



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

United States Medical Licensing Step 3

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### QUESTION 1

An 18-month-old boy is brought into the urgent care clinic by his mother who complains that he is "eating weird stuff." For the past few months since being able to walk, he has been found chewing and swallowing odd substances, such as hair, paper, and string. She has been more concerned since she recently noticed him eating clay from around the foundation of their apartment in the projects. His appetite has been affected because of this, and she is worried that he will become sick as a result.

Determination of which of the following blood levels would be the most appropriate next step in the workup and management of this patient?

- A. folate
- B. iron
- C. lead
- D. manganese
- E. zinc

Correct Answer: E Section: (none)

Explanation:

This toddler has developed pica, the eating of nonnutritive substances. Decreased levels of folate may be associated with depression and dementia in adults but is not seen in cases of pica. Iron deficiency, a potential cause of pica, may present with eating of dirt. A lead level would be necessary to determine if the child were eating lead-based paint. Manganese levels have not been shown to be abnormal in pica. As zinc deficiency is another cause of pica, assessment of a zinc level is essential in children who consume clay (as is being done by the child in this case)

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### QUESTION 2

A 19-year-old woman begins chemotherapy for an acute leukemia. Although you determine that her renal function is unimpaired prior to the initiation of treatment, you feel that she may be at high risk for development of tumor lysis syndrome given her condition's typically good response to chemotherapy.

Which of the following is an appropriate medication to use as a preventative measure prior to and during her treatment for leukemia?

- A. indomethacin
- B. colchicine
- C. allopurinol
- D. probenecid
- E. sulfipyrazone

Correct Answer: C Section: (none)



Explanation:

Tumor lysis syndrome refers to a series of metabolic disturbances resultant from cancer treatment. It generally occurs when a large number of cancer cells are killed rapidly, releasing the contents of those cells into the systemic circulation. These contents include various ions. Tumor lysis syndrome is typically characterized by a combination of hyperuricemia, hyperkalemia, hyperphosphatemia, hypocalcemia, and lactic acidosis. Besides treatment of electrolyte abnormalities, urine alkalization and aggressive hydration are frequently included as a part of treatment. Patients with tumor lysis syndrome may also develop oliguric acute renal failure, which arises from the precipitation of uric acid, hypoxanthine, or calcium phosphate within the renal tubules. Acute tubular necrosis is generally not seen in the setting of tumor lysis syndrome. Allopurinol reduces the synthesis of uric acid by blocking the metabolism of xanthine and hypoxanthine to uric acid via xanthine oxidase inhibition. This makes it useful in reducing the risk of hyperuricemia from tumor lysis. Urinary alkalization and aggressive hydration are also components of treatment. Probenecid and sulfipyrazone enhance urate excretion by blocking the reabsorption of urate from the proximal tubule. Colchicine is effective in treating acute gout attacks by inhibiting leukocyte migration and phagocytosis. Indomethacin, and other NSAIDs, can be effective in treating acute gout attacks by inhibiting urate crystal phagocytosis. However, low-dose aspirin may actually increase the risk of gout.

### QUESTION 3

A 34-year-old woman with a history of type 1 diabetes mellitus presents to your office for a routine follow-up visit. She is feeling well and has no complaints. Her fasting blood sugars usually run 140 160 and her HgbA1C was recently measured at 8.2. She tells you that she would like to become pregnant but wants to know if there are any risks for her and a baby due to her diabetes.

Which of the following statements about the risk to offspring of diabetic mothers is true?

- A. Approximately 20% of children of diabetic mothers will develop type 1 diabetes.
- B. Diabetes is associated with an increased risk of stillbirth.
- C. Diabetes is associated with an increased risk of chromosomal anomalies.
- D. The incidence of preterm birth is the same in both diabetics and nondiabetics.
- E. Maternal diabetes delays the development of fetal lung maturity.

Correct Answer: B Section: (none)

Explanation: Explanations: Pregestational diabetes is associated with numerous risks to both the mother and the fetus. Stillbirths are more common in pregnancies to diabetic women and stillbirths without an identifiable cause, called "unexplained" stillbirths, are a well-described phenomenon. Similarly, preterm births are more common in diabetics than nondiabetics. While congenital malformations are more common in pregnancies to diabetic women, fetal chromosomal abnormalities are not more common. Children of women with diabetes have an approximately 13% incidence of developing type 1 diabetes. While earlier obstetrical teaching suggested that maternal diabetes delayed fetal lung maturation, more recent studies do not support this. Gestational age is likely the most significant factor in the development of respiratory distress. While there are significant maternal risks from the interaction of diabetes and pregnancy, with the possible exception of diabetic retinopathy, the long-term course of diabetes does not appear to be affected by pregnancy.

