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QUESTION 1

Which of the following statements about diabetes in pregnancy is true?

- A. The risk of spontaneous abortion is not increased when compared to women without diabetes.
- B. The risk of congenital anomalies rises in relation to the maternal hemoglobin A1C.
- C. The rate of stillbirth is unchanged when compared with nondiabetic women.
- D. The risk of cesarean birth is unchanged when compared to nondiabetic women.
- E. Glycemic control is not related to fetal macrosomia.

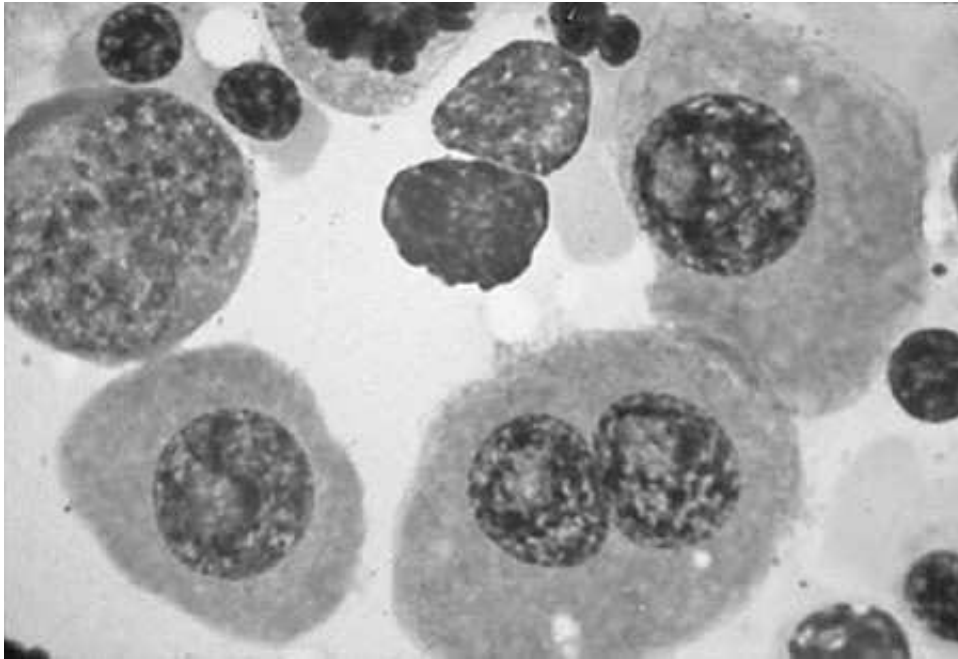
Correct Answer: B Section: (none)

Explanation:

Women with preexisting diabetes, both type 1 and type 2, are at increased risk both for spontaneous abortion and congenital anomalies, and the risk for these rises in direct relation to the maternal hemoglobin A1C concentration. In general, women with diabetes are at increased risk for late pregnancy complications, including stillbirth and cesarean delivery. The likelihood of fetal macrosomia (birth weight greater than 4000 g) increases with worsening degrees of maternal glycemic control; the macrosomic fetus is at increased risk for birth trauma, including shoulder dystocia and resultant Erb palsy.

QUESTION 2

A 67-year-old female was admitted to the hospital because of chronic fatigue and low back pain. An x-ray of the vertebral column showed diffuse osteoporosis and compression fractures of L1 and L2 vertebral bodies. The complete blood count (CBC) was within normal limits. The peripheral blood smear showed rouleaux formation. The immunoelectrophoresis showed a monoclonal spike of more than 3 g. A bone marrow biopsy was performed and showed an increase of more than 20% in plasma cells see Figure below Microscopically, the bone marrow examination will reveal which of the following?



- A. normocellular marrow with normal hematopoiesis
- B. an increase in myeloid elements
- C. increase in megakaryocytes
- D. increase in mature lymphocytes
- E. increase in plasma cells, usually more than 30% of the total cells

Correct Answer: E Section: (none)

Explanation:

Multiple myeloma is a plasma cell dyscrasia that is characterized by involvement of the skeleton in multiple sites. The characteristic x-ray shows punched-out bone lesions that are very easily seen in the calvarium. Extension of the disease to lymph nodes and extranodal sites, such as skin, can be seen. The bone marrow biopsy and smears reveal an increased number of plasma cells, which usually constitute greater than 20% of all of the cells. The cells either diffusely infiltrate and replace the marrow elements or can be seen scattered throughout the hematopoietic elements. The neoplastic plasma cells have a perinuclear hof and an eccentrically placed nucleus which allows the recognition. In 99% of patients with multiple myeloma, electrophoretic analysis reveals increased levels of IgG in the blood, light chains (Bence-Jones proteins) in the urine, or both. The monoclonal IgG produces a high spike when seen in the serum or in the urine, subject to electrophoresis. In general, the quantitative analysis of the monoclonal IgG is more than 3 g. The clinicopathologic diagnosis of multiple myeloma rests on radiographic and laboratory findings. Marrow examination may reveal increased plasma cells or sheet-like aggregates that may completely replace the normal elements. The prognosis for this condition is variable, but generally poor.

