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QUESTION 1

A 44-year-old man presents with fears that his mathematical abilities have been slowly sucked out of his brain for the last 4 years. He believes an "alien force disguised as a human being" is responsible. To avoid contacting this being, he has isolated himself in a room in a boarding house. His wife divorced him and left with their children. After 10 years teaching math at a local high school, he resigned about 3 years ago. He supports himself by "collecting cans." His affect is blunted. His appearance is disheveled, unshaven, and unwashed. Considering the information learned thus far, which of the following would be an appropriate first-line treatment for this patient?

- A. thiamine
- B. olanzapine
- C. amitriptyline
- D. lithium carbonate
- E. fluoxetine

Correct Answer: B

The treatment of choice for patients with a schizophrenic disorder is an antipsychotic drug. Of the medications listed, only olanzapine is an antipsychotic drug. Olanzapine causes relatively fewer EPS than traditional neuroleptics, such as haloperidol, and seems to be substantially less likely to cause tardive dyskinesia than typical neuroleptics. Olanzapine blocks both dopamine D2 receptors and serotonin 5-HT₂ receptors. Its use is often associated with some weight gain by patients.

QUESTION 2

For each of the following scenarios, select the gas exposure responsible for the signs and symptoms.

A worker drilling for oil experiences acute tearing, mucous membrane irritation, and onset of a cough while repairing machinery.

- A. carbon monoxide
- B. methane
- C. hydrogen sulfide
- D. ozone
- E. sulfur dioxide

Correct Answer: E

Sulfur dioxide is a colorless, pungent gas encountered in drilling for oil, paper production, treatment of fruit, and other processes. Sulfur dioxide is an irritant gas. It causes tearing, mucous membrane irritation, cough, and eventually pulmonary edema. In asthmatics it provokes bronchospasm at low doses. Like other irritant gases, in large quantities, it will damage alveoli and capillary endothelial cells.



QUESTION 3

An 11-month-old girl presents to your office with a fever of 39°C she has had for 2 days. She has also vomited frequently and had decreased fluid intake. She looked tired and ill but on examination, had no apparent source of infection. She appeared to be 510% dehydrated. Her urinalysis shows a urine specific gravity of 1.030, trace blood, and protein. Nitrite and leukocyte esterase are both positive. Microscopic examination of unspun urine shows >100 white blood cells (WBCs) and 05 red blood cells (RBCs) per high-power field, as well as many bacteria. Aurine culture is sent. Which of the following is the most appropriate management plan?

- A. Treat only if the culture is positive.
- B. Admit for intravenous (IV) hydration and IV antibiotics.
- C. Treat with intramuscular ceftriaxone and have her follow-up in the office the following day.
- D. Treat with trimethoprim-sulfamethoxazole, and have her followup in the office the following day.
- E. Prescribe amoxicillin and start oral hydration.

