

2021 First Aid for the USMLE Step 1
Corrections and Clarifications
December 31, 2021

Despite our best efforts, errors do occur during the revision process. This list primarily addresses direct content errors that may create confusion. We also have listed selected clarifications. Please be aware, however, that this list does not represent the entire scope of additions, improvements, and clarifications expected in the 2022 edition.

Red signifies specific text to be deleted.

Green signifies specific text to be added.

We check every potential errata submission against your reference(s), authoritative references, and expert faculty to maximize clarity and accuracy. Please note that our goal is to provide a high-yield framework for optimal exam preparation and not a comprehensive textbook. If you were the first individual to submit a referenced correction or clarification to us at www.firstaidteam.com that appears in the errata or in the next edition of the book, you will receive a gift certificate in appreciation. Good luck with your studies!

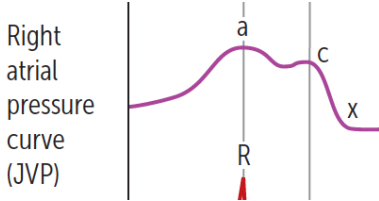
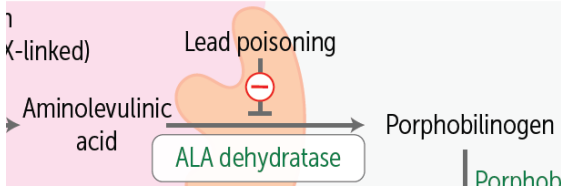
– The First Aid/USMLE-Rx Team

*Denotes material added since last update.

CATEGORIES OF UPDATES

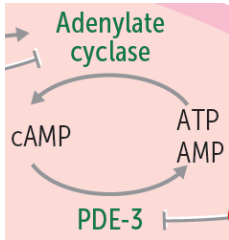
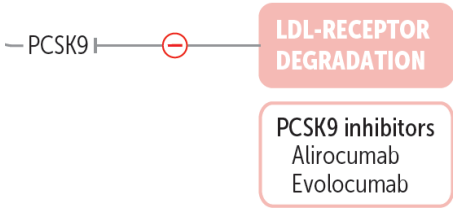
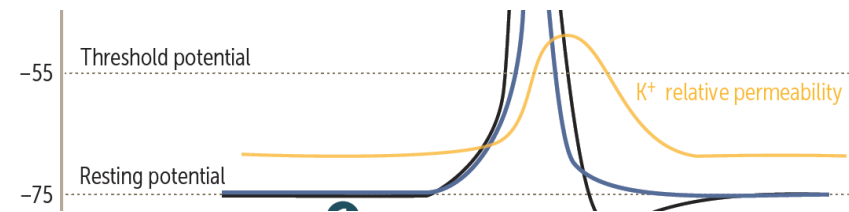
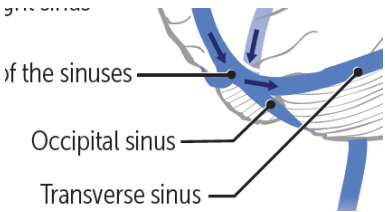
Major Corrections	Factual errors that could interfere with comprehension
Minor Corrections	Less significant errors that may cause confusion
Clarifications	The text is accurate but could be written more clearly, or minor formatting issues (misalignments, indents, etc) that may cause confusion


