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A 62-year-old man comes to the office due to worsening difficulty with swallowing food over the last 3 months. He has smoked a pack of cigarettes daily for the past 45 years. On examination, there is a firm, palpable mass at the base of tongue. Cervical lymph nodes are also palpable. Which of the following histologic features is most likely to be seen on biopsy of the tongue lesion?

- A. Fibrovascular cores surrounded by squamous epithelium
- B. Glandular structures with droplets of mucin
- C. Inflammatory infiltrate with pseudohyphae
- D. Irregular nests of cells with keratinization
- E. Nodular proliferation of lymphocytic follicles

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A 33-year-old man comes to the office due to trouble swallowing and a chronic sore throat. He has no chronic medical conditions and does not use tobacco or alcohol. Physical examination shows an enlarged, ulcerated right tonsil. Biopsy of the ulcerated lesion reveals infiltrating nests of moderately differentiated squamous cells. Immunohistochemistry is positive for p16, suggesting that the tumor is likely due to human papilloma virus. Further imaging studies for cancer staging are planned. This patient's tumor is most likely to spread first to which of the following locations?

- A. Adenoid tissue
- B. Adrenal glands
- C. Gray-white matter junction
- D. Jugular lymph nodes
- E. Lung parenchyma
- F. Vertebral bodies

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A 23-year-old man has 2 days of fever, cough, sore throat, and runny nose. His temperature is 38 C (100.4 F). Lung sounds are clear to auscultation. A nasopharyngeal swab is obtained. Naked viral particles are seen, and purified RNA molecules are extracted from these particles. Once introduced into human cells, the purified RNA molecules induce viral protein synthesis and viral genome replication. Which of the following is the most likely cause of this patient's symptoms?

- A. HIV
- B. Influenza virus type A
- C. Respiratory syncytial virus
- D. Rhinovirus
- E. Rotavirus

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A 10-year-old girl is brought to the office due to sneezing, rhinorrhea, and nasal congestion and itching. The symptoms began 2 days ago after she arrived at a family farm for a summer vacation. The patient has spent a few days visiting the farm during previous summer seasons. She had no symptoms at her first visit 2 years ago but recalls having similar symptoms last year. She has had no respiratory symptoms while residing in another state the rest of the year. The patient has no prior medical conditions and takes no medications. On physical examination, the nasal turbinates are enlarged and bluish; clear rhinorrhea is present. Allergic response to a farm allergen is suspected. Which of the following processes most likely occurred during the first farm visit 2 years ago?

- A. Antibody receptor aggregation
- B. Complement activation
- C. Mast cell degranulation
- D. Release of interferon gamma
- E. T-lymphocyte induction

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A 48-year-old woman comes to the office due to an intermittent ear discharge over the last 2 years. She has also noticed decreased hearing in the right ear recently. Past medical history is significant for obesity, hyperlipidemia, seasonal allergies, and diet-controlled diabetes mellitus. Otoscopy shows a small perforation in the right tympanic membrane and a pearly mass behind the membrane. Conduction hearing loss is noted in the right ear. The remainder of the ear, nose, and throat examination is normal. Which of the following is the most likely cause of this patient's aural mass?

- A. Cholesterol and lipid accumulation
- B. Facial nerve neuroma
- C. Malignant squamous cell neoplasm
- D. Noncaseating granuloma
- E. Squamous cell debris

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A 50-year-old man comes to the office due to a lump in his neck that has been present for 4 months and is enlarging. On examination, there is a firm, nontender, nonmobile mass in the right anterior neck. Otoscopic examination shows a clear right middle ear effusion. Needle biopsy of the neck mass is consistent with regional nodal spread of squamous cell carcinoma. Which of the following is the most likely site of the primary tumor?

- A. Base of tongue
- B. Nasopharynx
- C. Parotid gland
- D. Piriform sinus
- E. Thyroid gland
- F. Vocal cord

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A 1-year-old boy is brought to the clinic for a painful mass in the neck. The parents noticed a small area of nontender swelling in the neck a month ago. Over the last few days, it has enlarged and become painful, and the patient has a fever. Examination shows a mobile, tender, fluctuant, and warm mass approximately 2 cm in diameter that is located at the right mandibular angle. There is purulent drainage from the skin surface just anterior to the right sternocleidomastoid muscle. This patient's clinical findings are most likely due to which of the following embryologic processes?

- A. Failed descent of a pharyngeal pouch structure
- B. Failed neural crest migration into a pharyngeal arch
- C. Inadequate fusion of the mandibular prominences
- D. Incomplete obliteration of a pharyngeal groove
- E. Persistence of the thyroglossal duct

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A 42-year-old woman comes to the office due to dizziness. She has a 6-month history of episodic bouts where she experiences a spinning sensation associated with nausea and ringing in her left ear. The patient also has difficulty hearing while holding her phone to the left ear, although hearing in the right ear is normal. The dizziness improves spontaneously and she feels fine between episodes. Past medical history is notable for hypothyroidism, for which she is on thyroid replacement therapy, and endometriosis, which led to a hysterectomy at age 38. The patient works as a supermarket manager. She does not use tobacco or drink alcohol. This patient's condition is most likely the result of which of the following pathologic processes?

