Symptoms began 24 hours prior to physician visit.

16. HIV-positive patient with CD4 count of 50 complains of onset visual blurring; opacity seen on fundoscopic exam.

17. Sexually active young woman has anogenital warts, requests intralesional therapy.

18. Infant with respiratory syncytial virus infection requires mechanical ventilation.

Items 19–21

Match the fungal agent most likely responsible for the disease process described below.

a. *Histoplasma capsulatum*
b. *Blastomycosis dermatitidis*
c. *Coccidioides immitis*
d. *Cryptococcus neoformans*
e. *Candida albicans*
f. *Aspergillus fumigatus*
g. *Zygomycosis*

19. Fever, cough, and weight loss in young, previously healthy male. Presents with verrucous skin lesions and bone pain. Chest x-ray shows nodular infiltrates.

20. Diabetic patient is admitted with elevated blood sugar and acidosis. Complains of headache and sinus tenderness. Has black, necrotic material draining from nares.

21. Young woman with asthma, eosinophilia. Fleeting pulmonary infiltrates occur with bronchial plugging.

DIRECTIONS: Each item below contains a question or incomplete statement followed by suggested responses. Select the **one best** response to each question.

Items 22–24

A 40-year-old male develops bilateral facial weakness. The patient returned from a camping trip in Wisconsin that had lasted six weeks. The patient gives a history of arthralgias. On exam, he cannot close either eye well or raise either eyebrow. The first heart sound is diminished. There is no evidence of arthritis.

Hgb: 14 g/dL
WBC: 10,000/mm^3
VDRL: Negative
FTA-Abs: Positive
EKG: First-degree AV block

22. Which of the following would be most useful?

a. CT scan of head
b. MRI of head
c. More detailed history
d. Kveim test

23. The likely cause of these symptoms is

a. Intracranial infection
b. Lyme disease
c. Endocarditis
d. Herpes simplex

24. Treatment of choice would be

a. Penicillin or ceftriaxone
b. Acyclovir
c. Corticosteroids
d. Aminoglycoside

25. You are a physician in charge of the patients that reside in a nursing home. Several of the patients have developed influenza-like symptoms, and the community is in the midst of an influenza A outbreak. None of the nursing home residents have received the influenza vaccine. What course of action would be most appropriate?

a. Give the influenza vaccine to all residents of the nursing home who do not have a contraindication to the vaccine (allergy to eggs)
b. Give the influenza vaccine to all residents of the nursing home who do not have a contraindication to the vaccine. Also give amantadine for a two-week period
c. Give amantadine alone to all nursing home residents
d. Do not give any prophylactic regimen

26. Which of the following statements concerning cryptococcal meningoencephalitis is correct?

a. It may occur in patients with no identifiable immunological defect
b. Urine and blood cultures are always negative
c. The india ink preparation usually reveals gram-negative bacteria
d. Detection of cryptococcal polysaccharide antigen in cerebrospinal fluid (CSF) is sensitive but nonspecific

27. Patients with cellular immune dysfunction are least susceptible to infection with which of the following organisms?

a. Cytomegalovirus
b. *Haemophilus influenzae*
c. *Mycobacterium tuberculosis*
d. *Pneumocystis carinii*
e. *Histoplasma capsulatum*

28. A 30-year-old man who has spent 5 of the last 10 years in prison in New York City is referred from the prison because of hemoptysis. He has a history of tuberculosis diagnosed three years ago and took isoniazid and rifampin for about a month. A cavitary lesion is seen on chest x-ray. One should do all the following *except*

a. Obtain sputum for acid-fast bacilli (AFB) stain, culture, and sensitivity
b. Start supervised isoniazid and rifampin administration
c. Start a supervised multiple drug combination to treat multidrug-resistant tuberculosis
d. Place the patient in respiratory isolation
e. Perform routine screening of inmates and staff for tuberculosis

29. A recent outbreak of severe diarrhea is currently being investigated. Several children developed bloody diarrhea, and one remains hospitalized with acute renal failure. A preliminary investigation has determined that all the affected children ate at the same restaurant. The food they consumed was most likely to be

a. Pork chops
b. Hamburger
c. Gefilte fish
d. Sushi
e. Soft-boiled eggs