Pregnancy neither exacerbates nor modifies diabetic nephropathy and the development of diabetic peripheral neuropathy during pregnancy is uncommon. While preeclampsia is a significant risk and the perinatal mortality rate is 20



times higher in preeclamptic diabetic women compared to normotensive women, the occurrence of preeclampsia does not appear to be related to diabetic control. Diabetic ketoacidosis is a serious complication with an approximately 20% rate of fetal loss. However, it is estimated to occur in 1% of pregnancies of diabetic women. Infections occur in approximately 80% of pregnancies in insulin-dependent diabetics, with candida vaginitis, urinary tract infections, and respiratory infections being common. Preconception counseling in diabetic women who desire to become pregnant is a critical issue that often is best served by a team that includes the obstetrician, primary care physician, endocrinologist, and diabetic educators. When possible, attempts should be made to attain optimal diabetic control. Women with good diabetic control have been shown in observational studies to have a lower rate of having infants with congenital anomalies than women with poorer diabetic control. Optimal diabetic control has been defined as glycated hemoglobin levels within or near the upper limit of the normal range. This can be obtained with multiple daily insulin injections or, in selected patients, a continuous infusion via an insulin pump. All women--diabetic or not should be counseled to take folic acid prior to conception in order to lower the rate of neural tube defects. ACE inhibitors are contraindicated during pregnancy and should, whenever possible, be discontinued prior to conception.

#### QUESTION 4

A 42-year-old male presents to the office for a refill of the nasal steroid medication that he uses every spring to control his allergies. You notice on the vital signs taken by the nurse that his blood pressure is 150/95. Except for some sneezing and nasal congestion, the patient has no symptoms. He has no other medical history and his only medication is a nasal steroid. He does not smoke cigarettes, does not drink alcohol, and does not exercise. His body mass index is 24 kg/m<sup>2</sup>.

The patient returns for a follow-up visit and his blood pressure is 165/105 mmHg. You diagnose him with which of the following?

- A. elevated blood pressure without hypertension
- B. prehypertension
- C. stage 1 hypertension
- D. stage 2 hypertension
- E. stage 3 hypertension

Correct Answer: D Section: (none)

Explanation: Explanations: The Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was released in May, 2003. It provides evidence-based guidelines for the detection, evaluation, and treatment of hypertension, the most common primary diagnosis in the United States. One of the key guidelines presented in this report is the classification of blood pressure for adults. The classification is based on the average of two or more properly measured, seated, blood pressure readings on each of two or more office visits. The proper measurement of blood pressure is critical. Blood pressure should be measured using a properly calibrated instrument in a patient who has been seated quietly in a chair for at least 5 minutes, with his feet on the floor and arm supported at heart level. The blood pressure cuff should encircle at least 80% of the arm. The systolic blood pressure is the point at which the first of two or more sounds is heard and the diastolic blood pressure is the point before the sounds disappear. In question 10, where an incidentally noted elevated blood pressure reading is found, it is then necessary to perform blood pressure measurements following the JNC 7 guidelines--two or more readings after the patient has been seated quietly in a chair for 5 or more minutes. Institution of antihypertensive medications would be inappropriate based on one blood pressure reading in this range, as the patient has not been diagnosed as hypertensive as of yet. Aspirin therapy is recommended for most persons over the age of 50 for the primary prevention of CHD events and would be recommended for others at high risk of heart disease.



In persons with hypertension, it is recommended to start aspirin after their blood pressure is controlled because the risk of hemorrhagic stroke is increased in uncontrolled hypertension. Risk stratification with an exercise stress test at this point is not supported by evidence showing a reduction of morbidity or mortality and is likely to have many false positive results. Discontinuation of his nasal steroid is unnecessary as it is unlikely to be affecting his blood pressure adversely and should provide good symptomatic relief of his seasonal allergy symptoms. The blood pressure classifications from the JNC 7 report are as follows:

| Blood pressure classification | Systolic BP in mmHg | Diastolic BP in mmHg |
|-------------------------------|---------------------|----------------------|
| Normal                        | <120                | and <80              |
| Prehypertension               | 120–139             | or 80–89             |
| Stage 1 hypertension          | 140–159             | or 90–99             |
| Stage 2 hypertension          | ≥160                | or ≥100              |

This classification regimen represents a change from previous JNC guidelines with the designation of a prehypertension classification and the combination of the previous stage 2 and stage 3 into a single stage 2 category. By this categorization, the patient in this question has stage 2 hypertension. Recommended evaluation of patients with hypertension includes an ECG, measurement of blood glucose, hematocrit, serum potassium, creatinine and calcium, urinalysis, and a fasting lipid profile. Other testing is not indicated unless suggested by the presence of symptoms or if blood pressure control cannot be achieved. The management of hypertension involves the institution of lifestyle recommendations and, frequently, the use of antihypertensive medications. Lifestyle modifications can lower blood pressure, enhance the effectiveness of medications, and reduce cardiovascular risks. A low salt diet by itself may lower systolic blood pressure by 28 mmHg and is not likely to bring this patient to a goal blood pressure if that is the only modification made. Other lifestyle modifications, including the DASH (dietary approaches to stop hypertension) eating plan and increasing physical

### QUESTION 5

A 38-year-old man, previously in good health, suddenly develops severe abdominal pain radiating from the left loin to the groin and associated with nausea, perspiration, and frequent urination. He is restless, tossing in bed, but has no abnormal findings. The most likely diagnosis is which of the following?

- A. herpes zoster
- B. left ureteral calculus
- C. sigmoid diverticulitis
- D. torsion of the left testicle
- E. retroperitoneal hemorrhage

Correct Answer: B Section: (none)

Explanation: Contraction of hollow organs against obstruction or excessive contraction causes colic. Typical ureteral colic is severe, sudden in onset, radiates from the loin to the groin, and is associated with an urge to urinate. Blood clots and calculi in the ureter can cause colic, the latter being more common. Urine examination demonstrates macroscopic or microscopic hematuria



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