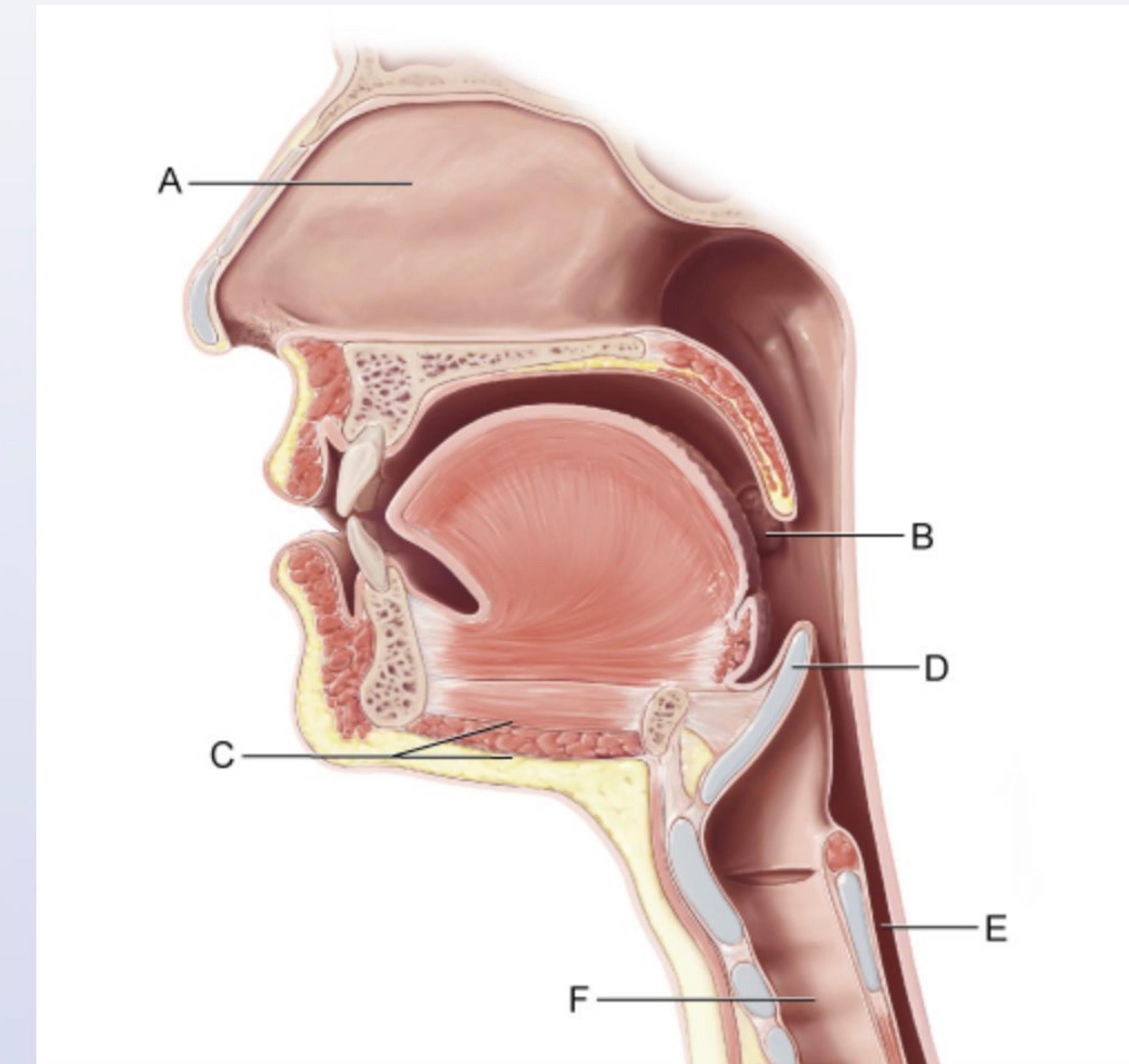
- A. Demyelination in the CNS
- B. Increased volume of endolymph in the inner ear
- C. Inflammation of the vestibular labyrinth
- D. Mass lesion at the cerebellopontine angle
- E. Sclerosis of the ossicles

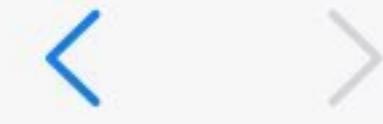
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A 20-month old girl is brought to the emergency department for difficulty breathing. The patient has had rhinorrhea and nasal congestion for the past 2 days. She developed a cough and noisy breathing this evening. Medical history is otherwise negative. She is growing well, meeting milestones, and up-to-date on immunizations. On examination, the patient has suprasternal and intercostal retractions, inspiratory stridor, and a barking cough. Inflammation and edema of which of the following sites is most likely causing this patient's stridor?





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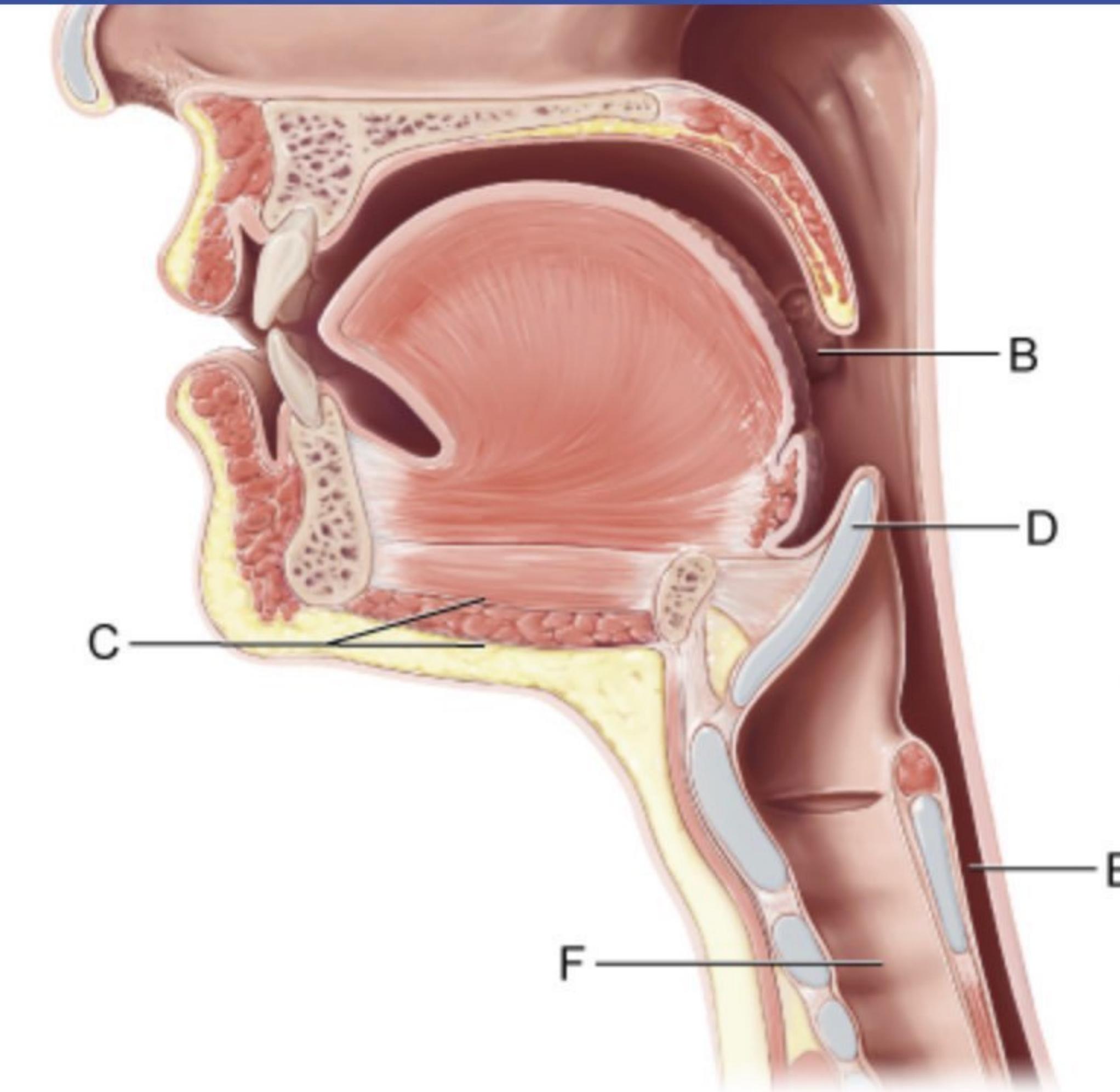
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- A. A
- B. B
- C. C
- D. D
- E. E
- F. F

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A 7-year-old girl is brought to the clinic due to nasal congestion with facial pain. The patient first developed congestion over a year ago. Her parents have been treating it with over-the-counter allergy medications, but there has been no improvement. Over the past 4 months, the congestion has worsened, and now the patient has difficulty breathing through her nose. She also developed a dry cough and a constant, dull pain over her cheeks. The patient's stools have been loose. Temperature is 37.8 C (100 F). Weight is at <1st percentile at 18 kg (39.7 lb), decreased from 19 kg (41.9 lb) 3 months ago. Examination reveals copious yellow mucus within both nares. Translucent, gray, shiny masses obscure the middle turbinates bilaterally. Lymphadenopathy is not present. The lungs have coarse breath sounds bilaterally. The abdomen is soft with no organomegaly. Which of the following is the most likely diagnosis?

