USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

Pass USMLE USMLE-STEP-3 Exam with 100% Guarantee

Free Download Real Questions & Answers **PDF** and **VCE** file from:

https://www.geekcert.com/usmle-step-3.html

100% Passing Guarantee
100% Money Back Assurance

Following Questions and Answers are all new published by USMLE Official Exam Center

- **Instant Download** After Purchase
- **100% Money Back** Guarantee
- **365 Days** Free Update
- **800,000+** Satisfied Customers

QUESTION 1

A 26-year-old G2P1 female comes to your office for her initial obstetric visit. The first day of her last menstrual period was 6 weeks ago. Other than some mild morning sickness, she is feeling fine. Her first pregnancy was 40 weeks in gestation and uncomplicated. She has no significant medical history. Which of the following tests is recommended as screening for hepatitis B in pregnancy?

A. hepatitis B surface antibody

B. hepatitis B surface antigen

C. hepatitis B core antibody

D. hepatitis B e antigen

E. hepatitis B e antibody

Correct Answer: B Section: (none)

Explanation:

At the initial prenatal visit, a complete history and physical examination is performed along with a panel of laboratory studies. Routinely, a complete blood count, blood type, and Rh group with antibody screen, rubella antibody, rapid plasma reagin (RPR), HIV, pap smear, cervical swab for gonorrhea and chlamydia, urinalysis, and urine culture are performed. Pregnancy is one of the few conditions in which treatment of asymptomatic bacteruria would be recommended. Neither a basic metabolic panel nor a TSH measurement would be indicated unless the patient had an underlying medical condition that warranted further evaluation. Screening for gestational diabetes with a glucose measurement after ingestion of 50 g of glucose is performed in many pregnancies, but not until 2428 weeks\\' gestation. Routine screening for vaginal or rectal colonization with group B Streptococcus is also performed, but not until 34 weeks of gestation or later. It is recommended that all pregnant women be screened for hepatitis B at their initial prenatal visit by obtaining a hepatitis B surface antigen. This helps to determine if the woman has hepatitis B that could put her baby at risk for the infection. Hepatitis B surface antibody may be a sign of previous infection or of previous vaccination with the hepatitis B vaccine. The presence of core antibody and e antibody may be signs of previous infection. