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QUESTION 1

An 11-month-old girl presents to your office with a fever of 39°C she has had for 2 days. She has also vomited frequently and had decreased fluid intake. She looked tired and ill but on examination, had no apparent source of infection. She appeared to be 510% dehydrated. Her urinalysis shows a urine specific gravity of 1.030, trace blood, and protein. Nitrite and leukocyte esterase are both positive. Microscopic examination of unspun urine shows >100 white blood cells (WBCs) and 05 red blood cells (RBCs) per high-power field, as well as many bacteria. Aurine culture is sent. Which of the following is the most appropriate management plan?

- A. Treat only if the culture is positive.
- B. Admit for intravenous (IV) hydration and IV antibiotics.
- C. Treat with intramuscular ceftriaxone and have her follow-up in the office the following day.
- D. Treat with trimethoprim-sulfamethoxazole, and have her followup in the office the following day.
- E. Prescribe amoxicillin and start oral hydration.

Correct Answer: B

Urine for urinalysis and culture must be properly obtained. Catheterization is the most reliable method of the choices offered. Suprapubic tap is considered the "gold-standard" but is not always technically feasible, especially in an outpatient office setting. Amidstream, clean catch specimen would be acceptable in an older, toilet-trained child. "Bagged" specimens are not recommended because of possible skin or fecal contamination of the specimen. Similarly, obtaining a sample from a diaper or potty would be unacceptable. Urinalysis includes dipstick method and microscopic examination. Leukocyte esterase (an enzyme in WBC) and nitrites suggest probable infection. Microscopic analysis of unspun urine for WBC (>10/ highpower field) or bacteria is also predictive of infection. RBCs are often present in a UTI. The patient is vomiting and dehydrated; this may indicate possible pyelonephritis. The most appropriate course would be IV hydration and empiric treatment with antibiotics (ceftriaxone) while awaiting cultures. Children with pyelonephritis are at increased risk of renal scarring, especially younger children, and should be treated early. E. coli is the most common organism cultured; others include Proteus, Klebsiella, S saprophyticus, and Enterococcus. The occurrence of a UTI in a girl under age 35 years and in a boy of any age may be a marker for an underlying congenital anatomic abnormality, in particular, vesicourethral reflux. Radiologic investigation with renal ultrasound and VCUG is recommended

QUESTION 2

Select the organism associated with the Chronic diarrhea in a homosexual male

- A. aureus
- B. beta-hemolytic Streptococcus
- C. respiratory syncytial virus (RSV)
- D. Mycoplasma pneumoniae
- E. Haemophilus pertussis
- F. Helicobacter pylori
- G. Escherichia coli



H. Rickettsia prowazekii

I. Giardia lamblia

J. C. perfringens

Correct Answer: I

Giardiasis may cause cramping and a chronic diarrheal syndrome, with malabsorption and weight loss. Its distribution is worldwide, particularly where hygienic standards are not high. It also occurs sporadically in high-risk individuals. Streptococcal pyoderma, including erysipelas and impetigo, has been demonstrated to precede acute glomerulonephritis. Even when appropriate antibiotics are given in adequate dosage and duration for these conditions, renal damage may still result. Prevention thus consists of wound care, including cleaning wounds well and removal of crust. Mycoplasma infections are particularly common in families with younger children. They are frequently imported to the family by school-aged children, leading to a low-grade fever and persisting tracheobronchitis in the parents, or more acutely, an atypical pneumonia. G. lamblia is found in up to 20% of homosexual males, and may cause chronic diarrhea, although in these patients it tends to be asymptomatic. E. coli was first reported as a cause of watery diarrhea in nurseries in the 1940s. Although nursery epidemics with enteropathogenic serotypes had decreased in recent years in the United States, the increase of infant- child day care centers has resulted in their relatively frequent occurrence. Furunculosis is most frequently caused by coagulase-positive staphylococcal infections. The public health significance of this largely relates to the hazards of skin infections in food handlers and subsequent staphylococcal toxin in the food, leading to staphylococcal intoxication food-borne disease. H. pylori has been associated with gastric ulcers, but not with duodenal ulcers. Otitis media, whether acute or with effusion, commonly results from viral infection, such as by RSV. Various other organisms may be responsible including Streptococcus pneumoniae, H. influenzae, and others. C. perfringens, with rare exceptions, is transmitted in a meat dish prepared in bulk. Under propitious circumstances for the organism, especially on cooling of the food, bacterial multiplication can be very rapid. Symptoms begin to occur in the affected population in about 12 hours. Epidemic typhus is a rickettsial illness. Man is the host and long-term reservoir. The vectors are body lice (P. humanus corporis). The rickettsia are not present in human excretions and cannot be transmitted by person-to-person contact.

QUESTION 3

Which of the following is a useful clue to the diagnosis of Legionella pneumonia?

A. diarrhea

B. rash

C. pedal edema

D. elevated serum glucose

E. photophobia

Correct Answer: A

The spectrum of infection with Legionella organisms ranges from asymptomatic seroconversion to Pontiac fever (a flu-like illness) to full-blown pneumonia. Cough is usually nonproductive initially. Malaise, myalgia, and headache are common. The diagnosis of Legionella infection is suggested by extrapulmonary signs and symptoms, including diarrhea, abdominal pain, azotemia, and hematuria.

QUESTION 4



Match the below medication with the potential blood dyscrasia side effect it can be associated with. Valproate.

- A. leukocytosis
- B. thrombocytopenia
- C. agranulocytosis
- D. megaloblastic anemia
- E. lymphocytosis

Correct Answer: B

Valproate can be associated with thrombocytopenia and platelet dysfunction especially at high doses. Leukocytosis is a common benign effect of lithium. Clozaril can cause agranulocytosis in 12% of patients. Agranulocytosis can be an idiosyncratic adverse event with carbamazepine.

QUESTION 5

A 24-year-old woman lost her previous two pregnancies at approximately 20 weeks' gestation, without having noted any contractions. She is currently at 15 weeks' gestation and denies having uterine contractions. Her cervix is undilated and uneffaced. Which of the following is the most appropriate management of this patient?

- A. bed rest
- B. terbutaline
- C. hydroxyprogesterone
- D. DES
- E. a cervical cerclage

Correct Answer: E

The patient described in the question has a classic history of an incompetent cervix: expulsion of a fetus without labor. It is believed to be caused by previous cervical trauma, DES exposure, or, most commonly, a congenital defect in cervical stroma. In the absence of preterm labor, there is no indication for terbutaline or other tocolytic agents. DES is contraindicated in pregnancy, but was used in the past to treat repeated pregnancy loss. Hydroxyprogesterone is a progestational compound that is being used by some hospitals for patients in premature labor, but its use is controversial. Bed rest is occasionally encouraged by some practitioners for patients with a history of premature deliveries. The probability of a successful pregnancy after a cervical cerclage increases from 20% to approximately 80%. It is crucial to eliminate the possibility of preterm labor before placing a cerclage.

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