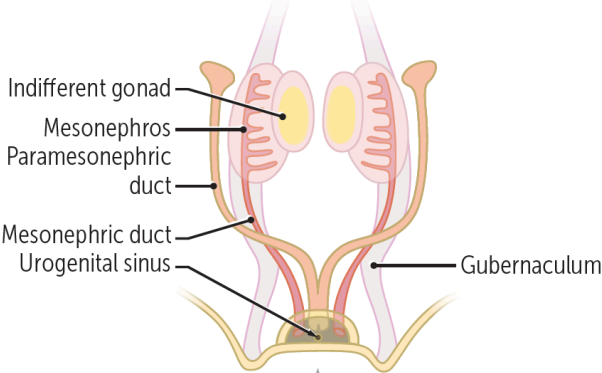
MAJOR CORRECTIONS

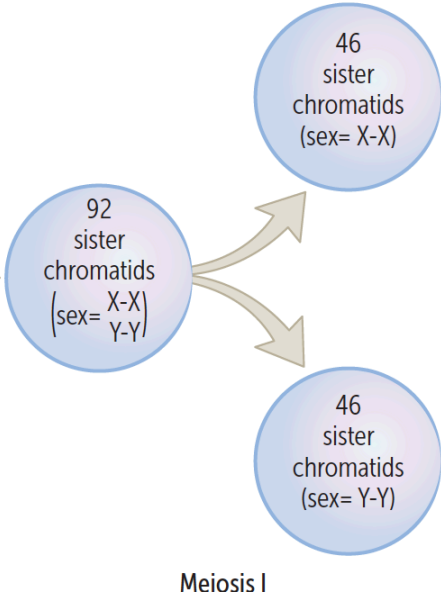
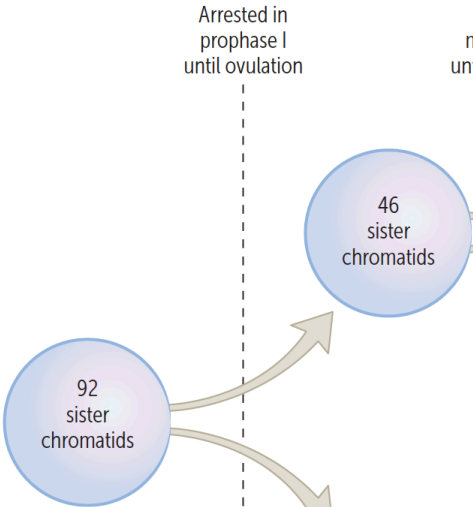
Page	Fact Name	Revision
169	Influenza viruses	In the Genetic/antigenic drift entry, change "major global outbreaks (pandemics)." to "localized outbreaks."
269	Confidence interval	Change "H ₀ is accepted (and results are significant) when:" to "H ₀ is not rejected (and results are not significant) when:" <ul style="list-style-type: none"> • 95% CI for mean difference includes 0 • 95% CI OR or RR includes 1 • CIs between two groups do overlap
296	Pressure-volume loops and cardiac cycle	In the right atrial pressure curve (JVP tracing) in the bottom left corner of the bottom figure, the "A" wave should be larger than the "C" wave. 
434	Heme synthesis, porphyrias, and lead poisoning	In the diagram depicting heme synthesis, note that the conversion from ALA to porphobilinogen is mediated by ALA dehydratase, not ALA dehydrogenase. 
447	Antiplatelets	In the Cilostazol, dipyridamole entry, change "Block phosphodiesterase → ↓ cAMP in platelets" to "Block phosphodiesterase → ↑ cAMP in platelets"
545	Adult primary brain tumors	In the Pituitary adenoma entry, delete "Pituitary apoplexy → hyper-and hypopituitarism." It is a sudden hemorrhage that causes only hypopituitarism.
649	Female reproductive anatomy	In the drawing, the structure labeled Cardinal ligament is misrepresented. The cardinal ligament is a membranous ligament that surrounds the uterine vessels, instead of a stringlike structure that runs parallel to the uterine vessels.
695	Rhinosinusitis	Change "Superior meatus—drains sphenoid, posterior ethmoid" to "Superior meatus—drains posterior ethmoid."

MINOR CORRECTIONS

Page	Fact Name	Revision
41	Functional organization of a eukaryotic gene	<p>In the figure at step 3: Mature mRNA, change “ATG start codon” to “AUG start codon.”</p>
47	Cell trafficking	<p>Change “Posttranslational events in O-oligosaccharides include modifying...” to “Posttranslational events in Golgi include modifying...” Mnemonic treatment should be applied to the next line's "O-oligosaccharides.”</p>
167	RNA viruses	<p>Remove Rubella from the Togavirus entry. In February 2019, the International Committee on Taxonomy of Viruses created the new family, Matonaviridae, to contain the genus Rubivirus, moving it from the Togaviridae family.</p>
289	Aortic arch derivatives	<p>The drawing should show the proximal part of the internal, not external, carotid artery as developing from the 3rd aortic arch.</p>


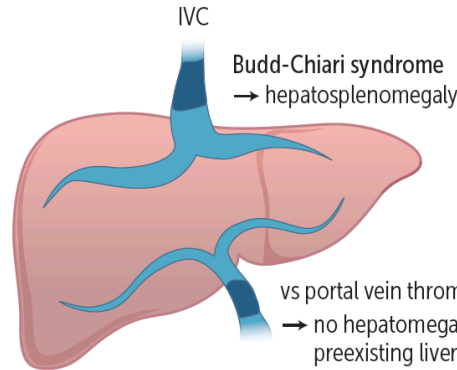
325	Cardiovascular agents and molecular targets	<p>In the drawing for the relaxing vascular smooth muscle cell, change PDE-3 converting cAMP and to AMP to PDE-3 converting cAMP and to ATP, as per illustration on page 712.</p> 
329	Lipid-lowering agents	<p>In the drawing, change PCSK9 potentiating LDL receptors to PCSK9 inhibiting or downregulating LDL receptors.</p> 
465	Signs of lumbosacral radiculopathy	<p>Change “Intervertebral disc...herniates posterolaterally through annulus fibrosus (outer ring) into central canal...” to ...“into spinal canal...”</p>
495	Lower extremity ulcers	<p>In the Neuropathic ulcer column, in the Appearance row, add that neuropathic ulcers can also have a “punched-out appearance.”</p>
509	Neuron action potential	<p>In the graph, on the Y axis, change the threshold potential from -40 mV to -55 mV.</p> 
519	Dural venous sinuses	<p>In the drawing, the direction of the arrow pointing away from the transverse sinus should be reversed.</p> 

