



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

United States Medical Licensing Step 3

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**QUESTION 1**

A 4-year-old girl is brought in to the office by her mother. She developed chicken pox about 6 days ago. She appeared to be recovering well but mother became concerned because she was persistently scratching at several of the lesions and they were not healing. On examination, the child is afebrile and generally well appearing. On examination of her skin you see the following image. What would be the most appropriate treatment?



- A. topical triamcinolone 0.1% cream
- B. topical nystatin cream
- C. oral acyclovir
- D. oral cephalexin
- E. no treatment is necessary as this is a self-limited condition

Correct Answer: D Section: (none)

**Explanation:**

The image provided shows a classic case of impetigo. This is a common skin infection of childhood. It frequently occurs following a case of chickenpox and is due to the child picking or scratching at the varicella lesions, resulting in a secondary bacterial infection. GAS infection is the most common cause of impetigo associated with varicella infections. It is markedly more prevalent than the next most common infectious agent, *S. aureus*. Tinea corporis, often due to *T. rubrum*, is also known as ringworm. It classically is a circular lesion with a red, raised border, and central clearing. Contact dermatitis, from exposure to an irritant such as poison ivy, often causes plaques of erythema and edema with superimposed vesicles. This is also frequently secondarily infected with GAS from scratching. Warts, caused by the human papilloma virus, do not typically appear as the lesions in the image. Of the options listed, oral cephalexin would be the most appropriate initial therapy. Most GAS isolates are sensitive to first-generation cephalosporins, such as cephalexin. Topical steroids are useful for inflammatory or allergic conditions, topical nystatin for a fungal infection (such as tinea corporis) and oral acyclovir can be used early in the course of a varicella infection.



## QUESTION 2

You have been asked to see a patient of one of your colleagues. He is a 67-year-old male with a long smoking history who has been having left foot pain at night. He tells you that dangling his feet over the bed relieves the pain. Previously, he had noted pain in his left calf with ambulation. Over the past several weeks, this pain has been worsening and the distance he could walk pain free had diminished.

Which of the following is an indication for surgical revascularization?

- A. pain in both calves when walking that relieves with rest
- B. necrotic fifth toe
- C. presence of a localized focus of arterial stenosis seen on angiogram
- D. diabetic patient
- E. patient refusal to consider quitting smoking, as he has a greater risk of disease progression

Correct Answer: B Section: (none)

Explanation:

The symptoms described by the patient are classic for rest pain. Patients often experience pain at night while lying in bed, and the pain improves with dependent positioning of the affected extremity. Initial evaluation of this patient should be an arterial duplex study of the vessels of the affected leg. This noninvasive test can provide great detail on the extent of the disease and the location of hemodynamically significant obstruction. Furthermore, it will help determine if inflow obstruction is present in the aorta or iliac vessels. It is crucial in these patients to determine if the arterial obstruction involves the aortoiliac vessels or is confined to the lower extremity vasculature. After determining the location of the atherosclerotic lesion, you can proceed with a traditional angiogram, CT angiogram, or even an MRI/MRA to evaluate the vessels in order to plan your intervention. The management of peripheral arterial occlusive disease is determined in part by the severity of the symptoms. Patients with limb-threatening ischemia, indicated by rest pain, tissue necrosis, and nonhealing wounds, should be considered for revascularization. On the other hand, patients with intermittent claudication, usually described as an "ache" in the calf, should first be managed conservatively. This includes institution of lifestyle modifications such as smoking cessation, walking programs, and medical therapy with pentoxifylline or cilostazol. However, patients with severe intermittent claudication that is lifestyle limiting should be considered for surgical revascularization.

## QUESTION 3

A 23-year-old female graduate student with acne and asthma presents to you with a chief complaint of headaches. She has noted a gradual increase in the intensity and frequency of the headaches to the point where they are interfering with her daily activities and studies. Your examination shows an obese young lady with papilledema. The remainder of your physical examination is normal. The test ordered above was negative. Which of the following is your most appropriate next step?

- A. instruct the patient on a weight loss program and follow-up in 3 months
- B. begin diuretic therapy
- C. start the patient on sumatriptan for migraine headaches



- D. perform a lumbar puncture to measure opening pressure
- E. obtain an MRI of the brain and orbits, with and without contrast

Correct Answer: D Section: (none)

