

Good thing about USMLE exam is if board wants a correct answer from you then board must give you a **clue** to identify the right answer. In real life, you need to ask relevant questions to your patient to come to the right diagnosis. In step 1, more than 50% of questions will be “which of the following is the most likely diagnosis?” whereas in step 2, around 30% of questions will ask “diagnosis”. In step 3, 15-20% questions will ask “diagnosis”. So you will find these buzz words helpful for all 3 steps. Apply these useful buzz words information when you are practicing questions and learn how to find these buzz words from questions on the real exam. I have combined many similar things together because on real exam you will find those similar things in your five options.

Eczema, Thrombocytopenia, Low IgM	Wiskott-Aldrich Syndrome
Perinuclear inclusion (koilocytic cell on pap smear)	HPV (Human Papilloma Virus)
Negri bodies	Rabies
Intracytoplasmic inclusion on Iodine stain	Chlamydia
Intranuclear inclusion	Herpes
Owl’s eye inclusion	CMV
Pruritic rash & Lesions in various stages	Varicella (Chicken Pox)
Lesions with central umbilication	Molluscum Contagiosum
Muscle pain, fever, eosinophilia	Trichinella spiralis
Perianal itching	Enterobius Vermicularis (pinworm)
California, spherules with endospores	Coccidiodes
Broad base bud, rooting woods	Blastomyces
Rose gardener , throne injury, subcutaneous infection, lymphadenopathy	Sporothrix schenkii
Silver stain cyst on Bronchoalveolar lavage, HIV positive patient, CD-4 count less than 200	PCP (Pneumocystis Carinii Pneumonia)
Germ tube formation at 37°c , Pseudohyphae	Candida
Mental retardation, self mutilation	Lesch – Nyhan Syndrome
Mental retardation, Musty odor from child	Phenylketonuria
Charry red macula	Tay Sachs Disease
Characteristic foamy macrophage	Niemann – Pick
Characteristic Macrophage (crumpled paper inclusion)	Gaucher’s Disease
> 6 month of Psychotic symptoms	Schizophrenia
< 6 month of Psychotic symptoms	Schizopeniform
< 1 month of Psychotic symptoms	Brief Psychotic
Psychotic symptoms, Arrhythmia (CVS)	Cocaine Intoxication
Psychotic symptoms, Pupillary dilatation	Amphetamine Intoxication
Pericardial knock, Kussmaul’s Sign (↑ jugular venous distension with inspiration)	Constrictive Pericarditis
Pulsus paradoxus (↓ SBP more than 10 mmHg on normal inspiration) Neck vein distension with clear lung	Cardiac Tamponade

Painful hyperthyroidism	de Quarian thyroiditis
Painless hyperthyroidism	Subacute lymphocytic thyroiditis
Diarrhea, Flushing , Tricuspid Regurgitation, ↑ urinary 5-HIAA	Carcinoid Syndrome
Unilateral flank mass in child > 3 yrs of age	Wilm's tumor
Bilateral flank mass in child	Polycystic Kidney (infantile)
Unilateral flank mass in Adult	Renal cell CA
Bilateral flank mass in Adult	Polycystic Kidney (Adult)
Low serum iron, High TIBC	Iron Deficiency Anemia
Low serum iron, Low TIBC	Anemia of Chronic Disease
High serum iron, Low TIBC	Sideroblastic Anemia
Hypersegmented neutrophils	Vit-B ₁₂ & Folic acid deficiency
Osmotic Fragility test & ↑ MCHC	Spherocytosis
Heinz bodies, bite cells	G6PD
Weakness begins in lower extremities and move upward	Guillain-Barre Syndrome
C/o diplopia , ptosis, Symptoms are improved with rest	Myasthenia Gravis
Cogwheel Rigidity, Resting tremor (pill rolling)	Parkinson Disease
Drug causing Agranulocytosis (granulocytopenia)	Carbamazapine, Clozapine, Colchicine
Drug causing Thrombocytopenia	Valproic acid, Heparin
DOC for malignant hyperthermia	Dantrolene
DOC for opioid overdose	Naloxone
DOC for benzodiazepines overdose	Fluphenazine
Drugs causing Ototoxicity	Ethacrynic acid, Vancomycin, Minocycline
Nephrotoxic drugs	Aminoglycosides, Amphotericin B, Foscarnet
Involvement of CN-12 , CST & DC-ML tracts	Medial Medullary Syndrome (Ant. Spinal Artery)
Involvement of SpTh tract, inferior cerebellar peduncle, CN-9,10 , Spinal nucleus of CN-5, Hornor's syndrome	Lateral Medullary Syndrome (PICA)
Involvement of SpTh tract, inferior cerebellar peduncle, CN-7,8 , Spinal nucleus of CN-5, Hornor's syndrome	Lateral Pontine Syndrome (AICA, Superior cerebellar artery)
Involvement of CN-6 , CST & DC-ML tracts	Medial Pontine Syndrome (paramedian branches of basilar art)
Involvement of CN-3 , CST & Corticobulbar tract (spastic paralysis of lower half of face)	Medial Midbrain Syndrome (Posterior cerebral artery)