- A. Cystic fibrosis
- B. HIV infection
- C. Nasopharyngeal carcinoma
- D. Primary ciliary dyskinesia
- E. Seasonal allergic rhinitis

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A 21-year-old man comes to the office due to nasal congestion and rhinorrhea that occurs intermittently and is often accompanied by sneezing and itchy, watery eyes. His symptoms began 2 years ago and have worsened in severity. He has no other medical problems. The patient works as a marketing analyst and travels out of state a few times a year. On examination, the nasal turbinates are edematous with clear rhinorrhea. There is bilateral conjunctival injection. Which of the following additional questions would be the most helpful for determining the underlying cause of this patient's condition?

- A. "Do you consume soy-based food products?"
- B. "Do your symptoms improve when you leave town?"
- C. "Do your symptoms worsen on exposure to cold air?"
- D. "Do you use cigarettes or smokeless tobacco?"
- E. "Have you been taking any new medications?"

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A 2-hour-old girl is evaluated in the nursery. She was born to a 28-year-old primigravida via spontaneous vaginal delivery. The pregnancy was unremarkable, but family history reveals that the patient's maternal grandmother had an isolated cleft palate. Both parents have no known medical conditions. Examination of the patient shows a cleft palate. The remainder of the examination is unremarkable. The parents inquire about the cause for this anomaly. This patient's clinical findings are most likely a result of which of the following?

- A. Autosomal recessive inheritance
- B. Disrupted genetic imprinting
- C. Mitochondrial DNA heteroplasmy
- D. Polygenic and environmental interactions
- E. Skewed X chromosome inactivation

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A 54-year-old woman comes to the clinic due to difficulty hearing for the past few weeks. During the neurologic examination, the physician assesses her hearing using a vibrating tuning fork. The handle of the tuning fork is placed on her left mastoid process until the sound is no longer audible. The tines are then quickly placed near the patient's left auditory meatus, and she reports hearing no sound. When the handle of the vibrating fork is placed on the middle of her forehead, she hears the vibration more strongly in her left ear than her right. This patient is most likely experiencing which of the following types of hearing loss?

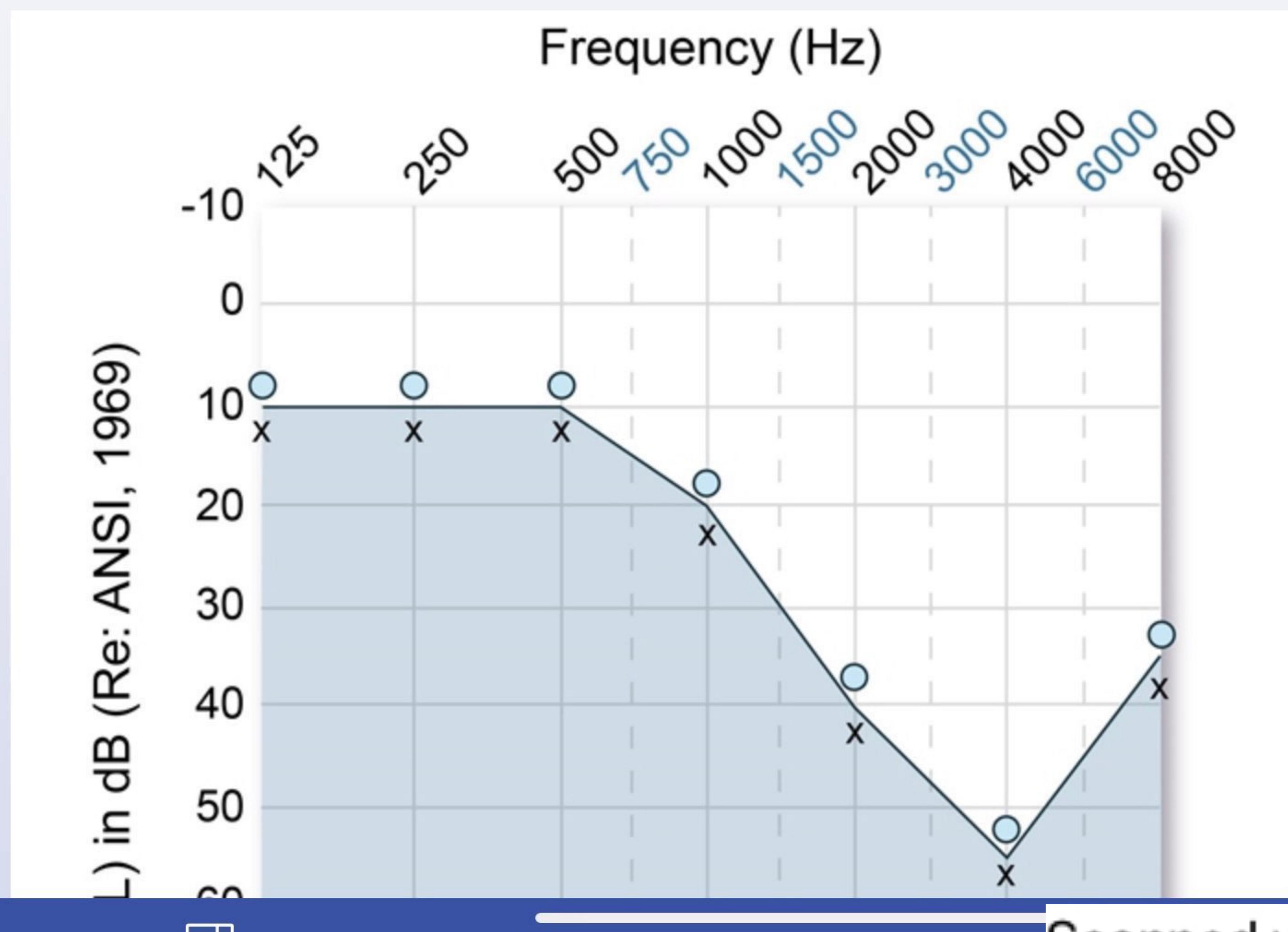
- A. Conductive loss in both ears
- B. Conductive loss in left ear
- C. Conductive loss in right ear
- D. Sensorineural loss in both ears
- E. Sensorineural loss in left ear
- F. Sensorineural loss in right ear