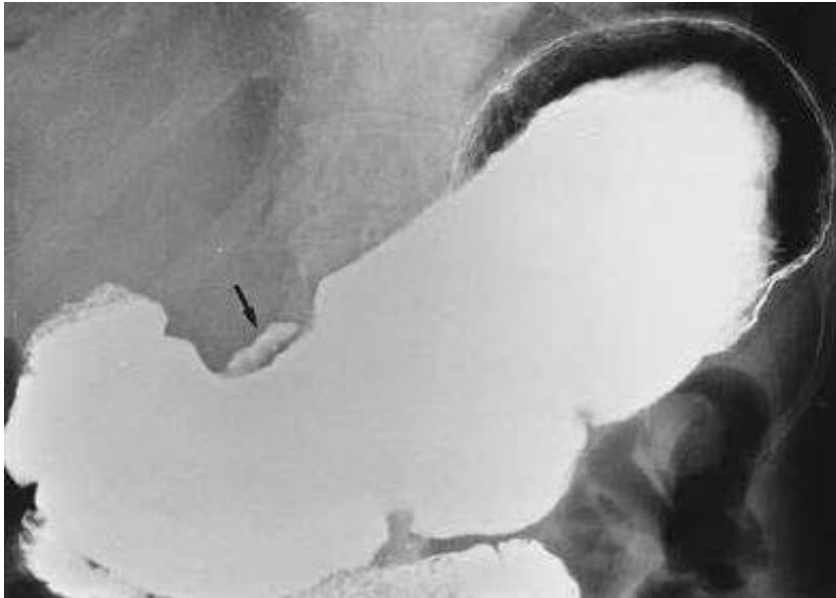
Correct Answer: B

Urine for urinalysis and culture must be properly obtained. Catheterization is the most reliable method of the choices offered. Suprapubic tap is considered the "gold-standard" but is not always technically feasible, especially in an outpatient office setting. Amidstream, clean catch specimen would be acceptable in an older, toilet-trained child. "Bagged" specimens are not recommended because of possible skin or fecal contamination of the specimen. Similarly, obtaining a sample from a diaper or potty would be unacceptable. Urinalysis includes dipstick method and microscopic examination. Leukocyte esterase (an enzyme in WBC) and nitrites suggest probable infection. Microscopic analysis of unspun urine for WBC (>10/ highpower field) or bacteria is also predictive of infection. RBCs are often present in a UTI. The patient is vomiting and dehydrated; this may indicate possible pyelonephritis. The most appropriate course would be IV hydration and empiric treatment with antibiotics (ceftriaxone) while awaiting cultures. Children with pyelonephritis are at increased risk of renal scarring, especially younger children, and should be treated early. E. coli is the most common organism cultured; others include Proteus, Klebsiella, S saprophyticus, and Enterococcus. The occurrence of a UTI in a girl under age 35 years and in a boy of any age may be a marker for an underlying congenital anatomic abnormality, in particular, vesicourethral reflux. Radiologic investigation with renal ultrasound and VCUG is recommended

QUESTION 4

A 65-year-old woman presents to the physician's office with a 6-month history of epigastric discomfort, poor appetite, and 10-lb weight loss. Past history is pertinent for hypertension, diabetes, a 30 pack-year smoking history, and occasional alcohol intake. Examination is unremarkable except for mild epigastric tenderness to deep palpation. An abdominal ultrasound reveals cholelithiasis, and one view of a UGI x-ray series is shown in the figure.

Which of the following is the most likely diagnosis?



- A. cholecystoenteric fistula
- B. duodenal ulcer
- C. gastric ulcer
- D. gastric diverticulum
- E. duodenal diverticulum

Correct Answer: C

The symptoms of gastric cancer are nonspecific and may mimic those of such benign conditions as benign gastric ulcer. Pain, nausea, anorexia, and weight loss are common nonspecific symptoms. A UGI series shows a gastric ulcer that has characteristics of malignancy, including an intraluminal crater with nodular margins. A gastric diverticulum would extend as a protrusion beyond the gastric lumen. The duodenum is not well visualized in the x-ray, making the diagnosis of duodenal disease difficult. A fistula would be suggested by contrast filling of the gallbladder and biliary tree. Given the x-ray findings suggestive of malignancy, the next step would be to obtain a tissue diagnosis for confirmation by endoscopy. Once malignancy is confirmed, a CT scan would be helpful to evaluate for liver metastasis and extent of disease. Operative intervention may be determined at that time, usually a subtotal or total gastrectomy. Vagotomy and pyloroplasty would not be appropriate for gastric cancer. Medical therapy with H2 blockers may improve the patient's symptoms but should not delay endoscopy and biopsy.

QUESTION 5

A 53-year-old woman with five adult children complains of losing urine shortly after coughing or jumping. She occasionally loses urine while lying in bed if she happens to cough vigorously. She is unable to stop the urine once it has begun to flow.

Which of the following is the treatment of choice for this woman's urinary incontinence?

- A. a course of nitrofurantoin
- B. a selective serotonin reuptake inhibitor (SSRI)



- C. oxybutynin chloride (Ditropan)
- D. vaginal hysterectomy and anterior colporrhaphy
- E. a Marshall-Marchetti-Krantz urethropexy

Correct Answer: C

Antibiotics are useful only when there is evidence of cystitis. SSRIs are antidepressants that have not been shown to improve incontinence with detrusor dyssynergia. Surgery is of no value and may actually worsen incontinence in women with detrusor dyssynergia. Bladder retraining, in which the patient embarks on a programmed progressive lengthening of the interval of voiding, forms the basis of therapy. While such retraining is occurring, the use of anticholinergic drugs, such as oxybutynin chloride (Ditropan), propantheline (Pro-Banthine), or flavoxate (Urispas), seems to improve the results over use of any one alone.

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