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QUESTION 1

A 19-year-old previously healthy man is an unbelted driver of a motor vehicle involved in a front-end collision. On arrival in the emergency department, the patient is noted to have stridor, with marked respiratory distress, and an oxygen saturation of 88% despite 100% oxygen by mask. He has obvious extensive facial injuries, a flail chest, and poor chest expansion. Bag-mask-valve ventilation is ineffective. Which of the following is the most appropriate next step in management?

- A. orotracheal intubation
- B. nasotracheal intubation
- C. cricothyroidotomy
- D. tracheostomy
- E. placement of bilateral chest tubes

Correct Answer: C

This patient has an obstructed airway from maxillofacial trauma. The patient is stridorous, hypoxic, and cannot be ventilated with bag and mask. Immediate cricothyroidotomy is lifesaving. In the presence of severe facial trauma, orotracheal intubation is likely to be difficult because of distortion of landmarks and excessive oropharyngeal secretions. Nasotracheal intubation is contraindicated in this setting. A definitive tracheostomy is more time consuming than a cricothyroidotomy and requires specific surgical expertise. Stabilization of the airway is the first resuscitation priority, before placement of chest tubes to relieve potential pneumothoraces.

QUESTION 2

For each of the following scenarios, select the gas exposure responsible for the signs and symptoms. A patient working with an electric arc noted a pungent odor, and now has signs of asthma or early pulmonary edema.

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

Correct Answer: D

Ozone is a colorless, pungent gas occurring naturally in the stratosphere, which can be produced by electric arcs. Ozone is generated by electrical storms and UV light and electric arcs and some forms of fuel combustion. In the stratosphere, it is protective by blocking solar radiation. At 10 ppm, it can cause pulmonary edema and tracheal pain and is believed to cause asthma. Based on animal tests and observations of gases trapped during inversions, an action level of 10 ppm has been set for work-place exposure.

QUESTION 3



A 48-year-old woman had a biopsy of a friable, bleeding lesion on her cervix. She had not had a pelvic examination or Pap smear for about 12 years. The biopsy is reported as invasive squamous cell carcinoma of the cervix. On bimanual examination, there is induration to the side wall of her pelvis.

To complete the staging of her cancer according to International Federation of Gynecology and Obstetrics (FIGO) standards, she should have which of the following?

- A. lymphangiogram
- B. pelvic venogram
- C. cystoscopy
- D. magnetic resonance imaging (MRI) scan of her abdomen
- E. laparoscopy

Correct Answer: C

The intent of staging is to judge the results of various treatments and to compare treatment results worldwide. Because advanced procedures such as venography, lymphangiography, MRI or CT scans, and laparoscopy are not universally available, staging of cervical cancer remains primarily clinical. Such tests as cystoscopy, proctosigmoidoscopy, barium enema, IVP, and plain radiographs of the abdomen and chest are permitted. Evidence of mucosal cancer confirmed by biopsy at the time of cystoscopy changes her diagnosis to stage IV cervical cancer.

QUESTION 4

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 best next step in her evaluation?

- A. cytologic evaluation of the nipple discharge
- B. fine-needle aspiration under radiologic guidance
- C. MRI of the breast and axillary nodes
- D. image-guided percutaneous biopsy of the left breast
- E. segmental mastectomy

Correct Answer: D

Both the bloody nipple discharge and the microcalcifications are indications for a breast biopsy. Although there are benign-appearing radiographic calcifications, clusters of calcification are associated with a 25% chance of a cancer. An image-guided percutaneous biopsy is preferred because a fine-needle biopsy has about a 20% false negative rate. Cytology is a screening tool. In the presence of significant risk factors for cancer, a tissue diagnosis is mandatory. Imaging studies are also screening tools with a false negative and a false positive rate, making such studies inappropriate for diagnosis.

QUESTION 5



A 25-year-old woman presents with a recurrent depression, and says she has taken many antidepressant medications from several different classes of drugs in the past. Which of the following atypical antidepressants is a presynaptic alpha-2 receptor noradrenergic antagonist and a 5-HT₂ and 5-HT₃ receptor serotonergic antagonist?

- A. bupropion
- B. trazodone
- C. nefazodone
- D. venlafaxine
- E. mirtazapine

Correct Answer: E

Mirtazapine is a tetracyclic antidepressant that has both presynaptic alpha-2 receptor noradrenergic antagonist properties and 5-HT₂ and 5-HT₃ receptor serotonergic antagonist properties, which, taken together, result in a net increase in both noradrenergic and serotonergic neurotransmission. Bupropion may exert its antidepressant effects by acting on the noradrenergic system, but its method of action is currently being investigated. Trazodone and nefazodone are combined serotonin reuptake inhibitors and 5-HT₂ serotonin antagonists. Venlafaxine is a combined norepinephrine and serotonin reuptake inhibitor

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