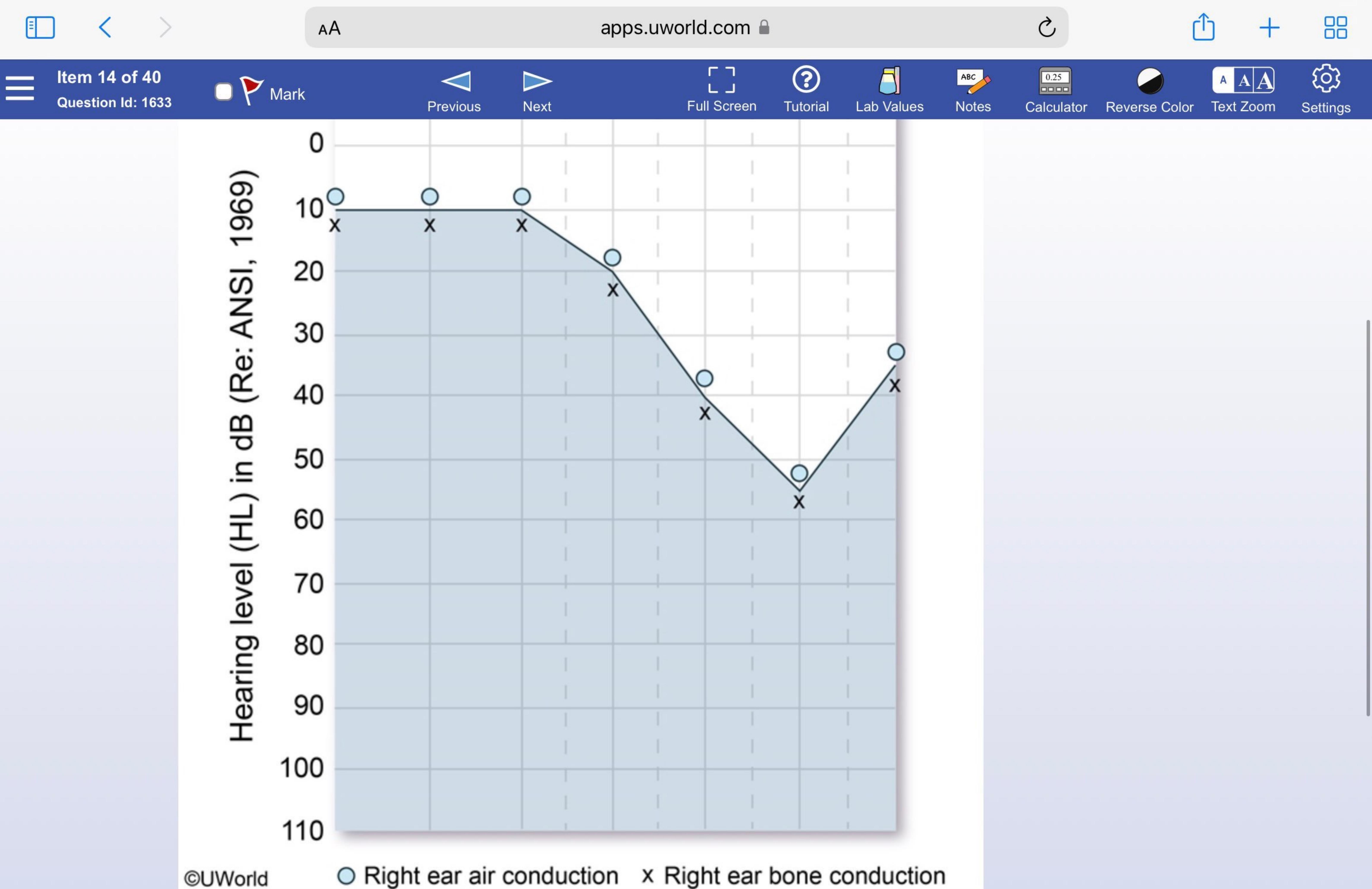
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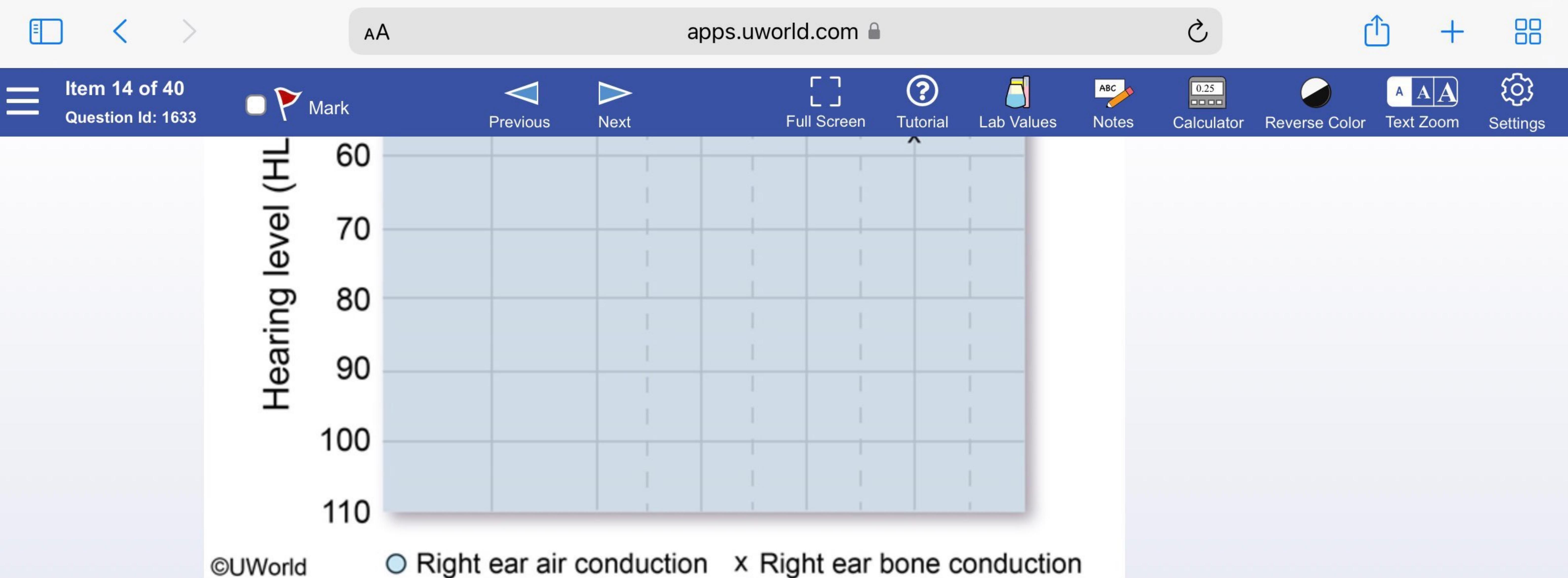
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A 56-year-old previously healthy man comes to the office due to decreased hearing in both ears. He reports difficulty understanding conversations in crowded rooms. His wife adds that they often argue about the volume of the television set. The patient cannot remember precisely when he first noticed hearing loss but says it has been present at least 6 months and is getting worse. For the past 12 years, he has worked in a factory where he has to shout to communicate with coworkers and has seldom worn hearing protection. An audiogram is obtained as shown in the image below.







