

USMLE Step 2 Secrets 5th Edition Errata and Updates

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Top 100 Secrets

Page 2

#20

In restrictive disease, the ~~FEV1/FEV~~ FEV1/FVC ratio is often normal.

Page 10

#84

In the table beginning with “Methanol or ethylene glycol,” the formatting of the table is off by one line. It should read as follows:

Methanol or ethylene glycol	Fomepizole, ethanol
Muscarinic blockers	Physostigmine
Opioids	Naloxone
Quinidine or tricyclic antidepressants	Sodium bicarbonate (cardioprotective)

The correct table can be seen in Chapter 9, Question 13.

Chapter 1: Acid-Base and Electrolytes

Page 16

Question 8

For Step 2, this scenario means that the patient is probably crashing. Asthmatic patients are supposed to be slightly alkalotic during an asthma attack. Remember that pH is initially high in patients with an asthma exacerbation because they are breathing rapidly, eliminating CO₂, and developing a **metabolic respiratory** alkalosis. If the patient becomes tired and breathing slows down....

Page 18

Question 28

The specimen was not hemolyzed. What is the first treatment?

Get an EKG first to look for cardiotoxicity. In general, the best therapy for hyperkalemia is decreased potassium intake and administration of **oral sodium polystyrene resin (Kayexalate): a gastrointestinal cation exchange (e.g., patiromer or zirconium cyclosilicate)**. The oral sodium polystyrene resin, Kayexalate, is only used in rare instances due to increased risk of bowel necrosis. But if the potassium level is greater than 6.5 or cardiac toxicity is apparent (more than peaked T waves), immediate intravenous therapy is needed. First give **calcium gluconate** (which is cardioprotective, although it does not change potassium levels); then give **sodium bicarbonate (alkalosis causes potassium to shift inside cells) and glucose with insulin** (insulin forces potassium inside cells, and glucose prevents hypoglycemia). Beta₂ agonists also

drive potassium into cells and can be given if the other choices are not listed on the test. If the patient has renal failure (high creatinine) or initial treatment is ineffective, prepare to institute dialysis emergently.

Page 19

Question 31

What causes hypocalcemia?

- DiGeorge syndrome (tetany 24-48 hours after birth, absent thymic shadow on x-ray)
- Renal failure (remember the kidney's role in vitamin D metabolism)
- Hypoparathyroidism (watch for a postthyroidectomy patient; all four parathyroids may have been accidentally removed)
- Vitamin D deficiency
- Pseudohypoparathyroidism (short fingers, short stature, mental retardation, and ~~normal~~ elevated levels of parathyroid hormone with end-organ unresponsiveness to parathyroid hormone)

Page 19

Question 36

What causes hypercalcemia?

~~Hyperthyroidism~~ Hyperparathyroidism is the most common cause...

Chapter 4: Cardiology

Page 33

Question 14

~~Describe variant (Prinzmetal) angina.~~

Describe vasospastic angina (previously referred to as Prinzmetal or variant angina).

This rare type of angina is characterized by pain at rest (unrelated to exertion), often occurs in the middle of the night or early morning, and presents with ST-segment elevation; cardiac enzymes are normal. The cause is coronary artery spasm. ~~Prinzmetal~~-Vasospastic angina usually responds to nitroglycerin and is treated over the long term with calcium channel blockers, which reduce arterial spasm.

Page 43

Question 48

The CHADS₂-VASc score is used to estimate the risk of stroke in patients with nonrheumatic atrial fibrillation. The score is used to determine whether the patient should be treated with anticoagulation (with warfarin, dabigatran, ~~fabigatran~~, rivaroxaban, or apixaban) or with aspirin.

The points in the table below are added to determine the CHADS₂-VASc score.

- A score of 0 is low risk for stroke; no anticoagulant therapy is recommended in most cases.
- A score of 1 is moderate risk; oral anticoagulation therapy or aspirin should be considered.
- A score of 2 or greater is high risk; oral anticoagulant therapy is recommended unless contraindicated (e.g., significant fall risk; bleeding risk).

Chapter 10: Endocrinology

Page 72

Question 15

What is the most common type of hypoadrenalism?

Secondary (iatrogenic) hypoadrenalism due to steroid treatment. People who are removed from long-term steroid therapy may be unable to secrete an appropriate amount of corticosteroids in response to stress for up to 1 year. Watch out for the classic postoperative patient who crashes (with hypotension, shock, and hyperkalemia) shortly after surgery and has a history of a disease requiring steroid therapy within the past year. You may assess ACTH (**usually high inappropriately low**) and cortisol levels (inappropriately low) to help make the diagnosis, but do not wait for the results to give steroids....

Chapter 12: Gastroenterology

Page 87

Question 35

How is **hepatitis A** **hepatitis B** acquired? What is the best treatment?

Page 91

Question 55

What clues suggest a diagnosis of primary biliary **cholangitis** (previously primary biliary cirrhosis)?

Chapter 14: Genetics

Page 111

Question 1

~~Glucose-6-phosphatase~~ Glucose-6-phosphate dehydrogenase (G6PD)

Chapter 16: Gynecology

Page 123

Question 32

What are the other common causes of secondary amenorrhea?

- PCOS
- ~~Anorexia (amenorrhea is required for a diagnosis of anorexia)~~
- Anorexia nervosa
- Endocrine disorders...

Page 124

Question 36

At what age can primary amenorrhea be diagnosed? What is the first step in evaluation?

