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QUESTION 1

A 45-year-old man presents to the physician's office for evaluation of a skin lesion on his abdomen. He states that the lesion has been present for 1 year, but has recently enlarged over the last 2 months. The mass is nontender, and he is otherwise asymptomatic. Past history is unremarkable. Examination reveals a 3-cm, pigmented, irregular skin lesion located in the left lower quadrant of the abdomen, as shown in Figure. Heart, lung, and abdominal examination are normal. There are no palpable cervical, axillary, or inguinal lymph nodes. Chest x-ray and liver function tests are normal.



Which of the following is the most appropriate next step in management?

- A. wide excision with 2 cm margin
- B. wide excision with 2 cm margin and SLN mapping
- C. shave biopsy
- D. excisional biopsy with 12 mm margins
- E. Mohs' surgical excision

Correct Answer: D

A multicolored brown or black pigmented lesion with irregular borders should raise the concern of melanoma. Squamous cell carcinoma usually presents as an erythematous papular nodule. The most common type of basal carcinoma presents as an ulcerative, well-circumscribed nodule, although occasionally it may be pigmented and confused with melanoma. Merkel cell carcinoma appears as red to purple papular nodules. Keratoacanthoma is a well-circumscribed keratotic lesion that may regress without treatment. The most appropriate next step is to perform an excisional biopsy with narrow margins to confirm the diagnosis and determine depth of invasion. Shave biopsy would yield a pathologic diagnosis, but would not allow appropriate staging and is never recommended. The margin of resection and determination of lymph node management would depend on the depth of invasion of the melanoma measured in millimeters. Therefore, wide excision is not recommended until the depth of invasion of the lesion is determined by excisional biopsy with narrow margins. Mohs' surgery should be considered for nonmelanoma tumors but is not recommended for melanoma.

QUESTION 2



During a well-child visit, the grandmother of an 18-month-old patient is concerned because the child's feet turn inward. She first noticed this when her grandson began to walk. It does not seem to bother the child. On examining his gait, his knees point forward and his feet turn inward. Which of the following is the most likely cause of this condition?

- A. adducted great toe
- B. femoral anteversion
- C. Legg-Calvé-Perthes disease
- D. medial tibial torsion
- E. metatarsus adductus

Correct Answer: D

Adducted great toe, metatarsus adductus, medial tibial torsion, and femoral anteversion can result in intoeing. In most cases, this is a benign condition that requires only observation. In this child, because the child's knees are straight, the rotational deformity is below this joint. In metatarsus adductus, the forefoot is adducted as compared to the hindfoot. Idiopathic avascular juvenile necrosis of the femoral head, or Legg-Calvé-Perthes disease, most commonly is seen in 4- to 8-year-old boys. Loss of hip medial rotation is an early sign.

QUESTION 3

A 6-year-old boy presents to the emergency department with a painful, markedly swollen elbow. While ice-skating, he fell with his arm outstretched. Radiographs of the elbow demonstrate a displaced, supracondylar fracture of the humerus. On examination, there is pain on passive flexion at the wrist and a decreased radial pulse, with diminished capillary refill in the hand. Which of the following is the most appropriate management of this injury?

- A. admission to hospital for close observation, with immobilization of the elbow at 90° flexion
- B. closed reduction with percutaneous pinning under general anesthesia
- C. open reduction and pinning under general anesthesia
- D. open reduction with pinning, and exploration of the brachial artery
- E. open reduction with pinning, exploration of the brachial artery, and decompression fasciotomy of the forearm fascial compartments

Correct Answer: E

This child has a displaced supracondylar fracture associated with vascular compromise of the forearm from associated brachial artery compression, distortion, or vessel injury. Decreased perfusion below the fracture in conjunction with pain on passive wrist flexion are signs of a developing forearm compartment syndrome. Management should include operative exploration of the brachial artery, open reduction and pinning of the fracture, and forearm compartment fasciotomy to limit progression of muscular ischemia. Immobilization of the elbow at 90° is suitable only for undisplaced fractures. For displaced fractures without neurovascular compromise, closed reduction and pinning may be adequate, but if adequate reduction cannot be achieved, open reduction may be required.

QUESTION 4

You see a young mother whose child is in need of medical care. She has an income below the federal poverty level.



She is eligible to receive cash payments under the Supplemental Security Income Program (SSI). As she has no health insurance, you ask a social worker to help her enroll in a program funded with state and federal tax dollars, which provides complete medical care for her child. You ask that she be enrolled in which of the following programs?

- A. Medicaid
- B. Medicare
- C. Blue Cross/Blue Shield
- D. The Robert Wood Johnson Foundation
- E. Women, Infants, and Children program (WIC)

Correct Answer: A

Medicaid and Medicare began under federal legislation in 1966. Medicaid is a state-run program funded with federal and state tax dollars. It was established to provide medical services to the poor, with special consideration to pregnant women and small children. Although eligibility varies greatly from state to state, persons who receive SSI welfare payments are categorically eligible. Medicare is a federal program, completely financed and run by the federal government. Its purpose is to provide medical care to citizens over 65. Blue Cross/Blue Shield is a private insurance that must be purchased; the Robert Wood Johnson Foundation is a large foundation that provides grants; and the WIC program is a food supplement program for needy mothers and children.

QUESTION 5

Several groups of organic compounds are associated with serious toxic effects when used as insecticides and responsible for more deaths on a worldwide basis than any other group of insecticides

- A. nitrosamines
- B. epoxy compounds
- C. PCBs
- D. formaldehydes
- E. organophosphorus compounds

Correct Answer: E

Organophosphorus compounds have been widely used since the 1950s as insecticides, both in national pest control programs and domestically. They have been responsible for many deaths on a worldwide basis, despite the lives initially saved by control of mosquitoes and malaria. From the point of view of the environmental toxicologist, it was perhaps fortuitous that many pests began to develop resistance to the substances fairly early in the use of these compounds. More recently, concern for environmental control has further limited their use; studies have attributed carcinogenic properties to several of these pesticides.