USMLE-STEP-2Q&As

United States Medical Licensing Step 2

Pass USMLE USMLE-STEP-2 Exam with 100% Guarantee

Free Download Real Questions & Answers **PDF** and **VCE** file from:

https://www.passapply.com/usmle-step-2.html

100% Passing Guarantee
100% Money Back Assurance

Following Questions and Answers are all new published by USMLE Official Exam Center

- **Instant Download** After Purchase
- **100% Money Back** Guarantee
- **365 Days** Free Update
- **800,000+** Satisfied Customers

QUESTION 1

Select the ONE best lettered option that is most closely associated with the question below.

A 60-year-old obese male with Heberden\\'s nodes on his hands and chronic, severe leftsided knee pain.

A. rheumatoid arthritis

B. SLE

C. Wegener\\'s granulomatosus

D. polyarteritis nodosa

E. Goodpasture syndrome

F. fibromyalgia

G. osteoarthritis (OA)

H. giant cell arteritis

I. sarcoidosis

Correct Answer: G

Risk factors for OA include age, obesity, major trauma, and repetitive joint use. Bony enlargements of the DIP joint (Heberden\\'s nodes) are the most common form of idiopathic OA. Obesity is a risk factor for knee OA. With severe OA of the knee in particular, obesity is thought to play a large role in pathogenesis.

QUESTION 2

A 55-year-old woman has a bloody discharge from her left breast. A mammogram discloses a cluster of microcalcifications 3 cm beneath her left nipple.

Which of the following is the principal advantage of a fine-needle aspiration of a breast mass?

A. It reassures the patient if it is negative.

B. It reduces the number of open breast biopsies.

C. It differentiates between noninvasive and invasive cancer.

D. It replaces the need for subsequent mammography.

E. It helps to determine the extent of in situ breast carcinoma.

Correct Answer: B

The advantages of a fine-needle aspiration of a breast mass are that it can distinguish between a cystic and solid lesion, and it reduces the number of open breast biopsies when it is positive for cancer. However, a negative needle biopsy is nondiagnostic (and nonreassuring), and an open biopsy is still necessary. A fineneedle biopsy does not differentiate between noninvasive and invasive cancer, nor does it delineate the extent of in situ disease. Most breast surgeons will

not perform definitive surgery (e.g., mastectomy or lumpectomy with lymph node dissection) without histologic confirmation of cancer: core-needle biopsy, surgical biopsy, or frozen section at the time of lumpectomy or mastectomy

QUESTION 3

A54-year-old woman presents to her physician for an opinion regarding additional therapy following curative resection of recently diagnosed colon cancer. She underwent uncomplicated sigmoid resection for invasive colon cancer 4 weeks ago. The pathology revealed carcinoma invading into, but not through, the muscularis propria, with one of eight positive mesenteric nodes. There was no evidence of liver metastases at the time of operation. Preoperative chest x-ray and CT scan of the abdomen showed no evidence of distant disease. Preoperative carcinoembryonic antigen (CEA) level was normal. Past history is positive for diabetes and mild hypertension. Examination is unremarkable except for a healing abdominal incision. Which of the following is the correct stage of this patient\\'s colon cancer?

A. stage 0

B. stage I

C. stage II

D. stage III

E. stage IV

Correct Answer: D

The stage of colon cancer is based on the depth of invasion, nodal involvement, and distant metastases. Stage 0 represents carcinoma in situ, stage I invasion of the submucosa or muscularis propria without node involvement, stage II invasion through the muscularis propria or directly invading other organs without nodal involvement, stage III any depth of invasion with nodal metastasis, and stage IV any depth of invasion or nodal status with distant metastases. Adjuvant therapy has been shown to be beneficial in patients with stage III disease in randomized studies. The recommended regimen is 5-fluorouracil-based chemotherapy with leucovorin, rather than 5-fluorouracil alone. Adriamycin therapy, either alone or with other agents, has not been shown to be beneficial in patients with colon cancer. No adjuvant therapy would be indicated for patients with stage 0, I, or II disease, although some patients with stage II disease manifesting poor prognostic indicators may be candidates for adjuvant therapy.

QUESTION 4

A5-week-old bottle-fed boy presents with persistent and worsening projectile vomiting, poor weight gain, and hypochloremic metabolic alkalosis. Of the following diagnostic modalities, which would most likely reveal the diagnosis?

A. ultrasound of abdomen

B. barium enema

C. evaluation of stool for ova and parasites

D. testing well water for presence of nitrites

E. serum thyroxine

Correct Answer: A

The case presented is classic of pyloric stenosis. This results from hypertrophy and hyperplasia of smooth muscle in the

stomach, causing a narrowed, even, obstructed outlet. Persistent projectile vomiting causes ongoing losses of calories and electrolytes, resulting in growth failure and hypochloremic metabolic alkalosis. Hyponatremia and hypokalemia may also be associated. Often, the diagnosis can be made by physical examination alone. However, if an olive-shaped mass is not palpated, an abdominal ultrasound may confirm the diagnosis

QUESTION 5

A 48-year-old man complains of fatigue and shortness of breath. His hematocrit is 32% and hemoglobin is

10.3 g/100 mL. Peripheral blood smear reveals macrocytosis. His serum vitamin B12 level is 90 pg/mL (normal, 170940); serum folate level is 6 ng/mL (normal, 214). Which of the following is the most likely cause of this patient\\'s symptoms?

A. poor dietary habits

B. colonic diverticulosis

C. regional enteritis

D. chronic constipation

E. vagotomy

Correct Answer: C

The most common causes of megaloblastic anemia are folate and vitamin B12 deficiencies. Vitamin B12 deficiency rarely results from inadequate intake, but has been associated with strict vegetarianism. Decreased absorption may be due to insufficient intrinsic factor (as in pernicious anemia and after gastrectomy), malabsorption of the intrinsic factor-vitamin B12 complex in the terminal ileum (as in regional enteritis, sprue, pancreatitis, and after ileectomy), or competition for vitamin B12 by gut bacteria (as in the blind loop syndrome and Diphyllobothrium latum infections). Because diverticulosis and constipation do not interfere with stomach or small-bowel functioning, they are not causes of vitamin B12 deficiency.