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QUESTION 1

Your next patient is a 4-month-old infant who is returning to have her ear checked. You diagnosed her with otitis media 2 weeks ago, and she has taken 10 days of amoxicillin. She is feeling well, and her mother's only concern is that she has developed a diaper rash over the last 3 days. The mother has been using emollient creams on it which have not helped. On physical examination, there are no abnormal findings except for the rash. Which of the following is the most likely diagnosis?

- A. allergic dermatitis
- B. bullous impetigo
- C. Candida dermatitis
- D. irritant dermatitis
- E. seborrheic dermatitis

Correct Answer: C

Diaper dermatitis is a very common problem in infants. The infant's rash is due to Candida. Candida dermatitis is red, without bullae, and has satellite lesions at the margins. It is common in infants, especially when they have been on antibiotics. In bullous impetigo, the skin is initially erythematous and then bullae develop. Allergic dermatitis and irritant dermatitis are the most prominent on the convex areas and are intensely red. In seborrheic dermatitis, children tend to have the rash on the scalp, neck, and face also. It is scaly and more prominent in the intertriginous areas.

QUESTION 2

A 1-year-old African American infant is in for well-child care. He is primarily breast-fed. His parents do not give him much solid food because he has no teeth. He receives no medications or supplements. His parents are concerned about his bowed legs. On examination, you note some other bony abnormalities including frontal bossing, enlargement of the costochondral junctions, a protuberant sternum (pigeon chest), and severe bowing of the legs. You obtain x-rays to confirm your clinical diagnosis and also note a healing fracture of the left femur. Which of the following is the most likely diagnosis?

- A. osteogenesis imperfecta
- B. scurvy
- C. congenital syphilis
- D. rickets
- E. chondrodystrophy

Correct Answer: D

Babies who are exclusively breast-fed for prolonged periods of time are at risk for developing rickets. Dark-skinned infants are at high risk, especially during winter months when they receive inadequate sunlight. Supplementation with vitamin D is recommended in children who are at high risk, as well as pregnant and lactating mothers. Clinical features include craniotabes, a thinning of the outer table of the skull. This may also occur in osteogenesis imperfecta. Enlargement of the costochondral junctions (rachitic rosary) may be seen in rickets, scurvy, and chondrodystrophy. Other features may include delayed primary teeth, enamel defects, and caries. There may be thickening of the wrists



and ankles; bending of the femur, tibia, and fibula result in bowlegs or knock-knees. Greenstick fractures of long bones may occur without symptoms. Diagnosis is based on history of inadequate vitamin D intake and clinical features. Diagnosis may be confirmed by x-rays and chemistry; serum calcium is low or normal, serum phosphorus is low, serum alkaline phosphatase is elevated, and serum 25-hydroxycholecalciferol is decreased. Breast milk contains adequate vitamin C as long as the mother is not deficient.

QUESTION 3

A 40-year-old man has been unsuccessfully treated for depression with two different medications for the past 3 months. He has a number of medical problems, and he recently was hospitalized after threatening suicide. His psychiatrist is considering the use of ECT for the patient.

The patient has consented to ECT, and the pre ECT workup has been completed. Which of the following medications could routinely be continued through a course of ECT?

- A. lithium
- B. divalproex
- C. bupropion
- D. clonazepam
- E. risperdal

Correct Answer: E

Risperdal and high potency neuroleptics slightly decrease the seizure threshold and would enhance the seizure and can typically be continued through a course of ECT. Lithium can result in increased postictal delirium, divalproex and clonazepam would typically be withdrawn due to their anticonvulsant effect. If a benzodiazepine is required a short-acting medication should be used. Bupropion has been associated with late appearing seizures.

QUESTION 4

On the first pelvic examination of an 18-year-old nulligravida, a soft, fluctuant mass is found in the superior aspect of the right labia majora. This is asymptomatic. She tells you it has been present for several years and seems to be enlarging slightly. There is no defect in the inguinal ring. Which of the following is the most likely diagnosis?

- A. vulvar varicosities
- B. inguinal hernia
- C. femoral hernia
- D. cyst of the canal of Nuck
- E. granuloma inguinale

Correct Answer: D

The most likely diagnosis is a cyst of the canal of Nuck. These arise from inclusions of the peritoneum at the inferior insertion of the round ligament into the labia majora. They are analogous to a spermatic cord hydrocele and are typically found at the superior aspect of the labia majora. Vulvar varicosities usually involve most of the labia, occur in older and



parous women, and have a classical "bag of worms" appearance. Given the physical findings, a hernia is unlikely. An ultrasound may be useful to distinguish a hernial sac from a cyst of the canal of Nuck. One-third of women with a cyst of the canal of Nuck may have a coexistent inguinal hernia.

QUESTION 5

You assume care of a 28-year-old nursing home aide, who recently had a positive tuberculin skin test (TST). In the past, her tests have always been read as negative; this year, she developed a 20. 25 mm induration. She feels well and has no cough. Abaseline white blood cell count and liver function test is normal, and a recent HIV antibody test is negative. You order a chest x-ray, which is normal. Which of the following is the best next step in management?

- A. Begin three-drug antituberculosis therapy.
- B. Educate the patient on the symptoms of tuberculosis and repeat the chest x-ray in 1 month.
- C. Isolate her from her family and other close contacts.
- D. Immunize the patient with bacillus Calmette-Gu?in (BCG) vaccine.
- E. Begin isoniazid, 300 mg daily.

Correct Answer: E

The patient has a positive reaction to purified protein derivative (PPD). This indicates tuberculosis infection, but not necessarily clinical disease. Health care workers have a risk of acquiring tuberculosis that is 210 times the risk for the general public. Since conversion is recent (she had a negative test last year), the risk of progressing to disease is relatively large compared to the risk of hepatotoxicity from preventive treatment with isoniazid. Such preventive treatment is 6580% effective in preventing progression to active disease. Note that new assays (ELISPOT, QuantiFERON) performed on a blood sample or oral swab are becoming available, and that they are more sensitive and specific for exposure to *Mycobacterium tuberculosis* than is the TST.

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