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QUESTION 1

A 9-year-old boy has had persisting difficulties in language and interpersonal relationships since the age of 2 years, and, although he can barely read, he is able to perform arithmetic calculations at the fifth-grade level.

Select the diagnosis with which it is most likely to be associated.

- A. childhood depression
- B. childhood schizophrenia
- C. conduct disorder
- D. ADHD
- E. infantile autism

Correct Answer: E

Infantile autism, called a pervasive developmental disorder in DSM-IV, typically is diagnosed when children do not demonstrate the acquisition of communication skills. Ability to form interpersonal relationships also is grossly impaired. Other behavioral manifestations of infantile autism include unusual repetitive mannerisms (e.g., spinning), marked anxiety during environmental changes, and high pain threshold. As to be expected, school performance is poor, though autistic children may display isolated areas (islands) of normal or superior intellectual functioning. Behavioral manipulation is useful in trying to contain the behavior of autistic children. Unlike infantile autism, childhood schizophrenia usually develops later in childhood and follows an intermittent course. Deterioration in social or school functioning is a characteristic presenting feature, along with hallucinations, delusions, and other manifestations of psychosis. Phenothiazine drugs offer effective treatment. Symptoms and signs of depression in children are similar to those in adults. However, children may not be able to recognize depressed feelings. Persistence of puzzling physical problems in association with apathetic, withdrawn behavior is a common presentation. The use of antidepressants is controversial; family and individual counseling often can be quite helpful. ADHD once was called hyperactivity and minimal brain dysfunction. Characteristic signs include impulsivity, distractibility, inattention in school, and (usually but not universally) hyperactivity. A variety of pharmacologic agents, including imipramine, dextroamphetamine, and methylphenidate (Ritalin), have been recommended for treatment of ADHD.

QUESTION 2

Select the ONE best lettered option that is the most likely diagnosis of vaginal bleeding in pregnancy. Each lettered option may be selected once, more than once, or not at all.

A 34-year-old woman, gravida 5, has a 17-hour first stage, a 3.5-hour second stage ending with a spontaneous vaginal delivery of a 4400-g infant, and a 15-minute third stage of labor. Immediately after the placenta delivers, she has profuse vaginal bleeding. On examination, her perineum is intact and there are no vaginal or cervical lacerations. Her uterus is soft and the uterine fundus is 45 cm above her umbilicus.

- A. threatened abortion
- B. gestational trophoblastic disease
- C. cervicitis

- D. placenta previa
- E. placental abruption
- F. uterine rupture
- G. placenta accreta
- H. uterine inversion
- I. uterine atony
- J. vaginal laceration
- K. tubal pregnancy

Correct Answer: I

Prolonged labor with delivery of a macrosomic fetus (greater than 4000 g) in a highly parous woman are the risk factors for uterine atony. The diagnosis is confirmed by a boggy, noncontracted uterus that is larger than expected after a normal delivery. Treatment is a combination of manual massage of the uterus, oxytocin, blood transfusion to maintain hemodynamic stability, and careful inspection of the vagina, cervix, and uterus to exclude a vaginal or cervical laceration or retained placental fragments. Ergot derivatives or prostaglandins should be administered if the above measures fail to cause the myometrium to contract. Uterine artery embolization is an unproven therapy. A hysterectomy is necessary if all measures fail to stop the postpartum hemorrhage

QUESTION 3

For each antihypertensive agent listed below, select the set of undesirable side effects with which it is most commonly associated with hydralazine

- A. cough, hyperkalemia, angioedema
- B. positive Coombs test, hemolytic anemia, hepatitis
- C. hypokalemia, hyperuricemia, hyperglycemia
- D. peripheral edema, flushing, and constipation
- E. increased angina, tachycardia, systemic lupus erythematosus (SLE)

