



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

United States Medical Licensing Step 3

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## QUESTION 1

A 72-year-old man with a diagnosis of prostate cancer was recently seen in the clinic for restaging and reevaluation. His bone scan showed development of widespread osseous metastases and his PSA was rising. He was started on leuprolide acetate, a gonadotropin releasing-hormone (GnRH) agonist. He now returns to the clinic complaining of new severe mid-thoracic back pain, which is worse with recumbency and worse with Valsalva maneuver. He also reports that he has a brief but intense electric shock sensation in his lower extremities when he bends over to tie his shoes. On physical exam, he had localized tenderness over the mid-thoracic spine, but his motor strength, sensation, and deep tendon reflexes are all intact.

What is the most appropriate next step?

- A. Obtain an MRI of the thoracic spine.
- B. Refer for neurosurgical evaluation.
- C. Initiate radiation therapy to the affected thoracic spine.
- D. Start the patient on scheduled narcotics for relief of the back pain and follow up in 1 week.
- E. Stop the leuprolide and schedule the patient to return to clinic in 1 week for re-evaluation.

Correct Answer: A Section: (none)

Explanation:

The patient has symptoms of spinal cord compression and needs an urgent MRI to establish the diagnosis. Spinal cord compression usually develops when patients have metastases to the vertebral body with epidural extension of the tumor, displacing the underlying thecal sac, and causing cord edema and injury. Patients with cord compression usually experience new or worsening pain symptoms days or weeks before the development of motor weakness below the level of compression. Loss of sensation and loss of bowel or bladder control occur even later. Clues that the pain symptoms may represent cord injury include pain that is worse with recumbency or Valsalva and the occurrence of Lhermitte's sign, an electric sensation down the back and into the extremities with extension or flexion of the neck or spine.

Initiation of therapy, such as radiation therapy or neurosurgical intervention, might be necessary later but would be premature before the diagnosis is established with an imaging study. If the patient's history or physical exam suggests spinal cord compression, initiation of corticosteroids should be started immediately while diagnostic imaging is pending. Pain control with adequate narcotic analgesia is important and may be instituted while the appropriate diagnostic studies are being obtained. Delay of 1 week would be inappropriate due to the urgent nature of the problem and risk of neurological compromise. The patient's neurological status at the time of diagnosis is the most important prognostic factor: 75-80% of patients who are ambulatory at the time of diagnosis will retain locomotion. But, if already paraplegic, only 10% will regain the ability to walk. While this patient appeared neurologically intact, the development of neurological deficits can progress over a period of days, making rapid diagnosis and institution of appropriate therapy such as corticosteroids and radiotherapy an urgent consideration. Other factors such as age, presence of co-morbid medical conditions, functional status, and tumor androgensensitivity are important to the patient's overall cancer prognosis.

## QUESTION 2

You are called to see a newborn in the nursery because the nurse is concerned that the baby may have



Down syndrome.

The infant begins to have progressively large amounts of bilious emesis. The infant feeds well and has only a small amount of abdominal distention.

What is the most likely diagnosis?

- A. pyloric stenosis
- B. Hirschsprung disease
- C. biliary atresia
- D. duodenal atresia
- E. milk protein allergy

Correct Answer: D Section: (none)

Explanation:

The most common finding in a newborn with Down syndrome is hypotonia. Other common findings include single palmar crease, flat facial profile, macroglossia, and wide space between the first and second toes. Hypotonia in the newborn period should prompt close evaluation and follow-up. Café au lait spots are associated with neurofibromatosis. High arched palates are associated with fragile X syndrome. Ambiguous genitalia are commonly seen in CAH.

Children with Down syndrome are at an increased risk for hypothyroidism. It may be hard to detect without routine laboratory screening as they will commonly have mental retardation and developmental delay as part of their syndrome. Hypothyroidism may not be present in the immediate newborn period and requires, at a minimum, annual testing throughout the child's life. The other findings listed are not specifically associated with Down syndrome. Lens dislocation is commonly found with Marfan syndrome or homocysteinuria.

Children with Down syndrome have an increased prevalence of duodenal atresia. Pyloric stenosis is uncommon to see in the newborn period. It tends to present with nonbilious vomiting usually after 24 weeks of age. Hirschsprung disease (aganglionosis coli) presents with constipation and failure to pass stool. Infants with Hirschsprung disease commonly will not pass stool in the first days of life. Biliary atresia is a progressive cause of jaundice in an infant. It is the most common cause of a cholestatic jaundice in the newborn period. Emesis is not typically associated with biliary atresia. Milk protein allergy is a common cause of bloody stools in the first few months of life, but does not have bilious emesis associated with it.

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### QUESTION 3

A 55-year-old female presents to your office after a lung mass was found on a chest x-ray. She has undergone a series of imaging studies and has been referred to your office to determine if she is a candidate for surgery. With which of the following findings would she still be a candidate for potentially curative surgical resection?

