



# USMLE-STEP-3<sup>Q&As</sup>

United States Medical Licensing Step 3

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### QUESTION 1

A 26-year-old female with recurrent pregnancy loss undergoes a laparoscopy and hysteroscopy. She is found to have a Müllerian anomaly with a heart-shaped uterus that has two uterine horns but one common cervix.

What is the name of the uterine anomaly?

- A. didelphic
- B. septate
- C. unicornuate
- D. bicornuate
- E. Müllerian agenesis (Mayer-Rokitansky-Küster-Hauser syndrome)

Correct Answer: D Section: (none)

Explanation:

Müllerian anomalies result from either the lack of proper fusion or resorption of the paramesonephric (Müllerian) ducts during organogenesis. Vertical abnormalities occur when the invaginating urogenital sinus--extending in a cranial direction from the introitus--and the Müllerian structures--extending caudally--fail to canalize appropriately. Longitudinal defects occur when the two paramesonephric ducts either do not fuse appropriately or following fusion the intervening tissue is not reabsorbed completely. A didelphic uterus represents lack of fusion, and the patient has a duplicated cervix and each cervix is connected to a separate uterine horn. Unicornuate uterus results from aplasia of one of the paramesonephric ducts so that only one cervix connecting to a single uterine horn is found. A bicornuate uterus results from failure of the paramesonephric ducts to fuse cranially resulting in a single cervix but two separate uterine horns. A septate uterus occurs when fusion is completed but reabsorption of the intervening tissue is incomplete.

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### QUESTION 2

A 48-year-old male truck driver presents for evaluation of bright red rectal bleeding with bowel movements. He also has the feeling that something protrudes through his anus while he strains to move his bowels but that it withdraws into the bowel when he relaxes. He has no abdominal pain, weight loss, or other symptoms. A colonoscopy reveals no polyps or tumors but does note internal hemorrhoids. Which of the following is the best initial treatment for him?

- A. high fiber diet, frequent sitz baths, and topical steroid ointment
- B. rubber band ligation
- C. sclerotherapy injection
- D. infrared coagulation
- E. surgical hemorrhoidectomy



Correct Answer: A Section: (none)

Explanation:

Internal hemorrhoids are highly vascularized submucosal cushions located in the anal canal. They are classified as first degree if no prolapse is present; second degree if prolapse occurs with spontaneous reduction; third degree if they require manual reduction; and fourth degree if they are irreducible. Treatment is based on the symptoms and degree of prolapse. Nearly all patients with first-and second-degree hemorrhoids should initially be placed on a trial of conservative measures including a bowel management program with high fiber diet to avoid straining and constipation, frequent warm baths, and an anti-inflammatory topical cream. If symptoms continue, both rubber band ligation (a small rubber band is placed at the neck of the hemorrhoid resulting in eventual death and detachment of tissue) and infrared coagulation (controlled burn of the vessels at the neck of the hemorrhoid) are good alternatives to surgical therapy. For refractory first-and second-degree hemorrhoids, most third-degree and all fourth-degree hemorrhoids, surgical

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### QUESTION 3

A third-year medicine resident has taken a trip to Guatemala to assist in a medical clinic for 2 weeks. After returning to work at the hospital, she faints during her grand rounds presentation of a case and is admitted to the teaching hospital where she works. She has a high temperature that cycles every few hours. The attending physician, a professor in her program, works her up for Dengue Fever and Malaria. Blood and urine laboratory tests are drawn and she receives many visitors from her concerned colleagues and coworkers. A fellow resident in her program, who is not directly involved in her care, reviews her chart and sees that her urine test came back positive for a pregnancy. Another resident sees him with the chart and asks, "So does she have Dengue or Malaria?" How should he respond to this request for information?

- A. Order another pregnancy test to confirm.
- B. Talk to the patient before sharing any information.
- C. Refrain from sharing the test results with the other resident.
- D. Share the information with the other resident in confidence.
- E. Only share the information with the attending physician.

Correct Answer: C Section: (none)

Explanation:

The actions of the resident who reviewed the patient's chart were unethical. He is not involved in the case and the fact that he is a physician and colleague of the patient does not free him of the requirements that protect patient confidentiality, backed by federal regulations (see discussion of HIPAA above). He should not have pulled her chart. He would only be making matters worse by further violating the patient's right to confidentiality in sharing her results with the other resident. The attending clinicians involved in the case are the only people who should have privileged access to the patient's sensitive health information.

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### QUESTION 4

A 30-year-old male is brought to the ED after being hit in the head by a baseball. He is making incomprehensible



sounds, but no words. He opens his eyes and withdraws to painful stimuli.

The most appropriate next step in the treatment of this patient is:

- A. neurosurgery consultation
- B. intubation and mechanical ventilation
- C. CT scan of head to evaluate for intracranial blood
- D. administration of mannitol to prevent cerebral herniation
- E. blood and urine toxicology screens

Correct Answer: B Section: (none)

Explanation: The Glasgow Coma Scale is used to quantify a neurologic examination in patients with a head injury. It is based on three elements: eye opening, motor response, and verbal response. The total score ranges from 3 (worst) to 15 (best) with a score of 8 or lower indicating a coma. The scale is shown below. This patient has a score of 2E. + 4(M) + 2(V) = 8. This patient has evidence of a severe head injury. The initial step should be to protect his airway and prevent hypoxia, which could adversely affect his head injury. Thus, the initial step should be endotracheal intubation. Neurosurgical expertise, imaging to define the injury, and screens to rule out drugs or alcohol as contributions are all important, but should be performed after airway, breathing, and circulation are addressed. Mannitol is indicated in patients with evidence of herniation, such as those with pupillary dilatation.

	Score
<b>Eye opening (E)</b>	
Spontaneous	4
To speech	3
To pain	2
None	1
<b>Motor response (M)</b>	
Obeys commands	6
Localizes pain	5
Withdraws to pain	4
Abnormal flexion (decorticate)	3
Extension (decerebrate)	2
None (flaccid)	1
<b>Verbal response (V)</b>	
Oriented	5
Confused conversation	4
Inappropriate words	3
Incomprehensible sounds	2
None	1

### QUESTION 5

Which of the following structures can be found outside of the spermatic cord during a hernia repair?

- A. direct hernia sac
- B. indirect hernia sac



C. vas deferens

D. testicular artery

E. ovary

Correct Answer: A Section: (none)

Explanation:

A direct hernia comes through the medial inguinal canal floor and is found behind the spermatic cord. An indirect hernia passes through the internal inguinal ring, and thus can be found within the spermatic cord. The spermatic cord also contains the vas deferens, the testicular artery, lymphatics, and nerve fibers.

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