



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

United States Medical Licensing Step 3

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### QUESTION 1

You had previously seen a 24-year-old male in your office for evaluation of a suspicious looking mole. He had undergone a punch biopsy, which demonstrated a melanoma. He has no prior history of skin cancer, no family history of skin cancer, nor any history of blistering sunburns. Which of the following results in the pathology report are most predictive of outcome?

- A. size of the melanoma
- B. color of the melanoma
- C. depth of the melanoma
- D. presence of ulceration
- E. site of the melanoma

Correct Answer: C Section: (none)

Explanation: When assessing the prognosis for a patient diagnosed with melanoma, there are many factors that are involved. Tumor thickness, the presence of ulceration, the location of the lesion, the age of the patient, and the gender can all contribute. The most predictive factor is the tumor thickness. There are two measurement systems that have been developed to classify melanoma. The Clark level refers to the depth of invasion of the melanoma in terms of the anatomical layers of the skin. A second system, known as the Breslow depth, simply measures the overall tumor thickness in millimeters. Since the Breslow depth is more reproducible among pathologists, it has proven to be more accurate in the prediction of outcomes.

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### QUESTION 2

A 55-year-old man with hepatic cirrhosis from alcohol abuse presents with a massive hematemesis. This is his third admission for upper GI hemorrhage in the past 2 months. He is currently receiving appropriate therapy for liver failure, including a beta-blocker and diuretics. He is lethargic and confused. His pulse is 100 and blood pressure is 85/40. His initial hematocrit is 20.

Endoscopic attempts to control the bleeding are initially successful, but the patient has a recurrent bleed 2 days later. The medicine team obtains a surgical consultation for placement of a shunt. Which of the following statements is true?

- A. The best shunts are nonselective, meaning that they divert all blood from the portal system.
- B. Synthetic graft materials should never be used because of the risk of infection.
- C. A mesocaval shunt involves connecting the superior mesenteric vein (SMV) to the inferior vena cava (IVC).
- D. Encephalopathy rarely worsens after the placement of the shunt. In fact, it often improves in these patients.
- E. Postoperative mortality for emergency shunts is related more to the type of shunt placed rather than the degree of hepatic failure in the patient.

Correct Answer: C Section: (none)



Explanation:

In patients with liver failure, the source of an upper GI bleed is esophageal varices in 50%, gastritis in 30%, and duodenal ulcers in only about 10%. Esophageal variceal bleeding is a potentially fatal complication of portal hypertension. The initial management should include fluid resuscitation and replacement of blood and clotting factors as needed. The second step is to control the source of bleeding. Medical management may include vasopressin or octreotide. Once the patient is stabilized, endoscopic evaluation of the bleeding is crucial. It can be both diagnostic and therapeutic. Endoscopic techniques for controlling hemorrhage can include sclerotherapy, banding, or balloon tamponade. If these methods are ineffective, or the patient has numerous recurrences, portal shunts can be considered. TIPS have increased in popularity as a method for portal decompression. This can be performed in the acute setting. Surgical shunts are also an option, but are primarily reserved for stable patients with recurrent bleeding episodes and not performed in an acutely unstable patient. Mesocaval shunts connect the SMV to the IVC in a variety of manners. Splenorenal shunts are actually the most common type of shunt. Nonselective shunts that completely divert portal blood flow from the liver can actually increase hepatic encephalopathy. Most surgeons prefer selective shunts, which preserve a component of hepatic blood flow and thus function. Synthetic graft material can be safely used to create the shunts. Postoperative mortality is directly related to the patient's preprocedure medical condition and degree of hepatic failure.

**QUESTION 3**

Parents bring their 12-year-old son to your clinic for evaluation. The child states that he gets teased a lot in school because of his short stature. His weight and height are below the 10th percentile for his age. His parents are of average height. Following your physical examination, you determine that he has tanner stage 1 development and his bone age is that of a 9-year-old male. His examination is otherwise normal. What is the most likely diagnosis?