Explanation: Papilledema is optic disc swelling and implies raised intracranial pressure. Headache is a common associated symptom. The initial evaluation of papilledema should involve imaging, either by MRI or CT scan with and without contrast, to exclude mass lesions. If these studies are negative, then the subarachnoid opening pressure should be measured by lumbar puncture. An ESR is unlikely to be diagnostic in this case. It would be more important in the evaluation of vision loss or headache in a person over the age of 50. Neither a pregnancy test nor a glucose tolerance test would provide information on the cause of increased intracranial pressure. Pseudotumor cerebri is a condition of idiopathic intracranial hypertension. It is a diagnosis of exclusion that would be made in the presence of papilledema, normal imaging studies, and elevated opening pressure on lumbar puncture with normal CSF studies. The majority of patients with pseudotumor cerebri are young, female, and obese. This condition is treated with a carbonic anhydrase inhibitor, such as acetazolamide, which lowers intracranial pressure by reducing the production of CSF. Weight reduction, while important, is often unsuccessful in improving the condition by itself. Steroids, tetracycline, pregnancy, and oral contraceptives are not associated with the development of pseudotumor cerebri. Pseudotumor cerebri may ultimately resolve spontaneously, but there is a significant risk for development of impaired vision or even blindness if left untreated. The goal of treatment is the reduction of intracranial pressure. This may be accomplished in a number of ways. Use of medications such as acetazolamide or furosemide is considered a first-line therapy, with the aim of reducing CSF production. If pharmacologic treatment proves unsuccessful, alternative treatment options include surgical options such as optic nerve fenestration or creation of a ventricular-peritoneal shunt. Performing serial lumbar punctures is also possible but carries a number of associated risks including development of infections or headaches

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#### QUESTION 4

A 37-year-old woman (gravida 3, para 3) presents with a 4-month history of postcoital spotting. On pelvic examination, you visualize a 2-cm friable lesion on the anterior lip of the cervix. The next most appropriate step is which of the following?

- A. colposcopy
- B. pap smear
- C. office biopsy of the cervical lesion
- D. cervical cone biopsy
- E. metronidazole vaginal cream followed by re-examination

Correct Answer: C Section: (none)

Explanation:

An office biopsy of the cervical lesion should be taken immediately when a gross lesion is seen on physical examination. For smaller, less distinct lesions, colposcopy may be helpful in determining the best area to biopsy, but it is not always necessary for larger, distinct, gross lesions. A Pap smear can be performed, but it cannot be relied on to detect invasive cervical cancer. Cervical cone biopsy is not indicated at this time, particularly because the diagnosis can be made by less invasive means with an office biopsy. Also, if a cone biopsy is performed and the cancer is invasive or more extensive than originally thought, a cone biopsy may affect the oncologist's ability to perform a radical hysterectomy or



alter the effectiveness of vaginal brachytherapy. Finally, the use of metronidazole vaginal cream is not indicated in this patient since there is no evidence of a vaginal infection.

## QUESTION 5

A 72-year-old man comes to your clinic for the first time, accompanied by his wife. His wife states that she is concerned because he has been growing increasingly forgetful over the past year. Within the past month, he has forgotten to turn off the stove and has got lost while walking to the post office one block away from their home. His past medical history is significant for well-controlled diabetes and chronic lower back pain. He has no history of falls or traumatic injury to the head. Examination of the patient is significant for a score of 18 on a Mini Mental Status Examination (MMSE). During the administration of the MMSE, the patient blurts out that his wife brought him to the doctor because she is having an extramarital relationship.

Which of the following accurately describes this patient's condition?

- A. There is no genetic basis for development of this disease.
- B. It is usually abrupt in onset.
- C. There is no correlation between age and prevalence of this disease.
- D. Environmental exposure is a proven risk factor for development of this disease.
- E. It is one of the most common terminal illnesses in developed nations.

Correct Answer: E Section: (none)

Explanation:

This patient's symptoms are most consistent with Alzheimer disease. Alzheimer disease is a prominent condition in developed nations, ranking as the third most common terminal illness behind heart disease and cancer. It is the most common form of dementia, with over 4 million Americans having the condition in the United States alone. There is a direct correlation between advanced age and increasing prevalence of Alzheimer disease. While there is an early-onset form of familial Alzheimer disease that may appear as early as the third decade of life, this accounts for only a small percentage of total Alzheimer cases. There does appear to be a genetic component to the development of Alzheimer disease, as it has been demonstrated that first-degree relatives of Alzheimer patients possess an increased risk for development of the condition. Genes on chromosomes 1, 14, and 21 have been implicated in this association. While age and family history are important risk factors, there is no evidence proving that environmental factors lead to an increased chance for development of the disease. Progression of Alzheimer dementia is typically insidious, spanning as many as several years. Anticholinergic agents and any other medication with anticholinergic effects are contraindicated in the setting of Alzheimer dementia. Their use may lead to worsening of cognition and may contribute to decreased efficacy of medications used in the treatment of Alzheimer dementia. Tricyclic antidepressants such as amitriptyline should be avoided for this reason. Risperidone, olanzapine, and quetiapine are atypical antipsychotic medications which are useful in the treatment of emotional withdrawal and delusions which may arise in Alzheimer patients. Trazodone, carbamazepine, and divalproex are moodstabilizing medications which are useful in patients who display marked agitation. While trazodone does display some anticholinergic side effects, they are far less pronounced than those seen with amitriptyline.