Which of the following is most likely abnormal in this patient?

- A. Auditory nerve
- B. Cochlear cupula
- C. Middle ear ossicles
- D. Organ of Corti
- E. Round window
- F. Tympanic membrane

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A 36-year-old man is rushed to the emergency department after sudden onset of shortness of breath and difficulty swallowing. He has visited the emergency department several times before due to food and skin allergies. The patient is unconscious on arrival. Examination shows excessive accessory respiratory muscle use and edematous swelling of the face, lips, and tongue. There is also scattered urticaria over the upper body. Attempts at intubation are unsuccessful due to massive soft tissue edema involving the pharynx. A decision is made to perform an emergency cricothyrotomy. The incisions made during this procedure will most likely pass through which of the following structures?

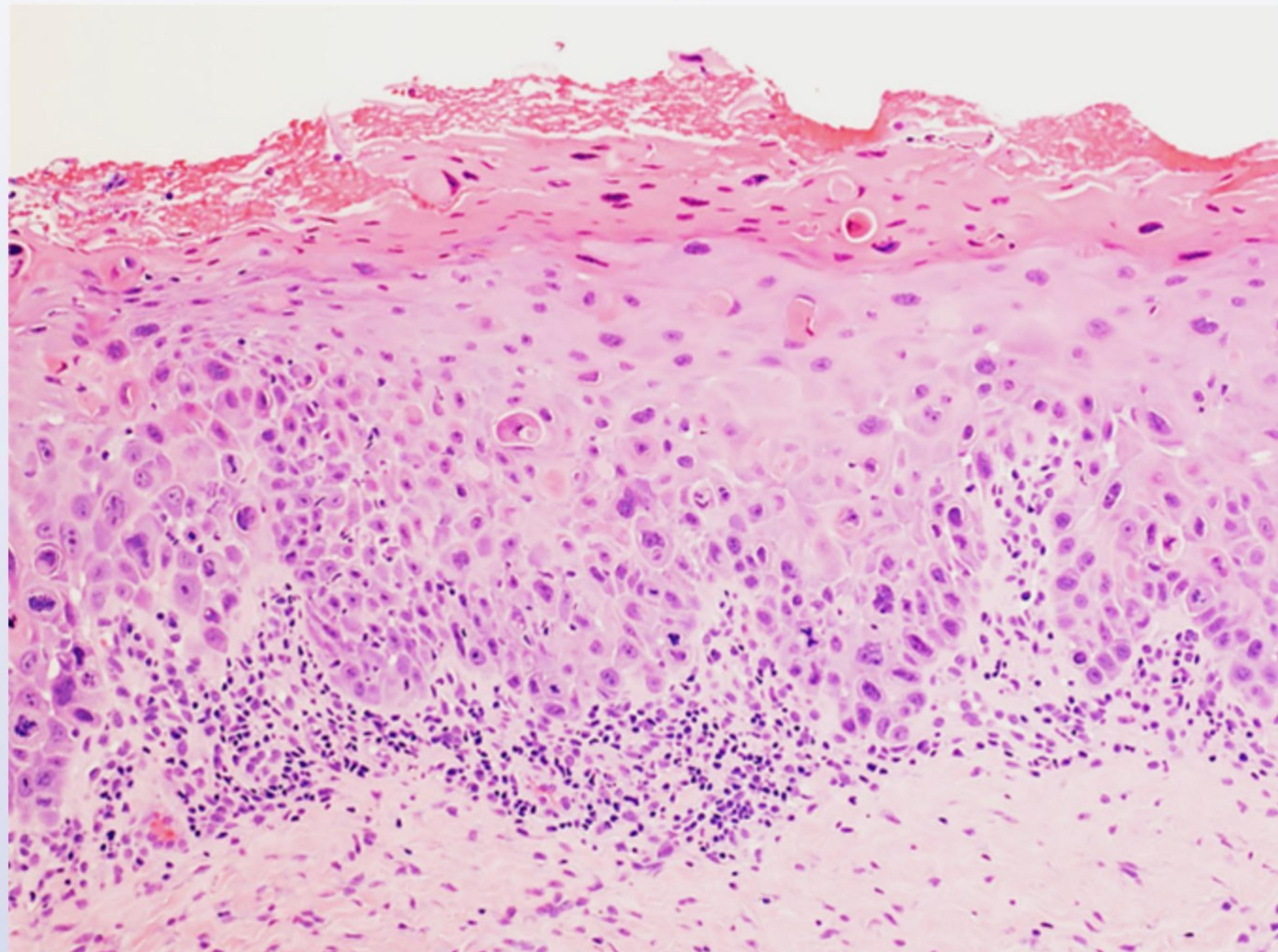
- A. Buccopharyngeal fascia and platysma
- B. Platysma and thyroid isthmus
- C. Pretracheal fascia and cricoid cartilage
- D. Pretracheal fascia and prevertebral fascia
- E. Superficial cervical fascia and cricothyroid membrane