Correct Answer: E

All of the drugs used to treat hypertension can cause adverse reactions, ranging from trivial to life threatening. Thiazide diuretics are associated with hypokalemia, causing arrhythmias; hyperuricemia causing gout; and hyperglycemia due to insulin resistance. The vasodilator hydralazine can cause tachycardia with increased angina and a lupuslike syndrome. As many as 10% of patients on angiotensin-converting enzyme (ACE) inhibitors develop an annoying dry cough. Because they block aldosterone, they can lead to hyperkalemia. ACE inhibitors cause 10-25% of all cases of angioedema. Peripheral edema is the most commonly reported side effect of calcium channel blockers, especially amlodipine and nifedipine. Constipation, flushing, and dizziness are also frequently reported. Coombs'-positive hemolytic anemia and hepatitis are idiosyncratic reactions to the central adrenergic-stimulant methyldopa.

QUESTION 4

A dentist asks you to evaluate a 42-year-old woman before tooth extraction. Which of the following would prompt you to prescribe prophylactic antibiotics?

- A. midsystolic click at the left sternal border
- B. insulin-dependent diabetes
- C. a prior history of infective endocarditis
- D. a history of congestive heart failure
- E. S4 gallop

Correct Answer: C

Guidelines for antibiotic prophylaxis of infective endocarditis (IE) underwent a major revision in 2007. Prophylaxis is now only recommended for those patients at highest risk of IE including patients with a prosthetic valve, history of IE, cardiac transplant patients that develop valvulopathy, cyanotic congenital heart disease that remains unrepaired, cyanotic congenital heart disease that has been repaired with a prosthesis during the first 6 months after the procedure or if a defect remains at the site of the prosthesis after 6 months. Congestive heart failure, an S4 gallop, and diabetes do not increase risk. Recommended antibiotic coverage for high-risk patients before dental procedures is amoxicillin 2 g PO 1 hour before the procedures. Penicillin-allergic patients can receive clarithromycin, cephalexin, cefadroxil, or clindamycin as prophylaxis. Streptococci and *S. aureus* are responsible for the majority of community-acquired native valve endocarditis cases.

In IV drug abusers, *S. aureus* is responsible for more than 50% of cases, and *Candida* and *Pseudomonas* for about 6% each. Patients with prior endocarditis are at high risk. Bacterial endocarditis carries a mortality rate of about 25%, and prevention is of paramount importance. In *S. aureus* endocarditis in injection drug users, mortality is only 10-15%. As many as 40% of cases occur without underlying heart disease. VSD, patent ductus arteriosus, and tetralogy of Fallot are most commonly associated; whereas, ASD is rarely a predisposing factor.

QUESTION 5

A 35-year-old pharmacist complains of "hurting all over." Her pain is particularly bad in her upper back and shoulders, and she notes morning stiffness. On examination, her joints are not inflamed, but she has symmetric "tender points" in the posterior neck, anterior chest, lateral buttocks, medial knees, and lateral elbows. You make a preliminary diagnosis of fibromyalgia.

Which of the following is the most appropriate therapeutic recommendation?

- A. avoid most physical activity
- B. trial of amoxicillin
- C. benzodiazepine in low doses for sleep
- D. low-dose steroid
- E. low-dose antidepressant

Correct Answer: E

Sleep disturbance is a characteristic symptom associated with fibromyalgia. Patients awaken feeling tired. The examination, other than tenderness in 14 specific, symmetrical points, is usually normal. Fever, rash on the extremities, muscle weakness, and migratory joint inflammation point to Lyme disease or other rheumatologic disorders.

Asedimentation rate should be normal. If elevated, it may point to another diagnosis. Lyme titers are not indicated unless the patient has symptoms or history suggestive of the disease. Electromyography and spine radiographs are typically normal and unnecessary for help in establishing the diagnosis. Depression can be associated with pain, but screening for it early on does not make sense and might offend the patient. Low-dose antidepressants often help to correct the sleep pattern and result in relief of pain. Nonsteroidal anti-inflammatory agents can also be used as needed; low-dose steroid is not indicated. Exercise is also helpful, and patients should be encouraged to stay physically active. Amoxicillin is not used for fibromyalgia. Benzodiazepines have addictive potential and lose their effectiveness for sleep after a few weeks.

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