QUESTION 3

A 30-year-old woman with a prior history of depression is attending her postpartum followup appointment after the birth of her first child. She has no physical complaints and her examination demonstrates no significant problems. She



appears anxious. When asked, she describes intrusive thoughts of wanting to harm her baby but quickly states, "I'm not like that. I would never do anything to hurt him."

Which of the following is the most appropriate next step in her management?

- A. assess further for symptoms of psychosis and support system
- B. begin immediate treatment with an antidepressant
- C. call child protective services in order to have the child removed
- D. hospitalize the woman immediately for further evaluation
- E. reassure her that these thoughts are normal

Correct Answer: A Section: (none)

Explanation:

Although antidepressant treatment may be appropriate if the patient is suffering from a depressive illness, further questioning would have to be made prior to that determination. Postpartum depressive symptoms are not uncommon and they may not require treatment. If there is felt to be immediate danger to the child, calling child protective services would certainly be indicated. Having intrusive thoughts does not equate with acting on the thoughts, and thoughts similar to those in this case are not unusual given the stress of a newborn. Again, more information would need to be obtained. On the other hand, premature reassurance regarding the thoughts of harm without knowing additional facts might be dangerous if the patient is harboring a plan or intent to harm her child. Hospitalization may be necessary if the patient is suffering from postpartum psychosis or is suicidal. Only by gathering further history and symptoms, especially focusing on a support system and possible psychotic symptoms, can the clinician determine if there is significant cause for concern. Postpartum psychosis is considered a psychiatric emergency because of the risk of harm to the infant and usually requires immediate hospitalization (DSM IV-TR).

QUESTION 4

A 56-year-old thin, White woman, who has recently undergone a total abdominal hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymphadenectomy for a stage IB, grade 1, endometrioid tumor of the uterus, presents to your office complaining of hot flashes and vaginal dryness. She wants advice about the use of estrogen replacement in women treated for endometrial cancer.

Which of the following is the best treatment for this woman?

- A. psychotherapy
- B. estrogen replacement therapy
- C. increased soy intake
- D. combination hormone replacement therapy
- E. referral to an endometrial cancer support group

Correct Answer: B Section: (none)



Explanation:

The use of estrogen replacement in women previously treated for endometrial cancer represents a recent change in practice. For many women, the improvement in quality of life and the reduction in osteoporosis outweigh the possible risks of stimulating tumor growth. Most patients are diagnosed early with endometrial cancer and successfully treated with surgery. As a result, the risk-benefit ratio of estrogen replacement in these women has been reexamined. In a recent survey of the Society of Gynecologic Oncologists, 83% of

the respondents approved estrogen replacement in stage I, grade 1 endometrial cancer.

Data on the use of estrogen replacement therapy in women with endometrial cancer are limited primarily to retrospective studies. Three retrospective studies have concluded that estrogen replacement therapy is not detrimental to patients after treatment for endometrial cancer. There exists no data on which to base specific recommendations about estrogen replacement in these patients. The decision must involve a candid discussion about risks and benefits to the patients and be individualized to each patient, taking into consideration the stage, grade, and histology of the tumor and their current hypoestrogenic symptoms and risk factors for osteoporosis. The delivery method of estrogen is also not clear. Some patients may want to use more natural products like soy, although the relief of symptoms with soy varies considerably. Others may complain more of vaginal dryness, and a vaginal estrogen cream may be more appropriate. The benefit of adding progesterone and giving patients combined hormone replacement therapy is also unclear.

QUESTION 5

You receive a call from the nurse at a nursing home for a 70-year-old patient of yours who was febrile overnight and had blood cultures, CXR, and urinalysis ordered by the housestaff. The patient was started empirically on a fluoroquinolone orally. The nurse informs you that the CXR and urinalysis were normal but the blood culture grew out *Enterococcus faecalis*. The patient has been on oral fluoroquinolone for 36 hours and patient is still febrile but appears stable. Which of the following is most appropriate?

- A. Continue the oral quinolone and add an intravenous first-generation cephalosporin.
- B. Discontinue the oral quinolone and start treatment with an intravenous second-generation cephalosporin.
- B. Discontinue the quinolone and start treatment with an intravenous third-generation cephalosporin.
- C. Discontinue the quinolone and start treatment with intravenous ampicillin and an aminoglycoside.
- D. Continue the quinolone, but change from oral to IV route of administration.

Correct Answer: D Section: (none)

Explanation:

No cephalosporin is appropriate for the treatment of *E. faecalis*. This organism is occasionally sensitive to fluoroquinolones, but this choice is unreliable. The combination of ampicillin and an aminoglycoside is synergistic for susceptible *E*