

**2024 First Aid for the USMLE Step 1**  
**Corrections and Clarifications**  
**December 31, 2024**

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 2025 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](http://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 Team

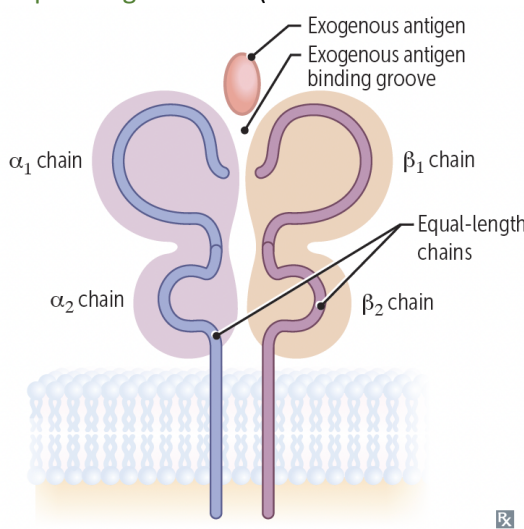
**CATEGORIES OF UPDATES**

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

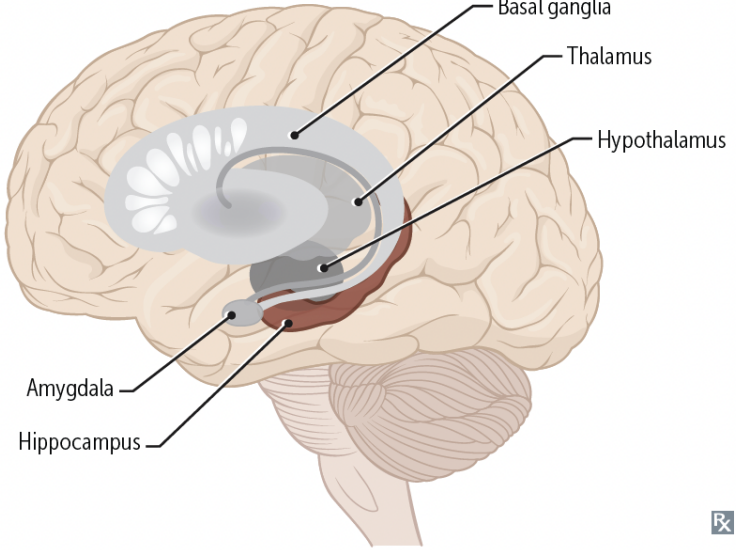
**MAJOR CORRECTIONS**

Page	Fact Name	Revision
513	<b>Cerebral arteries—cortical distribution</b>	Change ACA-MCA watershed infarct—proximal upper <b>and lower</b> extremity weakness (“man-in-a-barrel syndrome”) to ACA-MCA watershed infarct—proximal upper extremity weakness <b>sparing the lower extremities</b> (“man-in-a-barrel syndrome”)

**MINOR CORRECTIONS**

Page	Fact Name	Revision
98	<b>Major histocompatibility complex I and II</b>	In the MHC II illustration, change the labels <b>Long chain</b> and <b>Short chain</b> to <b>Equal-length chains</b> . (MHC II has two chains of equal length.)  The diagram illustrates the structure of a Major Histocompatibility Complex (MHC) II molecule. It consists of two polypeptide chains, an alpha chain (α <sub>1</sub> and α <sub>2</sub> ) and a beta chain (β <sub>1</sub> and β <sub>2</sub> ), which are of equal length. These chains form a binding groove for an exogenous antigen. Labels include: Exogenous antigen, Exogenous antigen binding groove, α <sub>1</sub> chain, β <sub>1</sub> chain, α <sub>2</sub> chain, β <sub>2</sub> chain, and Equal-length chains. A small 'Rx' logo is visible in the bottom right corner of the diagram area.
142	<b>Salmonella vs Shigella</b>	In the <i>Salmonella</i> spp. except <i>S typhi</i> column, Spread row, add Hematogenous spread <b>is rare</b>
288	<b>Heart anatomy</b>	In Coronary blood supply row, change PDA supplies posterior 1/3 of interventricular septum, posterior 2/3 walls of ventricles, and posteromedial papillary muscle. <b>RCA supplies AV node and SA node.</b> to Posterior descending artery (PDA) supplies posterior 1/3 of interventricular septum, posterior 2/3 walls of ventricular walls, posteromedial papillary muscle, <b>and SA and AV nodes (as determined by dominance)</b> . Infarct may cause nodal dysfunction (bradycardia or heart block).

