Question 1: 2007 Question 73

A 5-year-old girl presents with a foul-smelling vaginal discharge of 2 weeks' duration. She has a

previous history of one urinary tract infection at age 3 years. Of the following, the MOST appropriate next step is

A. culture of the discharge for respiratory pathogens

B. genital examination using the knee-chest position

C. perianal adhesive tape test

D. sitz baths and application of an estrogen cream

E. urine for culture and sensitivity

Question 2: 2010 Question 88

A 15-year-old girl complains of vaginal pruritus and a discharge that has worsened over the past 2 weeks. Past medical history reveals a recent urinary tract infection that was treated with an antibiotic. She says she has a monogamous relationship with her boyfriend, so they do not use condoms, and he has no symptoms. Physical examination reveals normal-appearing external genitalia and a discharge visible at her introitus. On speculum examination, she has a frothy discharge in her vagina and a normal-appearing cervix. Results of her bimanual examination are normal. You obtain a normal saline wet mount of the discharge. Of the following, the MOST important next step, in addition to prescribing medications, is to

1. discuss treatment for the boyfriend
2. encourage the practice of douching
3. repeat the urine culture
4. notify the public health department
5. obtain pelvic ultrasonography

Quesiton 3: 2009 Question 56

A community group asks you to speak at a forum on teenage pregnancy. The number of

pregnancies among young adolescents at the local middle school has increased this year, and

several community members want more information about adolescent pregnancy and its longterm effects. Of the following, the MOST appropriate statement to include in your talk about pregnant and parenting adolescents in the United States is that

A. adolescent fathers do not have increased school drop-out rates

B. adolescents who become pregnant have the same vocational opportunities as their

nonpregnant female peers

C. most adolescent pregnancies occur in 14- to 16-year-old young women

D. poverty is correlated significantly with adolescent pregnancy

E. the adolescent pregnancy rate is increasing in the United States

Question 4: 2006 Question 123

A usually healthy prepubertal 8-year-old girl presents with a 1-day history of intermittent right lower abdominal pain and vomiting. Results of urinalysis are unremarkable. Ultrasonography reveals an echogenic mass within the ovary. Of the following, the BEST next step in the management of this patient is

A. computed tomography

B. culdocentesis

C. laparoscopic examination

D. magnetic resonance imaging

E. surgical removal of the ovary

Question 5: 2006 Question 155

An 18-year-old girl presents to her college health clinic with a vaginal discharge. Four months ago she was treated at a health department clinic with ceftriaxone and doxycycline because a sexual contact was diagnosed with gonorrhea. Results of a pelvic examination performed today are normal. The polymerase chain reaction test results are negative for gonorrhea and positive for chlamydia.

Of the following, the MOST appropriate treatment for this patient is

A. azithromycin 1 g orally, single dose

B. ciprofloxacin 500 mg orally, single dose

C. doxycycline 100 mg orally, once daily for 14 days

D. erythromycin base, 500 mg orally, twice daily for 7 days

E. ofloxacin 400 mg orally, twice daily for 14 days

Question 6: 2009 Question 88

An 18-year-old young man comes to your office with complaints of burning pain with urination

over the past 24 hours. He has seen a small amount of yellowish discharge from his penis

during this time. He also complains of some lower back pain over the past 48 hours. He denies

fever or rashes, but his eyes are a little irritated. He is sexually active and uses condoms "most

of the time." On physical examination, he is afebrile, his palpebral and bulbar conjunctivae are

mildly injected (Item Q88), and his back is tender at the lower lumbar area, but there is no

costovertebral angle tenderness. Genital examination reveals no scrotal tenderness and scant

yellow discharge at the urethral orifice. Of the following, the MOST likely cause of this patient’s symptoms is

A. *Chlamydia trachomatis*

B. *Gardnerella vaginalis*

C. *Neisseria gonorrhoeae*

D. *Treponema pallidum*

E. *Trichomonas vaginalis*

Question 7: 2010 Question 168

A 15-year-old boy comes to the emergency department because of cramping abdominal pain, diarrhea, and body aches. Physical examination reveals no icterus or organomegaly, although he has increased bowel sounds and mild diffuse abdominal tenderness. His genitalia are at Sexual Maturity Rating 4. Among the results of laboratory tests obtained are:

* Total bilirubin, 0.6 mg/dL (10.3 mcmol/L)
* Alanine aminotransferase, 18 units/L
* Aspartate aminotransferase, 22 units/L
* Alkaline phosphatase, 360 international units/L

Of the following, the MOST likely explanation for the results of these laboratory tests is

Question 8: 2010 Question 152

A 15-year-old girl complains of significant pain with her monthly menstruation that results in her missing school for 1 day each month. The pain is worse on the first day and subsides spontaneously over the next 2 days. She has tried ibuprofen and naproxen sodium with no relief. On physical examination, you note pustular acne diffusely over her face and trunk. Other findings are normal. Of the following, the medication that is MOST likely to be of benefit for both of this girl's problems is

1. acetaminophen
2. diuretic with menses
3. isotretinoin
4. omega-3 fatty acids
5. oral hormonal contraception

Question 9: 2010 Question 72

During a health supervision visit, an adolescent girl asks about birth control options. You discuss the issues of personal choice, compliance, confidentiality, and contraceptive efficacy. Of the following, the birth control method that is the MOST effective when used as directed is

1. combined oral contraceptive pills
2. depomedroxyprogesterone acetate
3. latex condoms
4. levonorgestrel intrauterine device
5. vaginal ring

Question 10: 2010 Question 120

You are seeing a 16-year-old girl for complaints of a malodorous vaginal discharge. She has no abdominal pain or urinary or gastrointestinal symptoms. Results of routine screening for gonorrhea and chlamydia were negative 3 months ago, and she has not been sexually active since that time. She explains that she douches regularly. On pelvic examination, you note a homogenous gray discharge coating the vaginal walls, normal-appearing cervix, and no uterine or adnexal tenderness on bimanual examination. The pH of her vaginal secretions is 4.8. You obtain a saline wet mount.



Of the following, the MOST likely diagnosis is

1. bacterial vaginosis
2. chemical vaginitis
3. chlamydial cervicitis
4. physiologic leucorrhea
5. vaginal candidiasis

Question 11: 2006 Question 251

A 16-year-old girl who has diabetes and is treated with an insulin pump presents with a history of dysmenorrhea that has caused her to miss 5 days of school in the past 4 months. She has tried ibuprofen with some improvement, but she is interested in treatment with combined estrogen-progestin oral contraceptives (COCs). Of the following, an absolute contraindication for the use of COCs in

this patient is a history of

A. breast fibroadenoma

B. deep vein thrombosis

C. dysmenorrhea unresponsive to ibuprofen

D. epilepsy

E. ketoacidosis

Question 12: 2007 Question 201

The mother of a 14-year-old boy arranges to meet with you privately before the boy's annual

health supervision visit. She is concerned because he is quiet, has no athletic interests, and has

only a few friends. He is content to spend the weekend shopping, cooking, reading, and listening to music. Although he doesn't like school, he is an honor student. The mother also tells you her husband's youngest brother recently disclosed his homosexuality and wants to introduce his male partner to the extended family. Of the following, while counseling the mother, you are MOST likely to include a statement that

A. compared with heterosexual peers, gay high school students are more likely to abuse

substances

B. self-awareness of sexual orientation is established by age 5 years

C. sexual orientation is culturally determined

D. sexual play with same-sex friends is a clear marker for homosexuality

E. she should explain to her son that he is free to choose his sexual orientation

Question 13: 2009 Question 72

A 16-year-old girl comes to your office with complaints of a thick white vaginal discharge. She is

sexually active with one partner with whom she always uses condoms. She has no complaints

of fever or abdominal pain, but she reports external "burning" of the vaginal area when she

urinates. On physical examination, she is afebrile. Pelvic examination reveals fiery red labia

majora and minora and an adherent white discharge on the vaginal walls, with a moderate amount of white discharge in the vaginal vault. The speculum examination is uncomfortable for her, but there is no cervical motion, uterine, or adnexal tenderness, and the cervix shows no friability or discharge. Of the following, the MOST likely pathogen responsible for this patient’s symptoms is

A. *Candida albicans*

B. *Chlamydia trachomatis*

C. group A *Streptococcus*

D. *Neisseria gonorrhoeae*

E. *Trichomonas vaginalis*

Question 14: 2007 question 57

A 16-year-old girl presents with the complaint of right upper quadrant pain, right shoulder pain,

and nausea. She is afebrile. She has been taking combined oral contraceptive pills for 6 months. Results of ultrasonography of the gallbladder performed after an emergency department visit 2 days ago are normal. Of the following, the most appropriate NEXT step in the evaluation of this patient's pain is