~~A diagnosis of primary amenorrhea is made when a girl has not menstruated by the age of 16.~~ Primary amenorrhea is defined as the absence of menses at age 15 years in the presence of normal growth and secondary sexual characteristics. If no menses have occurred by age 13 years and there is a complete absence of secondary sexual characteristics such as breast development, evaluation for primary amenorrhea should begin. ~~Patients also should be evaluated in the~~

~~absence of secondary sexual characteristics by age 14 or in the absence of menstruation within 2 years of developing secondary sex characteristics (e.g., breast development, axillary and pubic hair).~~ The first step is to rule out pregnancy.

Page 128

Question 70

What are the side effects of oral contraceptive pills?

The side effects include glucose intolerance (check for diabetes annually in women at high risk), depression, edema (bloating), ~~weight gain~~, cholelithiasis...

Chapter 17: Hematology

Page 139

Question 37

How do you recognize ~~glucose-6-phosphatase~~ glucose-6-phosphate dehydrogenase (G6PD) deficiency on the USMLE?

Chapter 18: Hypertension

Page 143

Question 1

How often should you screen for hypertension?

~~Adults with normal blood pressure should be screened roughly every 2 years.~~

The United States Preventative Services Task Force recommends annual screening for adults aged 40 years or older and for those who are at increased risk for high blood pressure. Persons at increased risk include those who have high-normal blood pressure (130 to 139/85 to 89 mm Hg), those who are overweight or obese, and African Americans. Adults aged 18 to 39 years with normal blood pressure (<130/85 mm Hg) who do not have other risk factors should be rescreened every 3 to 5 years.

Chapter 20: Infectious Diseases

Page 155

Question 3

Silver staining

Pneumocystis jirovecii, Cryptococcus, Candida, Legionella, H. pylori, Treponema, and cat scratch disease (Bartonella henselae)

Page 157-158

Question 14

Please disregard the reference to Fig. 20.2 and the image itself. This is not the correct image.

Page 158

Question 14

Diarrhea after antibiotics

Clostridium difficile

~~Use oral metronidazole or oral vancomycin~~

Use oral vancomycin or fidaxomicin. Oral metronidazole may be used in settings where access to vancomycin or fidaxomicin is limited for an initial episode of nonsevere *Clostridium difficile* infection.

Reference: Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) *Clinical Infectious Diseases*, Volume 66, Issue 7, 19 March 2018, Pages e1–e48, <https://doi.org/10.1093/cid/cix1085>

Chapter 22: Nephrology

Page 173

Question 11

~~Define Wegener granulomatosis.~~ Define granulomatosis with polyangiitis (formerly called Wegener granulomatosis). How does it present?

~~Wegener granulomatosis~~ Granulomatosis with polyangiitis (formerly called Wegener granulomatosis) is a vasculitis that affects the lungs and kidneys. Look for nasal involvement....

Chapter 25: Obstetrics

Page 199

Question 29

~~Oral contraceptive pills~~ — ~~VACTERL syndrome~~

Author's note: there is no established connection between oral contraceptive pills and VACTERL syndrome.

Chapter 27: Ophthalmology

Page 327

Question 19

Distinguish between preorbital (preseptal) and orbital cellulitis.

Both conditions may present with swollen lids; fever; a history of facial laceration, trauma, insect bite, or sinusitis; and chemosis (edema of the conjunctiva). ~~Oral~~ **Orbital** cellulitis can mimic preorbital cellulitis....

Chapter 29: Pediatrics

Page 252

Question 23

True or false: Current vaccine recommendations and schedules are always provided on the USMLE.

False, but because the timing of normal immunizations is being updated constantly, the administration schedule for common vaccines may be provided on the Step 2 exam. Higher yield information relates to special patient populations (e.g., give pneumococcal vaccine to patients with sickle cell disease or splenectomy) and vaccine contraindications (~~no measles-mumps-rubella or influenza vaccines for egg-allergic patients~~, no live vaccines **such as measles-mumps-rubella or varicella** for immunocompromised patients **or pregnant**

patients).

Chapter 29: Pediatrics

Page 253

Question 27

Define delayed puberty. What is the most common cause?

~~Delayed puberty is defined by a lack of testicular enlargement in boys by age 14 years or a lack of breast development or pubic hair in girls by age 12 years.~~ In boys, delayed puberty is defined as no enlargement of the testicles by age 14 or a time lapse of more than 5 years from the start to the completion of growth of the genitals. In girls, delayed puberty is defined as no breast development by age 13, a time lapse of more than 5 years from the beginning of breast growth to the first menstrual period, or no menstruation by age 16. The most common cause is constitutional delay, a normal variant. Watch for parents with a similar history of being “late bloomers.” The child’s growth curve consistently lags behind that of peers, but the line representing the child’s growth curve is parallel to the normal growth curve. Treatment is reassurance only.

Chapter 32: Psychiatry

Page 268

Question 36

Define persistent depressive disorder (dysthymia).

Persistent depressive disorder (dysthymia) is a depressed mood on most days for

more than 2 years without episodes of major depression, mania/hypomania, or psychosis.

Page 270

Question 56

Borderline: patients have unstable moods, behaviors, relationships (~~many are bisexual~~), and self-image.

Chapter 38: Urology

Page 298

Question 27

Discuss the mechanism of action of the commonly used immunosuppressant drugs in transplant medicine.

- Steroids inhibit the production of interleukins-1, 2, and 6 as well as ~~TNF-alpha~~ TNF-alpha and IFN-gamma.