# USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

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**QUESTION 1**

A56-year-old Black male construction worker comes for evaluation of a worsening, nonproductive cough that he first noticed 2 months before. During the last week the cough has worsened and has become productive of yellow, blood-tinged sputum. He reports his appetite is poor, and he has lost approximately 15 lbs over the past 2 months. You take a social history and find out he has smoked two packs of cigarettes a day since he was 16 years old. He states that he drinks approximately 10 beers per week. You perform a physical examination. He appears chronically ill; however, his vital signs are normal. The head and neck examination is within normal limits. There are decreased breath sounds in the left upper chest. Breath sounds are distant in the other lung fields. The diaphragms are low. There is no palpable hepatosplenomegaly. You order a posterior-to-anterior (PA) and lateral CXR. The chest radiogram shows opacity of the left upper lobe. There are no pleural effusions. The cardiac silhouette is not enlarged. The mediastinum does not appear enlarged.

The patient has the follow-up test that you recommend. It shows a 5-cm mass compressing the left upper lobe bronchus with consolidation of the left upper lobe. Two 1 cm peribronchial lymph nodes near the left main stem bronchus and several 1.52.0 cm mediastinal lymph nodes are seen. The hilar nodes do not appear enlarged. There are no enlarged lymph nodes visualized in the right chest. There are no lesions seen in the right lung. There are emphysematous changes involving both lungs.

A biopsy of the lung mass shows a small cell carcinoma. What should be done next?

A. MRI of the brain with and without gadolinium contrast

B. complete pulmonary function studies followed by a left pneumonectomy

C. left upper lobectomy

D. radiation of the left upper lobe mass and the mediastinal lymph nodes

E. chemotherapy

Correct Answer: A Section: (none)

Explanation:

Because there is a smoking history, it is appropriate to order a spiral CT scan to better delineate whether the mass is a tumor, an infectious process, or both. Tumor blocking a bronchus can frequently be associated with a pneumonia involving lung behind the compressed bronchus; therefore, the evaluation should include collecting the appropriate cultures along with the further imaging. The full staging of small cell lung cancer is very important both for prognosis to relate to the patient and his family and to define the most appropriate therapy. Therefore, it is appropriate to order the MRI studies of the head along with CT scans with contrast of the abdomen and pelvis, a bone scan and a bone marrow aspirate and biopsy to determine if the disease is limited to the thorax or has metastasized to other organs. Small cell lung cancer limited to the thorax is potentially a disease that can achieve complete, long-term remissions with appropriate therapy. Small cell lung cancer metastatic beyond the chest can be well palliated but, at this time, our current treatments are unable to induce a long-term disease-free remission. Surgery alone is not an appropriate treatment for small cell lung cancer. Even with a successful complete tumor resection, without systemic therapy (chemotherapy), the small cell lung cancer recurs in 100% of cases within months to several years.

**QUESTION 2**

A man who underwent total thyroidectomy 24 hours ago now complains of a generalized "tingling" sensation and muscle

cramps. Appropriate treatment would include which of the following?

A. intravenous infusion of calcium gluconate

B. administration of oxygen by mask

C. administration of an anticonvulsant

D. administration of a tranquilizer

E. neurologic consultation

Correct Answer: A Section: (none)

Explanation:

During total thyroidectomy, parathyroid glands may inadvertently be removed or their vascular supply interrupted. Hypoparathyroidism may then develop, the manifestations of which include tingling, muscle cramps, convulsions, and a positive Chvostek\\'s sign (contraction of facial muscles after tapping the facial nerve). These symptoms are dramatically relieved by intravenous administration of calcium. Oral calcium and vitamin D are administered for long-term correction of hypocalcemia.

**QUESTION 3**

A 16-year-old girl is brought into the family practice clinic for her yearly health maintenance examination. Her height is average and her weight is above average. When this is mentioned to her, she blushes and quickly states that she is trying to lose weight. When asked further about her dieting habits, she eventually admits to routinely eating large amounts of food at one sitting, such as two pizzas, a large sandwich, and a gallon of ice cream. She also confides that she frequently will self-induce vomiting in order to compensate

but denies laxative use. She realizes that her behavior is unhealthy, but she feels "out of control."

After discussion of her condition with her parents, it is decided to begin her on psychotropic medication and

refer her to an eating disorder program.

What class of pharmacotherapy would be the most efficacious in this patient?

