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QUESTION 1

A 3-year-old male presents after having a tonicclonic seizure lasting about 1 minute. On examination, the child now has no neurologic abnormalities. He has a temperature of 40.3°C and has an obvious otitis media on the left but no other abnormalities on physical examination. You correctly counsel the family with which one of the following statements?

- A. The child will need hospitalization, a lumbar puncture, and antibiotics.
- B. An EEG and CNS imaging must be done.
- C. Anticonvulsants must be started and continued for 6 months.
- D. There is a slight increase in risk for development of epilepsy.
- E. The child must be monitored carefully for long-term neurologic damage.

Correct Answer: D

Simple febrile seizures are common in children between ages 6 months and 5 years. They are usually brief, with bilateral clonic or tonicclonic movement. They have a 30% likelihood of recurrence. The investigation should include a search for the cause of the fever, usually a viral infection, UTI, or following immunization. A lumbar puncture must be performed if there is suspicion of an intracranial infection and when features of the seizure suggest a focal or lateralized seizure. In these situations, EEG and imaging may also be considered. However, in most children with uncomplicated febrile seizures, these procedures are unnecessary. There is an increased risk for developing epilepsy in later life, as high as 7% in a study with mean followup of 18 years. When risk factors are present, the incidence of epilepsy rises to 49%. Risk factors include prior neurologic abnormality, prolonged seizures (>30 minutes), focal or lateralized seizure, and repeated seizure within 24 hours.

QUESTION 2

A 55-year-old man presents to the emergency department with left lower quadrant abdominal pain. The pain has been present for 1 week, but has increased in intensity over the last 2 days associated with nausea, constipation, and dysuria. Past history is unremarkable. Examination reveals a temperature of 101°F, pulse rate of 95/min, BP of 130/70 mmHg, and normal heart and lung examinations. Abdominal examination reveals fullness and marked tenderness in the left lower quadrant, with voluntary guarding and decreased bowel sounds. Laboratory tests reveal a WBC count of 18,000 with a left shift and 20-50 WBCs in the urinalysis. A CT scan of the abdomen reveals a thickened sigmoid colon with pericolic inflammation. He is admitted to the hospital for treatment.

Which of the following is the most likely diagnosis?

- A. colon cancer with contained perforation
- B. ischemic colitis
- C. pseudomembranous colitis
- D. diverticulitis
- E. pyelonephritis

Correct Answer: D

The gradual onset of left lower quadrant pain over a number of days with left lower quadrant abdominal tenderness and



CT scan showing sigmoid colon inflammatory changes is most consistent with diverticulitis. A contained perforation, either due to the diverticulitis or colon cancer, should be noted on the CT scan. There is no history of antecedent antibiotic therapy to suggest the diagnosis of pseudomembranous colitis. Though WBCs were present in the urinalysis, a diagnosis of pyelonephritis cannot be made on this basis alone, because pericolic inflammation may be responsible for the WBCs. CT scanning is very accurate in diagnosing diverticulitis, so there is no need for any additional test. Barium enema and colonoscopy should not be performed in patients with suspected acute diverticulitis. The increased intraluminal pressure from either of these examinations may lead to free rupture of a contained abscess or phlegmon, leading to emergency surgery. However, either examination, or both, should be performed after complete resolution of diverticulitis (e.g., in 6 weeks' time) to evaluate for extent of disease, complications, and carcinoma. IVP and angiography are not indicated for diverticulitis. The appropriate management in this patient with his first episode of diverticulitis is medical management with IV antibiotics for gram-negative and anaerobic bacteria. Colon resection, either immediate or elective, should not be undertaken unless the patient's condition deteriorates or recurs. Bowel preparation cannot be performed safely in patients with acute diverticulitis. Anticoagulation has no role in therapy. Metronidazole or vancomycin therapy would be appropriate for pseudomembranous colitis, but not for diverticulitis.

QUESTION 3

For each of the following scenarios, select the gas exposure responsible for the signs and symptoms.

A man has been pulled unconscious from a mine. No odors are noted, but an experienced miner says there was coal damp in the mine.

- A. carbon monoxide
- B. methane
- C. hydrogen sulfide
- D. ozone
- E. sulfur dioxide

Correct Answer: B

Methane is a colorless, odorless, flammable gas sometimes encountered in mines and wells. Methane (coal damp) is a frequent cause of death in inadequately ventilated mines and wells. It acts as an asphyxiant as well as being explosive. Miners used to take caged animals, especially birds, with them. The birds succumbed to the asphyxiants (methane and carbon dioxide) sooner than humans.

QUESTION 4

You are reviewing a cohort (follow-up) study to determine whether dietary fiber reduces the risk of colon cancer. In the study, the population at risk at the beginning of the follow-up period should consist of which of the following?

- A. persons who all have diagnosed disease
- B. persons with diverse exposure levels and disease
- C. persons of comparable age, gender, and race
- D. persons with homogeneous disease probability
- E. persons who are susceptible but free of disease



Correct Answer: E

The design of a cohort study requires a follow-up of a group of subjects who are susceptible but free of the disease of interest at the beginning of the study period.

QUESTION 5

For each item, select the ONE best lettered option that is most closely associated with it. Each lettered heading may be selected once, more than once, or not at all. A 55-year-old woman is having episodic palpitations, headaches, and sweating. On examination, her BP is elevated.

- A. Cushing's syndrome
- B. Addison's disease
- C. Klinefelter syndrome
- D. hyperparathyroidism
- E. hypothyroidism
- F. pheochromocytoma
- G. acromegaly
- H. diabetes insipidus
- I. diabetes mellitus
- J. polycystic ovarian disease

Correct Answer: F

Pheochromocytoma is a secondary cause of hypertension. Pheochromocytomas secrete catecholamines; 80% are unilateral, solitary tumors, most often located in the adrenal gland. Patients present with episodes of headache, palpitations, sweats, and a sense of apprehension.

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