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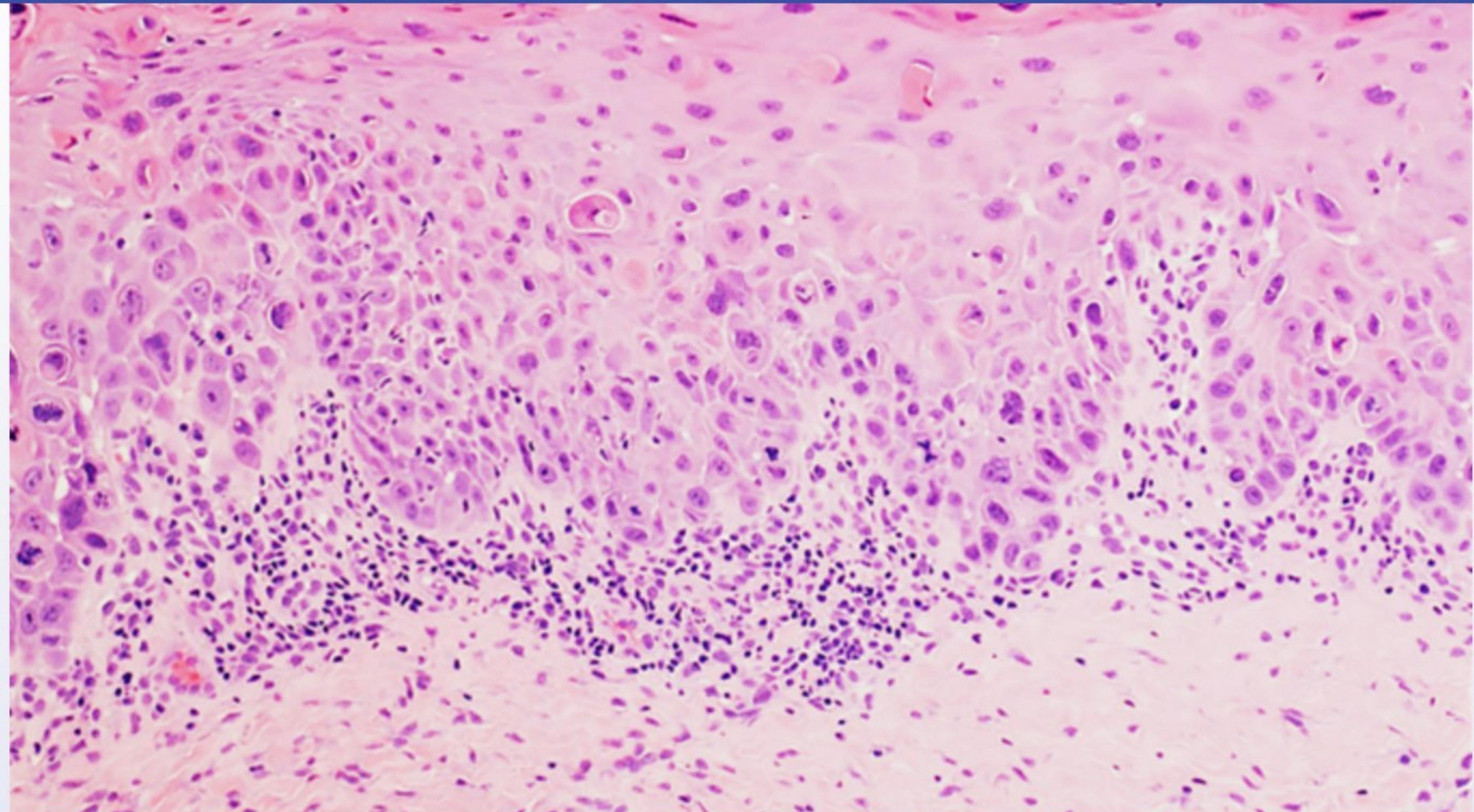
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A 47-year-old man comes to the office due to a white patch on the inside of his lower lip. It is painless and does not bleed. The patient has used smokeless tobacco for the past 20 years. He drinks on average 5 beers a week. On physical examination, a 3.5-cm flat, white patch is seen on the inside of the lower lip, reflecting onto the gingival surface of the lower teeth. There is no cervical adenopathy. Biopsy of the mucosal lesion is shown in the image below:



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Which of the following is most likely to occur if this patient's condition is left untreated?

- A. Development of a systemic autoimmune disease
- B. Development of itchy, purple lesions over the palms
- C. Local invasion with cervical node metastases
- D. Resolution with antiretroviral treatment
- E. Spontaneous regression

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A 30-year-old woman comes to the emergency department after a seizure. The patient reports pain on the left side of her face and is unable to fully open or close her mouth. She is drooling. On examination, the jaw deviates to the right and the left mandibular condyle is very prominent with a palpable depression posterior to it. The patient is diagnosed with an anterior dislocation of the left temporomandibular joint. The jaw is most likely maintained in a dislocated position due to continued spasm of which of the following muscles?

- A. Buccinator
- B. Genioglossus
- C. Lateral pterygoid
- D. Sternocleidomastoid
- E. Superior pharyngeal constrictor
- F. Zygomaticus major

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A 28-year-old primigravida at 20 weeks gestation comes to the clinic for follow-up. It is discovered that the fetus has a genetic change that results in developmental disruption of the third pharyngeal pouch. Which of the following would most likely be observed in the child after birth?

- A. Branchial cleft cyst
- B. Ectopic thyroid tissue
- C. Impaired auditory conduction
- D. Mandibular hypoplasia
- E. T-cell dysfunction

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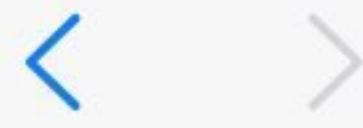
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A 5-year-old girl is brought to the emergency department after having a seizure at home. Approximately an hour ago, the patient collapsed at the dinner table and developed full body shaking and urinary incontinence. Her mother says that the girl has had a mild headache and fatigue for the past few days. On examination, the patient is sleepy and difficult to rouse. Vital signs are normal. Cardiopulmonary examination is unremarkable. CT scan of the head is shown in the image below:





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Which of the following historical details is most relevant in establishing this patient's diagnosis?

- A. Family history of seizures
- B. History of diarrheal illness
- C. Maternal history of perinatal infection
- D. Previous recurrent gingival bleeding
- E. Recent episode of otitis media

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A 4-hour-old girl is examined in the newborn nursery. The patient was born vaginally after an uncomplicated pregnancy and delivery. She began breastfeeding after delivery. Physical examination shows a unilateral cleft lip on the left side with an intact palate. The rest of the physical examination is unremarkable. This patient's abnormal findings most likely resulted from which of the following intrauterine processes?

- A. Failed fusion of the medial nasal prominences
- B. Failed fusion of the maxillary prominence and intermaxillary segment
- C. Failed fusion of the palatine shelves
- D. Hyperplasia of the frontonasal prominence
- E. Hypoplasia of the mandibular prominence