Which of the following is a true statement regarding the assessment of a child with short stature?

- A. An advanced bone age indicates that the child's final height will be greater than his peers.
- B. A slower growth velocity means the child will have more time to "catch up."
- C. A spot GH level is a good test in screening for GH deficiency.
- D. Somatomedin-C (IGF-1) will be low in a child with GH deficiency.
- E. The most common cause of short stature in children is chronic renal disease.

Correct Answer: D Section: (none)

Explanation:

Short stature in an adolescent is a common reason for visiting the pediatrician or endocrinologist. Most short stature in adolescence is constitutional growth delay. These children will have normal growth velocity and delayed bone age. Growth is normal for the first 412 months, then decelerates to below the fifth percentile. These children will catch up to their peers in a slightly delayed fashion. Frequently, other family members have a history of short stature in childhood, delayed puberty, and eventual normal stature as adults. In contrast, children with familial short stature have a normal bone age and regular onset of puberty. These children will maintain their short stature as adults. Somatomedin-C (IGF-1) is commonly used as a surrogate measure for the end-organ effect of the pulsatile GH release. In children with GH deficiency, the end-organ effect will be a low somatomedin-C level. An advanced bone age (advanced bone maturation) usually results in shorter final height. Chronic renal failure is a cause of growth delay, but not a common one

**QUESTION 4**

On your surgery rotation you are assisting in a gastric surgical procedure. The attending surgeon asks you to describe the vascular supply to the stomach. You reply with which of the following?

- A. The right gastric artery arises from the celiac axis.
- B. The left gastric artery arises from the common hepatic artery.
- C. The right gastroepiploic arises from the right hepatic artery.
- D. The short gastric arteries arise from the splenic artery.
- E. The left gastroepiploic arises from the left gastric artery.

Correct Answer: D Section: (none)

Explanation:

The main blood supply to the stomach comes from the right gastric artery (from the hepatic artery), the left gastric artery (from the celiac axis), the right gastroepiploic artery (from the gastroduodenal artery), the left gastroepiploic (from the splenic artery), and the short gastric arteries from the splenic artery.

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**QUESTION 5**

One of your responsibilities at the community health center is to serve as director of the tuberculosis (TB) screening and prevention program.

You see a 2-week-old child for a routine wellbaby check-up. The mother is feeding him formula that she prepares by mixing powdered formula with her home tap water that comes from a well. The local health department considers the water to be nonfluoridated. Which of the following suggestions would be appropriate?

- A. She should start giving her baby a fluoride supplement now.
- B. Powdered infant formula contains an adequate amount of fluoride, so a supplement will not be required as long as she continues formula feeding.
- C. A fluoride supplement would be recommended starting at age 6 months.
- D. She should take a fluoride supplement during subsequent pregnancies for the benefit of the fetus.
- E. There is no risk to fluoride supplementation, so any dosage may be used.

Correct Answer: C Section: (none)

Explanation:



The widespread use of fluoride has been a major factor in the decline in the prevalence and severity of tooth decay in the United States. In most communities public water supplies are fluoridated. Supplementation is recommended by the Centers for Disease Control, American Academy of Pediatrics, American Academy of Family Physicians, and other authorities, for those who do not have access to fluoridated water. Fluoride supplementation can occur from both ingestion and from topical supplementation, such as in fluoride-containing toothpaste. Current guidelines recommend no supplementation until 6 months of age and then a dietary fluoride supplement of 0.25 mg/day from the age of 6 months to 3 years, 0.5 mg/day for ages 3-6 years, and 1.0 mg/day for ages 6-16 years for those persons who do not have access to fluoridated water. Current powdered infant formulas do not provide a significant amount of fluoride because of the risk of a child receiving too much fluoride if the formula is mixed with fluoridated water. The chronic ingestion of high levels of fluoride can result in fluorosis, a state of hypomineralization of tooth enamel. Studies have shown that fluoride supplements taken by pregnant women do not benefit their offspring.

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