- A. malignant pleural effusion
- B. contralateral mediastinal node involvement
- C. chest wall invasion



D. liver metastases

E. superior vena cava syndrome

Correct Answer: C Section: (none)

Explanation:

Tumor resectability in lung cancer is generally determined by (1) whether or not the resection is technically feasible and (2) whether or not the resection will result in improved survival. In general, invasion of the tumor into structures that are vital to life would classify the tumor as unresectable. For example, the presence of superior vena cava syndrome in the setting of lung cancer is generally the result of tumor growing into the superior vena cava, which cannot be surgically removed. Those patients should be treated with chemotherapy and radiation. For lung cancer, the presence of distant metastatic disease is a contraindication to surgical resection. Distant metastasis is defined by the presence of tumor in distant organs, such as brain, bone, or liver, as well as distant nodal involvement. In the treatment of lung cancer, this can be confusing when evaluating patients with lymph node metastases because the presence of positive ipsilateral mediastinal nodes is not a contraindication to surgery, while positive contralateral mediastinal nodes indicates disseminated disease. With regards effusions, the presence of a pleural effusion in and of itself does not dictate the method of treatment, but identification of malignant cells within the effusion indicates noncurability and those patients should be treated medically. On the other hand, patients who present with local invasion of the tumor into the chest wall can potentially be cured of the disease with en bloc resection. Finally, involvement of more than one lobe has no bearing on prognosis as long as the patient's preoperative ventilation parameters will allow for safe resection.

#### QUESTION 4

A 32-year-old woman presents with complaints of irritability, heat intolerance, hyperdefecation, and frequent palpitations. She has lost 20 lb over the past six months. She has always been in good health and does not take any prescription or OTC medications. She denies any prior history of thyroid disease or exposure to head/neck irradiation, but she states that one of her relatives was diagnosed with a thyroid disorder at roughly the same age. Vital signs are as follows: BP 138/78, HR 112, RR 22, temp. 98.8°F. On examination, her thyroid is diffusely enlarged and smooth. Auscultation of the thyroid reveals a bruit. Her hair is fine in texture, and she has warm velvety skin. She has hyperactive deep tendon reflexes. There is a fine tremor in her outstretched hands. Which of the following is a common finding in this condition?

A. macroglossia

B. hyperkeratosis

C. infiltrative ophthalmopathy

D. cerebellar ataxia

E. pericardial effusion

Correct Answer: C Section: (none)

Explanation:

This patient's presentation is consistent with Graves' disease. Infiltrative ophthalmopathy is a common finding in this condition. Approximately 20-40% of patients with Graves' disease possess clinically evident eye disease. Complaints include photophobia, diplopia, reduced visual acuity, and easy tearing; and, signs of corneal or conjunctival irritation are



oftentimes present. Periorbital edema, chemosis, lid retraction with restricted ocular movement, proptosis, and upward gaze impairment may also be found. Optic nerve compression may also arise, leading to decreased visual acuity, visual field defects, impaired color vision, and papilledema. Macroglossia, hyperkeratosis, cerebellar ataxia, and pericardial effusion are all findings in hypothyroidism. (Cecil Textbook of Medicine, pp. 1396-1400) Free T3 levels are elevated in all patients with Graves' disease. Most patients also have elevated free T4 levels, but occasionally this level will remain within the normal reference range in a state known as T3 toxicosis. This generally occurs during the initial phases of Graves' disease or at the onset of a relapse. TSH levels are suppressed by the elevated thyroid hormone levels.

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#### QUESTION 5

A 48-year-old woman complaining of dysuria is diagnosed with a UTI by urinalysis. Urine culture and sensitivities reveal that the causative organism belongs to the genus *Klebsiella* and is resistant to multiple antibiotics. Based upon the results available, you decide to begin therapy with gentamicin. Which of the following irreversible complications is also associated with gentamicin use?

- A. vestibular dysfunction
- B. cardiomyopathy
- C. optic nerve dysfunction
- D. myelodysplastic disease
- E. cerebellar degeneration

Correct Answer: A Section: (none)

#### Explanation:

Aminoglycosides such as gentamicin accumulate in the proximal tubular cells of the kidney, resulting in a defect in renal concentrating ability and reduced glomerular filtration after several days. This renal impairment is almost always reversible. Of all the aminoglycosides, gentamicin and tobramycin are the most nephrotoxic. Aminoglycosides may also cause ototoxicity in the form of irreversible auditory or vestibular damage. There is a direct relationship between aminoglycoside dosage and the risk for development of ototoxicity, so doses should be adjusted according to a patient's baseline renal function. Complicated UTIs involve metabolic or hormonal abnormalities such as those seen in DM or during pregnancy; the presence of foreign bodies such as calculi, tumors, or catheters; the presence of strictures causing turbulent urine flow or vesicoureteral reflux; incomplete voiding such as that seen in neurogenic bladder, prostate hyperplasia or cancer; and, the presence of unusual infecting microorganisms. A history of recurrent UTI does not in itself lead to the classification of subsequent infections as complicated. Due to anatomic differences in urethral length between males and females, any UTI in a male is considered complicated. A history of recent surgery does not correlate with development of a complicated UTI unless the surgical procedure resulted in the creation of some anatomic abnormality which increased the risk of infection; examples of such abnormalities include adhesions or strictures. A postvoid residual volume greater than 50-100 mL suggests abnormal bladder emptying, which would predispose an individual to development of UTIs.

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