316	<b>Heart failure</b>	Delete Diastolic dysfunction—heart failure with preserved ejection fraction (HFpEF); <b>normal EDV</b> ; ↓ compliance...
372	<b>Portosystemic anastomoses</b>	<p>In the illustration,</p> <ol style="list-style-type: none"> <li>1) Add a label for the superior mesenteric vein (SMV) on the portion of the vein visible below the pyloric region of the stomach.</li> <li>2) Connect the splenic vein to the SMV approximately at and behind the level of the duodenum.</li> </ol> <p>Legend:</p> <ul style="list-style-type: none"> <li>Systemic venous system (Blue)</li> <li>Portal venous system (Purple)</li> <li>Normal venous drainage (Green arrow)</li> <li>Pathologic blood in portal hypertension (Red arrow)</li> <li>Flow through TIPS, reestablishing normal flow direction (White arrow)</li> </ul>
518	<b>Cranial nerves and arteries</b>	<p>In the spinal cord, the gray matter should be rotated 180 degrees so that the posterior horns are facing the posterior, not the anterior.</p> <p>Labels:</p> <ul style="list-style-type: none"> <li>Cranial nerves: Lateral (IX, X, XI), Medial (XII)</li> <li>Arteries: Posterior inferior cerebellar, Anterior spinal</li> </ul>

534	<b>Dementia</b>	<p>In the Alzheimer disease illustration, change shading from the amygdala to the hippocampus.</p> 
572	<b>Normal infant and child development</b>	<p>In the 0–12 mo row, Motor column, add ...passes toys hand to hand (by 6–9 mo)...</p>
663	<b>Cervical pathology</b>	<p>In the Dysplasia and carcinoma in situ row, change ...CIN 3 (severe, <b>irreversible</b> dysplasia or carcinoma in situ)... to ...CIN 3 (severe dysplasia or carcinoma in situ <b>is unlikely to return to normal</b>)...</p>
713	<b>Rapid Review</b>	<p>In Superior gluteal nerve injury entry, change Trendelenburg sign: lesion contralateral to side of hip that drops due to <b>adductor</b> weakness to Trendelenburg sign: lesion contralateral to side of hip that drops due to <b>abductor</b> weakness</p>
720	<b>Rapid Review</b>	<p>In Vitamin K deficiency entry, add Hemorrhagic disease of newborn with <b>↑ aPTT</b>, normal bleeding time</p>

## CLARIFICATIONS

Page	Fact Name	Revision
135	<b>Enterococci</b>	Change Enterococci ( <i>E faecalis</i> and <i>E faecium</i> ) are normal colonic microbiota that are <b>penicillin G resistant</b> and cause... to Enterococci ( <i>E faecalis</i> and <i>E faecium</i> ) are normal colonic microbiota that are <b>intrinsically resistant to penicillin G</b> and cause..."
318	<b>Syncope</b>	Replace Orthostatic hypotension is defined as a drop in systolic BP > 20 mm Hg and/or diastolic BP > 10 mm Hg <b>upon</b> standing. with Orthostatic hypotension is defined as a drop in systolic BP ≥ 20 mm Hg and/or diastolic BP ≥ 10 mm Hg <b>within 3 minutes of</b> standing.
429	<b>Extrinsic hemolytic anemias</b>	For warm and cold AIHA, add Warm AIHA—...primarily IgG causes extravascular >>> <b>intravascular</b> hemolysis. Cold AIHA—...primarily IgM + complement cause RBC agglutination and extravascular >>> <b>intravascular</b> hemolysis upon exposure to cold...
476	<b>Systemic lupus erythematosus</b>	Remove Common causes of death in SLE: renal disease ( <b>most common</b> ), infections, cardiovascular disease (accelerated CAD).