A. computed tomography scan of the liver

B. hepatobiliary scintography

C. hydrogen breath test

D. pelvic examination

E. ultrasonography of the abdomen

Question 15: 2010 Question 248

A 16-year-old sexually active girl presents with lower abdominal pain of 2 days' duration. She finished her last menstrual period a few days ago and notes that it was heavier and more painful than usual. On physical examination, she is afebrile, has normal vital signs, and exhibits diffuse lower abdominal tenderness with no rebound or guarding. Bimanual examination elicits pain on movement of her cervix and palpation of her adnexa, with no palpable masses. Of the following, the MOST appropriate next step is to obtain a

1. complete blood count and erythrocyte sedimentation rate
2. Gram stain of any cervical discharge
3. pelvic ultrasound
4. test for *Neisseria gonorrhoeae* and *Chlamydia trachomatis*
5. urine and blood culture

Question 16: 2010 Question 205

A 16-year-old football player presents for evaluation of a 1-week history of fever, progressively worsening fatigue, and a sore throat. Physical examination shows a tired-appearing teenager who has a temperature of 38.9°C, moderate tonsillar enlargement with exudates, a liver edge that is palpable 3 cm below the right costal margin, and a spleen tip that is easily palpable 2 cm below the left costal margin. Results of the spot test for infectious mononucleosis are positive. Of the following, the MOST appropriate management for this patient includes

1. avoidance of contact sports
2. bed rest for 1 week
3. oral acyclovir
4. oral amoxicillin
5. oral steroids

Question 17: 2006 Question 43:

A 15-year-old girl presents with fever, lower abdominal pain, and a purulent vaginal discharge. You perform a pelvic examination and obtain specimens for chlamydia and gonorrhea testing. During the bimanual examination, slight movement of the cervix elicits pain, and the left adnexal area is tender. Results of a urine pregnancy test are negative. Of the following, the MOST appropriate additional test for the evaluation of this patient is

A. blood culture

B. human papillomavirus nucleic acid test

C. laparoscopic examination

D. reactive plasma reagin

E. serum antibodies to herpes simplex virus

Question 18: 2010 Question 56

In researching a presentation you are making at your son's high school, you learn that unintentional injuries are the leading cause of death in the adolescent age group. You plan to address this issue in your discussion of preventive care. Of the following, the LEADING cause of death from unintentional injuries in adolescents is

1. automobile crashes
2. bicycle injuries
3. drowning
4. firearms
5. sports injuries

Question 19: 2009 Question 104

A 16-year-old girl who attends boarding school in your community comes to your office because

she is feeling depressed. You see her alone for the visit, and she relates that she feels suicidal

at this time and has a plan to kill herself. Of the following, the BEST description of your obligation to alert her parents to her situation is that

A. no parental notification is necessary because she is a mature minor

B. no parental notification is necessary because she is an emancipated minor

C. parental notification is necessary due to billing issues

D. parental notification is necessary due to her serious threats of self-harm

E. parental notification is prohibited by the Health Insurance Portability and Accountability Act

Question 20: 2010 Question 8

A 15-year-old girl presents to the emergency department with right upper quadrant pain for 2 days that is severe enough to keep her out of school. Her appetite is decreased and she has nausea but no vomiting or diarrhea. She has mild discomfort with urination but no vaginal discharge. The only medication she is taking is combined oral contraceptive pills. Her last menstrual period was heavier that usual. Laboratory tests reveal:

* White blood cell count, 7.4x103/mcL (7.4x109/L) with 64% segmented neutrophils and 26% lymphocytes
* Total bilirubin, 0.4 mg/dL (6.9 mcmol/L)
* Alanine aminotransferase, 14 units/L
* Aspartate aminotransferase, 16 units/L

Her urine has 7 white blood cells per high-power field. Abdominal ultrasonography reveals a normal liver, spleen, gallbladder, and kidneys.

Of the following, the MOST likely diagnosis is

1. Cholecystitis
2. Fitz-Hugh-Curtis syndrome
3. hepatitis A infection
4. infectious mononucleosis
5. pyelonephritis