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QUESTION 1

A 24-year-old cocaine addict with no previous psychiatric history, reports that he had been bingeing on cocaine for 2 months earlier in the year. He stopped using cocaine 2 months ago, and he has been very sad and tearful for the entire period since he stopped his cocaine use. Identify the diagnosis below that best describes the situation.

- A. major depressive disorder, recurrent
- B. bipolar I disorder
- C. bipolar II disorder
- D. cyclothymia
- E. dysthymic disorder
- F. mood disorder due to a general medical condition
- G. substance-induced mood disorder

Correct Answer: G

The criteria for mood disorders depend on the presence or absence and duration of depressive and hypomanic or manic symptoms as well as on their severity, and also on the presence or absence of a causative general medical condition or the ingestion of substances. Major depressive disorder, recurrent, is marked by the lifetime occurrence of two or more major depressive episodes without intervening hypomanic or manic episodes. A major depressive episode is a severe depression which has lasted at least 2 weeks. Bipolar I disorder is characterized by a history of at least one full-blown manic episode, during which the patient's mood has been abnormally and persistently elevated, expansive or irritable for at least 1 week with marked impairment in occupational functioning. Bipolar II disorder, on the other hand, is marked by a history of at least one major depressive episode and at least one hypomanic episode, during which a patient's mood has been elevated, but not to the extent of causing marked impairment in social or occupational functioning. A patient with bipolar II disorder may not, by definition, have had a full-blown manic episode.

Cyclothymia is marked by periods of hypomanic symptoms alternating with depressive symptoms that do not meet the criteria for a major depressive episode. Dysthymic disorder is marked by a persistent, low-grade depression occurring more days than not for at least 2 years. A mood disorder due to a general medical condition is a prominent and persistent disturbance in mood that is judged to be the direct physiologic effect of a general medical condition, such as hyperthyroidism. A substance-induced mood disorder is a prominent and persistent disturbance in mood that is judged to be due to the direct effects of a substance, but which continues beyond the usual period of intoxication or withdrawal from a substance.

QUESTION 2

A 65-year-old man presents to the physician's office with complaints of abdominal discomfort and jaundice for the past 3 weeks. Past history is pertinent for 30 pack-year smoking history, occasional alcohol intake, and a 5.5-mm ulcerating melanoma removed from his back 2 1/2 years ago. Examination reveals a mildly jaundiced patient with normal vital signs and a slightly distended abdomen with mild right upper quadrant tenderness and significant hepatomegaly. For above patient with jaundice, select the one most likely diagnosis.

- A. hepatitis A
- B. hemolysis

- C. choledocholithiasis
- D. biliary stricture
- E. choledochal cyst
- F. pancreatic carcinoma
- G. liver metastases
- H. cirrhosis
- I. pancreatitis

Correct Answer: G

Liver dysfunction resulting in jaundice may be a manifestation of advanced metastatic disease to the liver. In a patient with a known malignancy at high risk for metastases (i.e., deeply invasive and ulcerative melanoma), metastatic disease must be considered in the evaluation of the jaundiced patient. Hepatomegaly found on abdominal examination is supportive of advanced metastatic disease.

QUESTION 3

A 22-year-old primiparous woman is in premature labor at 30 weeks\ ' gestation. Despite administration of tocolytic agents, it seems she will deliver soon. Pulmonary maturity might be enhanced by the administration of which of the following drugs?

- A. magnesium sulfate
- B. betamethasone
- C. hydroxyprogesterone
- D. chlorprocaine
- E. digitalis

Correct Answer: B

The only agents currently recognized to enhance production of fetal pulmonary surfactant are glucocorticoids. There is good evidence that pulmonary immaturity is reduced by 50% when corticosteroids are given to mothers at a gestational age less than 31 weeks. Also, there is evidence that neonatal death is decreased by about 50% with corticosteroid therapy, and other major infant morbidity is reduced as well (intraventricular hemorrhage, necrotizing nterocolitis). To achieve these benefits, delivery must be delayed 48 hours. Of the agents listed, magnesium sulfate can prevent eclamptic seizures and may inhibit uterine contractions. The other agents have no role in the treatment of fetal lung immaturity.

QUESTION 4

A 30-year-old man presents to the emergency department with sudden onset of severe epigastric pain and vomiting 3 hours ago. He reports a 6-month history of chronic epigastric pain occurring nearly every day and relieved by antacids. On examination, he appears sweaty and avoids movement. Vital signs reveal a temperature of 100°F, BP of 100/60 mmHg, pulse rate of 110/min, and respiratory rate of 12/min. The remainder of his examination reveals diminished

bowel sounds and a markedly tender and rigid abdomen.

A chest x-ray and abdominal films reveal pneumoperitoneum

Which of the following is the most appropriate next diagnostic test?

- A. CT scan
- B. UGI water-soluble contrast study
- C. lower GI water-soluble contrast study
- D. abdominal ultrasound
- E. none of the above

Correct Answer: E

Perforated duodenal ulcer usually presents as a sudden onset of acute abdominal pain. Examination usually reveals severe abdominal tenderness with rigidity of the abdominal musculature (i.e., an acute abdomen). With a prior history of abdominal pain relieved by antacids, a chronic ulcer that has now perforated is strongly suggested. Perforated colon cancer occurs in an older age group, as well as gastric ulcer. Following plain radiographs that show pneumoperitoneum, no additional diagnostic tests are required and serve only to delay treatment. The treatment is laparotomy and either patch closure of the perforation or definitive operation, the latter being preferred, depending on operative findings. However, the patient must receive fluid resuscitation before laparotomy to avoid hypotension and its consequences. Although nonoperative management for contained perforations has been suggested by some authors, an acute abdomen is an indication for operative management.

QUESTION 5

Which of the following statements is true regarding contraception?

- A. The vaginal contraceptive ring is changed weekly for 3 consecutive weeks, then removed for 1 week to allow for withdrawal bleeding.
- B. Because of effects on the cytochrome P450 system, Depo-Provera should not be used in patients taking antiepileptic drugs (e.g., phenytoin).
- C. Amenorrhea while using the levonorgestrel intrauterine system (IUD) should raise concern immediately for ectopic pregnancy.
- D. A diaphragm should be inserted no more than 6 hours before intercourse and should remain in place about 6 hours after intercourse.
- E. Failure rate for tubal ligation over 10 years is less than 1 pregnancy per 1000 surgeries performed.

Correct Answer: D

Diaphragms can be used successfully for contraception with proper patient education and motivation. Proper fitting is most important for efficacy. The diaphragm should be coated with spermicide prior to insertion (within the dome and along the rim), and inserted no more than 6 hours before intercourse is planned. Conversely, the device should be left in place at least 6 hours but no more than 24 hours after intercourse. If multiple episodes of intercourse take place, additional spermicide should be used. The vaginal ring is designed to be worn for 3 consecutive weeks (i.e., one ring, not three rings changed weekly) and then removed for 1 week. Depo-Provera does not affect liver enzymes but actually increases the seizure threshold, making it a great choice for patients with seizure disorders. Amenorrhea is common

(2060%) with patients using the levonorgestrel IUD, and is so effective in preventing pregnancy that this symptom should not raise alarm (as long as other pregnancy symptoms --e.g., nausea and breast

tenderness--are not present). Over 10 years, tubal ligation failure rates approach 1 per 100 procedures

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