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QUESTION 1

A previously healthy 19-year-old man presents to the emergency department with a penetrating wound to the right neck. There were reports of bleeding at the scene. The patient is talking, complaining of pain at the injury site and pain with swallowing. On examination, he has a normal respiratory rate, clear air entry on auscultation, blood pressure of 120/70 mmHg, and heart rate of 95 beats/min. There is a penetrating right neck wound in zone 2 (between the clavicle and the lower part of the mandible), with a surrounding hematoma. On probing, there is violation of the platysma. Which of the following is the best next step in the management of this patient?

- A. intubation and observation in the ICU
- B. admission to the ICU for close observation without intubation
- C. observation in the ICU only if carotid angiogram is normal
- D. observation in the ICU only if carotid angiogram, contrast esophagram, and bronchoscopy are normal
- E. neck exploration

Correct Answer: E

The anterior triangle of the neck is divided into three zones: zone I at the base of the neck and thoracic inlet, zone II in the midbody of the neck, and zone III above the angle of the mandible. Zone II, the most common area injured with penetrating trauma, encompasses the carotid artery, jugular vein, larynx, trachea, and esophagus. Patients with penetrating injuries to the neck that violate the platysma should be admitted to the hospital for further evaluation. This patient has a penetrating injury through the platysma, in zone II of the anterior triangle. He has signs of significant injury (i.e., external bleeding at the scene, odynophagia, and a neck hematoma on examination). This patient should undergo surgical exploration, without prior diagnostic studies. Observation in the ICU, with or without intubation, is not appropriate in a patient with obvious clinical signs of injury. Furthermore, extensive preoperative imaging studies are not necessary for zone II injuries because surgical exposure of vital structures in this area of the neck is easily achieved. All patients with clinical signs of injury should undergo surgical exploration. However, there is controversy with respect to the management of patients without clinical signs of injury. There are two approaches: A. mandatory surgical exploration; or B. selective observation with or without imaging studies

QUESTION 2

A 16-year-old male is brought to the emergency department with a crush injury due to a farm accident. His immunization status is unknown. The wound is heavily contaminated with soil, and you are concerned about tetanus.

Which of the following is the most appropriate management step?

- A. administer a Tdap vaccination
- B. administer a Td vaccine only
- C. administer Tdap and tetanus immune globulin (TIG)
- D. administer TIG only
- E. await immunization records

Correct Answer: C



In patients 11-18 years of age with a clean, minor wound, Tdap vaccine is required if the patient has had