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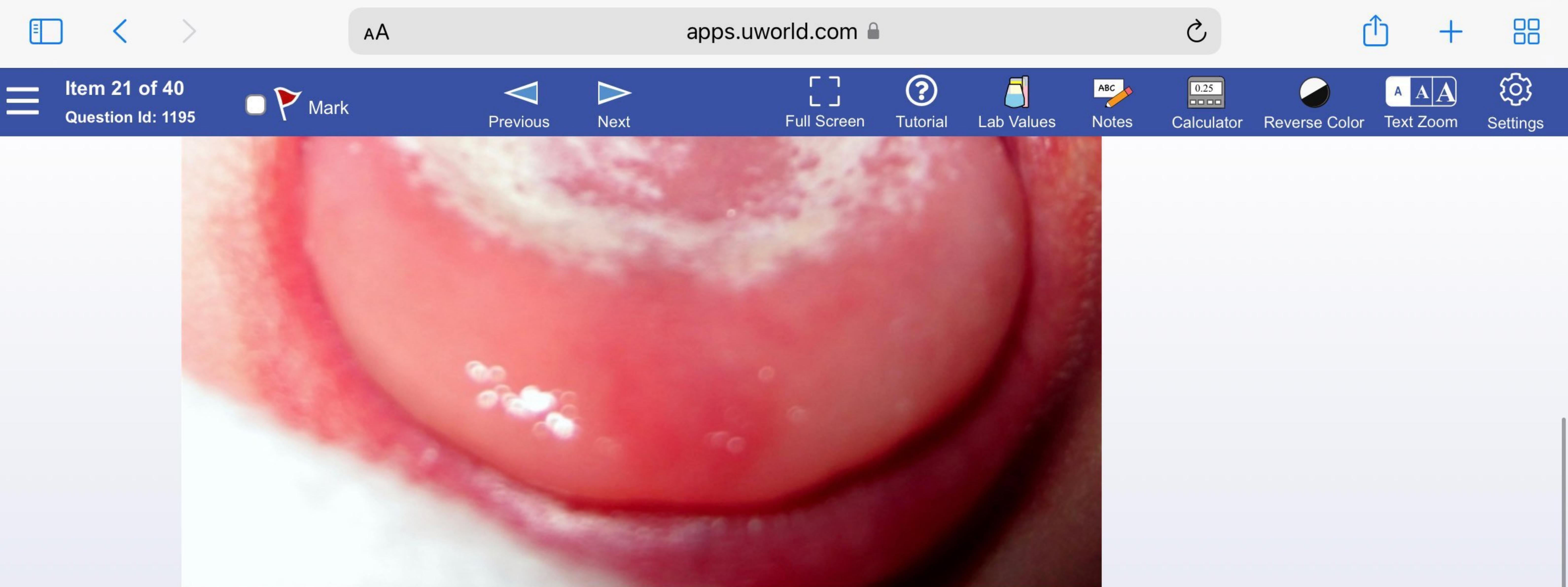
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A 6-year-old asthmatic has the finding shown in the image below on routine examination.



Which of the following is the most appropriate pharmacotherapy for the lesions on this patient's oral mucosa?



Which of the following is the most appropriate pharmacotherapy for the lesions on this patient's oral mucosa?

- A. Acyclovir
- B. Amphotericin-B
- C. Griseofulvin
- D. Nystatin
- E. Penicillin
- F. Terbinafine

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A 6-year-old boy is brought to the emergency department by his parents due to persistent nasal bleeding. The boy picks his nose frequently and has had several nosebleeds in the past, all of which stopped spontaneously after pinching the nose. The parents say that they have been pinching the nasal alae for over 30 minutes while the boy leans forward. Family history is negative for bleeding disorders. The patient takes no medications and has no allergies. Examination shows continuous blood trickle from his right nostril. Silver nitrate cautery is performed and the bleeding stops. Cautery was most likely applied to which of the following locations in this patient's nasal cavity?

- A. Inferior turbinate
- B. Middle meatus
- C. Nasal septum
- D. Posterior choanae
- E. Posterolateral wall

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A 15-year-old boy comes to the office due to right ear itching and discomfort for the past several days. He has no fever or hearing loss but has noted scant drainage of thin, whitish fluid. The patient has been taking swimming lessons at a local gym. On examination, there is no redness around the ear, but gentle traction of the pinna elicits pain. During inspection of the external auditory canal, a speculum is inserted into the meatus in close contact with its posterior wall, causing the patient to suddenly become lightheaded and faint. He recovers spontaneously within a few minutes with no residual confusion. Which of the following nerves was most likely irritated during the procedure?

- A. Accessory
- B. Facial
- C. Trigeminal
- D. Vagus
- E. Vestibulocochlear

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A 23-year-old man comes to the emergency department due to a sensation of food being stuck in his throat. His symptoms started 2 hours ago after eating fish at a local seafood restaurant. He has tried swallowing many times in an attempt to clear the food but has had no relief. The patient has no difficulty with breathing. He does not appear to be in significant distress on physical examination. Laryngoscopy reveals a fish bone lodged in the left piriform recess. During retrieval of the fish bone, a nerve deep to the mucosa overlying the recess is damaged. Which of the following is most likely to be impaired in this patient as a result of his iatrogenic injury?

- A. Cough reflex
- B. Gag reflex
- C. Mastication
- D. Salivation
- E. Taste sensation

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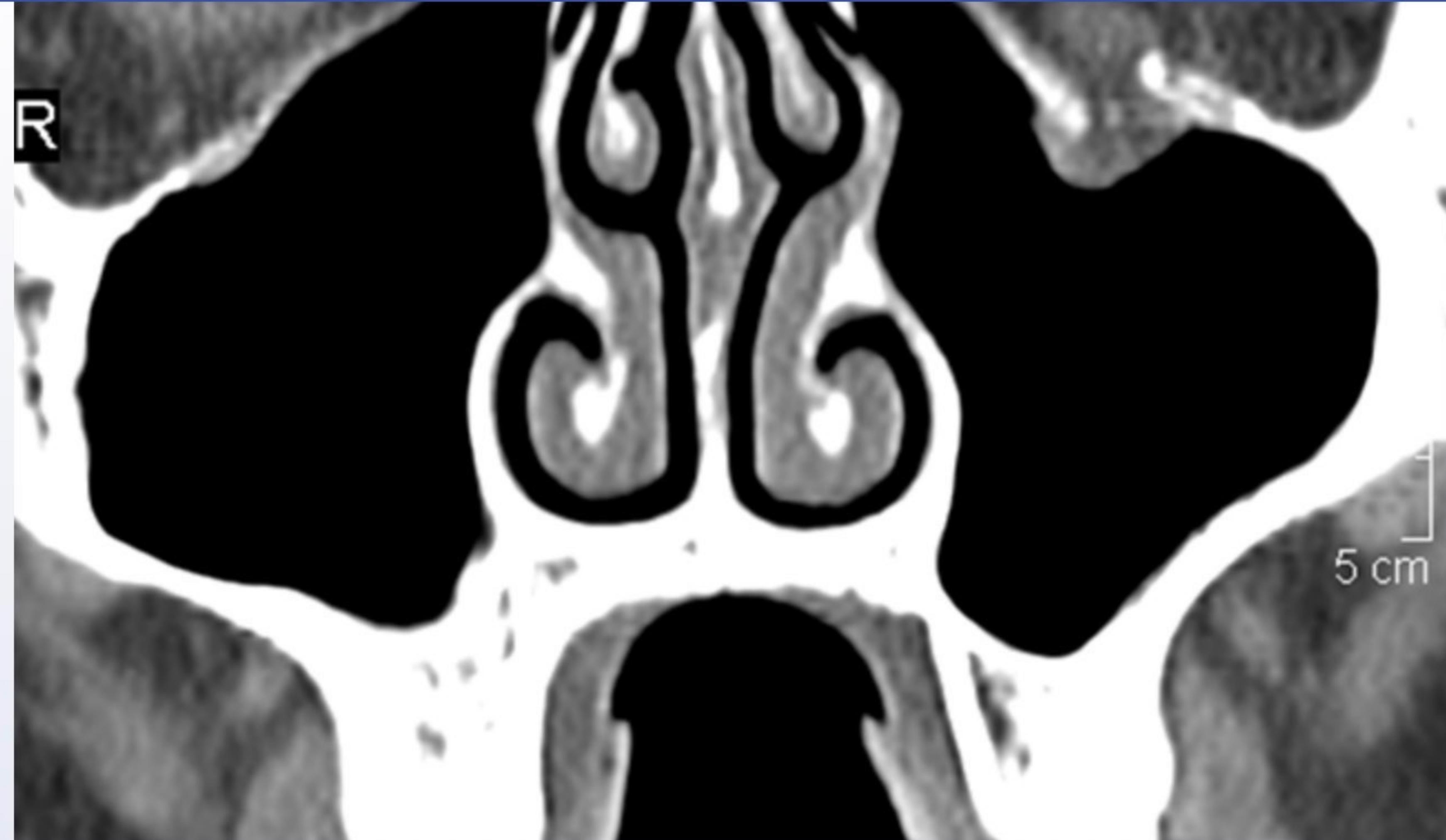
A 30-year-old man comes to the emergency department due to left eye pain after being involved in a street fight. He received a fist blow to the left eye and has since had pain and diplopia. Past medical history is notable for 2 previous gunshot wounds. The patient does not smoke cigarettes but has a history of heavy alcohol intake and frequent marijuana use. On examination, there is significant soft tissue swelling around the left eye. Visual acuity is normal, but extraocular motility of the left eye is limited. Pupillary reflexes are normal. Coronal CT scan of the orbits is shown in the image below.