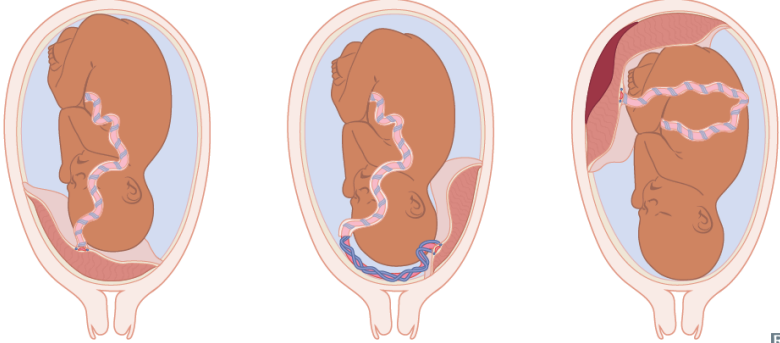
617	Renal tubular acidosis	<p>In the drawing, change the label for ammonia from NH_3^+ to NH_3.</p> 
620	Glomerular diseases	<p>In the Rapidly progressive (crescentic) glomerulonephritis entry, change "granulomatosis with polyangiitis (formerly known as Churg-Strauss syndrome)—PR3-ANCA/c-ANCA, eosinophilic granulomatosis with polyangiitis or microscopic polyangiitis—MPO-ANCA/p-ANCA" to "granulomatosis with polyangiitis (formerly known as Wegener granulomatosis)—PR3-ANCA/c-ANCA, eosinophilic granulomatosis with polyangiitis (formerly Churg-Strauss syndrome) or microscopic polyangiitis—MPO-ANCA/p-ANCA"</p>
*645	Genital embryology	<p>In the figure, the gubernaculum label should only point to the ligament below the developing gonad.</p> 

<p>653</p>	<p>Spermatogenesis</p>	<p>In the drawing, change 1° spermatocyte from 46 sister chromatids to 92, and change 2° spermatocyte from 23 sister chromatids to 46.</p> <p>1° spermatocyte Diploid (2N, 4C)</p> <p>2° spermatocyte Haploid (1N, 2C)</p>  <p>Meiosis I</p>
<p>655</p>	<p>Oogenesis</p>	<p>In the drawing, change 1° oocyte from 46 sister chromatids to 92, and change 2° oocyte from 23 sister chromatids to 46.</p> <p>1° oocyte Diploid (2N, 4C)</p> <p>2° oocyte Haploid (1N, 2C)</p> <p>Arrested in prophase I until ovulation</p> 

*674	Breast cancer	In the footnote, change "All types of invasive breast carcinoma can be either of tubular subtype (well-differentiated tubules that lack myoepithelium) or mucinous subtype (abundant extracellular mucin, seen in older females)" to "Less common types of invasive breast carcinoma include the tubular subtype (well-differentiated tubules that lack myoepithelium) and the mucinous subtype (abundant extracellular mucin, seen in older females)".
718	Rapid Review	In row 1, the page numbers to cross reference the entry for Petechiae, mucosal bleeding, prolonged bleeding time are 436 and 437.
732	Rapid Review	In row 1, the page number to crossreference the entry for Neuron migration failure is 663, not 662.

CLARIFICATIONS

Page	Fact Name	Revision
92	Lipid transport	In the figure key, correct spelling to "(impaired in type I familial dyslipidemia)."
*92	Lipid transport	In the figure, indicate that apo CII is part of IDL. 
402	Budd-Chiari syndrome	In the figure, change the label "Portal vein thrombosis → no hepatosplenomegaly" to "Portal vein thrombosis → no hepatomegaly." 
427	Reticulocyte production index	$RPI = ([\text{reticulocyte } \% \times \text{actual Hct}] / \text{normal Hct } [\sim 45\%]) / \text{maturation time}$
532	Effects of strokes	In the Anterior inferior cerebellar artery entry, replace "Facial nucleus" with "Nuclei supplying the facial nerve" (applies to both Area of Lesion and Notes columns).

571	Neuromuscular blocking drugs	In the Nondepolarizing neuromuscular blocking drugs entry, change "competitive ACh antagonists " to "competitive antagonists of nicotinic receptors. "
657	Physiologic changes in pregnancy	In the Endocrine row, change " Insulin resistance and hypoglycemia " to " ↑ insulin resistance and secretion. "
664	Pregnancy complications	<p>In the Placenta previa entry, in the left image, change "Partial placenta previa" to "Low-lying placenta" and note that the edge of the placenta will be <2 cm from the internal os. In the right image, change "Complete placenta previa" to "Placenta previa."</p> <p style="text-align: center;"> Placenta previa Vasa previa Placental abruption </p>  <p style="text-align: right;"><small>PK</small></p>