A. anticonvulsants

B. antipsychotics

C. benzodiazepines

D. mood stabilizers

E. SSRIs

Correct Answer: E Section: (none)

Explanation:

This patient is suffering from bulimia nervosa, categorized by recurrent episodes of binge eating associated with compensatory behaviors including self-induced emesis, diuretic, or laxative abuse. Because of the repeated vomiting of gastric fluids, patients are prone to develop various electrolyte abnormalities, such as hypochloremic alkalosis or hypokalemia. Hypernatremia and leukopenia are not commonly seen. Anticonvulsants, such as valproic acid and carbamazepine, as well as mood stabilizers such as lithium, may be helpful for treating comorbid bipolar disorder but are not in and of themselves efficacious in the treatment of bulimia nervosa. Similarly, antipsychotics and benzodiazepines may be used in co-occurring psychotic or anxiety disorders, but do not help with binging or purging. Antidepressants, especially the SSRIs, have been shown to be successful in decreasing both the binging and purging behaviors

**QUESTION 4**

A 72-year-old diabetic is transferred to your hospital for fever and altered mental status in the late summer. Symptoms started in this patient 1 week prior to admission. On physical examination, the patient was disoriented. There were no focal neurologic findings. There was a fine rash on the patient\\'s trunk. On oral examination, there were tongue fasciculations. A lumbar puncture was performed which showed a glucose of 71 and a protein of 94; microscopy of the cerebrospinal fluid (CSF) revealed 9 RBC and 14 WBC (21 P, 68 L, 11 H). The creatinine phosphokinase was 506. An electroencephalogram and MRI of the brain were normal. What is the best interpretation of these findings?

A. The patient may have cryptococcal meningitis.

B. The patient may have disseminated candidiasis.

C. The patient may have West Nile virus.

D. The patient may have Coccidioides immitis infection.

E. The patient may have rhinocerebral mucormycosis.

Correct Answer: C Section: (none)

Explanation:

This is a clinical presentation of West Nile virus infection. The tongue fasciculations go along with an inflammation at the base of the brain. The patient is at the right age for West Nile virus infection and he is immunocompromised due to diabetes. The diagnosis can be made by performing a West Nile virus IgM titer on the CSF. Diabetics can have cryptococcal meningitis. Lumbar puncture in this setting is usually normal with increased opening pressure, and rhabdomyolysis is not a feature of this disease. Diabetics are more at risk for candidiasis. However, the patient has no history of instrumentation, IV catheters, or other situations that would lead to disseminated candidiasis. Diabetics are at increased risk for C. immitis infection, but we have no history of the patient living in an area endemic for this organism. Diabetics are at increased risk for rhinocerebral mucormycosis. An MRI of the head might have shown involvement of the sinus. However, this patient\\'s presentation is not consistent with rhinocerebral mucormycosis.

**QUESTION 5**

You are asked to perform a high school physical examination for a 16-year-old female patient. She is on the track team. By history, she is healthy except for the fact that she has been amenorrheic for 4 months. She denies current or past sexual activity. On examination, she is 5 ft 9 in. tall and weighs 115 lbs. Her heart rate is 50 bpm. She has dry skin with lanugo. She has several sores in her mouth and obvious dental caries. She has several scratches on the backs of her hands. She is tanner stage III on breast examination. Her pelvic examination is remarkable for findings of urogenital atrophy. Her urine -hCG is negative.

Which of the following would be the most likely diagnosis for this patient?

A. domestic abuse

B. eating disorder

C. hyperthyroidism

D. herpes simplex virus serotype I

E. congenital adrenal hyperplasia

Correct Answer: B Section: (none)

Explanation:

Menstrual disorders, primarily oligo-and amenorrhea, are particularly common among women with eating disorders and are thought to be the result of hypothalamic hypoestrogenism. This patient demonstrates estrogen deficiency (decreased breast size, urogenital atrophy). Her dental caries, oral sores, and hand sores might be a result of self-induced vomiting. Hyperthyroidism would be considered in the differential diagnosis of a young woman with weight loss and menstrual irregularities. In contrast to persons with a medical condition that causes weight loss, those with an eating disorder express a disordered body image and, often, a desire to be underweight. This patient requires additional investigation to assess for the possibility of inpatient admission. Patients with a prolonged, severe eating disorder are at risk for developing dehydration, electrolyte imbalance (especially hypokalemia), cardiac dysrhythmias, and hypothermia. Hospitalization would be considered for those who are severely dehydrated, who have marked electrolyte abnormalities who are