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The orbital contents of this patient are most likely to herniate into which of the following sites?

- A. Ethmoid cells
- B. Frontal sinus
- C. Inferior conchae
- D. Maxillary sinus
- E. Sphenoid sinus

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A 35-year-old man comes to the physician because of a 2-week history of nasal congestion. He has used a topical decongestant every few hours since his symptoms began. He experienced relief for almost 1 week, but then his nasal congestion returned. The patient has a history of allergic rhinitis and has had episodes of rhinorrhea in the past, but none of them lasted longer than a few days. He denies fever, throat pain, headaches, cough, and lymph node enlargement. Aside from his allergic rhinitis, the patient has no other medical problems. Physical examination shows nasal mucosa that appears edematous and red with a few areas of punctate bleeding. The remainder of the examination reveals no abnormalities. Which of the following is the most appropriate next step in the management of this patient?

- A. Stop the decongestant
- B. Switch to ephedrine
- C. Add oral corticosteroids
- D. Add antihistamines
- E. Start antibiotics

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A 7-year-old boy is brought to the clinic due to 4 days of worsening left ear pain. The patient was healthy until last week, when he developed a low-grade fever and congestion, which resolved prior to the sudden development of left ear pain. Vital signs are normal. On examination, the patient appears uncomfortable but nontoxic. The left external ear is nontender with manipulation and has no visible deformities. Several mobile, 1-cm, anterior cervical lymph nodes are palpated on the left side of the neck. The left tympanic membrane is erythematous and bulging; there are no visible perforations. Right ear examination is unremarkable. Which of the following structures is most likely to become involved with progression of this patient's infection?

- A. Ethmoid sinus
- B. External jugular vein
- C. Facial artery
- D. Facial nerve
- E. Glossopharyngeal nerve
- F. Sphenoid sinus

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A 4-year-old boy is brought to the office due to hoarseness. The parents report that he has had worsening hoarseness for the past year, and his voice now sounds very raspy and rough. Flexible laryngoscopy is performed and shows bilateral lesions on the true vocal cords. Removal of these lesions is performed via direct laryngoscopy. Histopathologic analysis shows a fibrovascular core with benign squamous cells. The physician explains to the parents that this is likely due to a viral infection acquired through which of the following routes of transmission?

- A. Arthropod vector
- B. Direct droplet
- C. Indirect contact
- D. Vertical direct contact
- E. Waterborne

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A 3-year-old boy is brought to the clinic due to left ear pain over the past 3 days. Last week, the patient developed a runny nose and cough, which resolved 2 days prior to the development of ear pain. He has no chronic medical conditions. Temperature is 38.4 C (101.1 F). There is purulent drainage from the left ear. Otoscopic examination of the left ear reveals a normal-appearing external canal and an erythematous tympanic membrane with purulent fluid pooling within the distal external canal. Which of the following organisms is the most likely cause of this patient's diagnosis?

- A. *Klebsiella pneumoniae*
- B. *Moraxella catarrhalis*
- C. *Proteus mirabilis*
- D. *Pseudomonas aeruginosa*
- E. *Staphylococcus aureus*
- F. *Streptococcus pneumoniae*

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A 3-month-old boy is brought to the office for follow-up due to a unilateral cleft lip and palate. The patient has been doing well feeding with specialized bottle nipples and is gaining weight. As part of his multidisciplinary care, the parents are told that he will need to be monitored for ear infections and hearing loss. This is because the patient most likely has dysfunction of which of the following muscles?

- A. Lateral pterygoid
- B. Levator veli palatini
- C. Orbicularis oris
- D. Stapedius
- E. Superior pharyngeal constrictor

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A 56-year-old man comes to the office due to feeling "dizzy" over the past 2 weeks. He works in a warehouse and says he experiences a brief, severe spinning sensation when looking up at objects on a high shelf. Vital signs are normal. Examination shows normal hearing. Ocular movements in a sitting position are normal, but when the patient's head is rotated to the right side off the examination table, he develops vertigo and rotatory nystagmus. The remainder of the examination shows no abnormalities. Which of the following is the most likely cause of this patient's symptoms?

- A. Carotid baroreceptor dysfunction
- B. Elevated endolymphatic hydrostatic pressure
- C. Elevated hydrostatic pressure in the middle ear
- D. Loose semicircular canal debris
- E. Transient cerebellar hypoperfusion

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A 7-year-old boy is brought to the office for evaluation of a neck mass. A week ago, the patient was taken to an urgent care clinic for nasal congestion and sore throat. The symptoms resolved after a few days, but his parents noticed a persistent neck swelling. The patient has no prior medical conditions and immunizations are up to date. On physical examination, he appears active and playful and is well nourished. Neck examination shows a mildly tender, 2-cm, anterior midline mass that moves upward when the patient swallows. Which of the following is the most likely cause of this patient's lesion?

- A. Abnormal migration of neural crest cells
- B. Cervical implantation of thymic tissue
- C. Dilation of cervical lymphatic channels
- D. Incomplete obliteration of a duct
- E. Persistence of second branchial cleft structures
- F. Trapping of skin structures along embryonic fusion lines

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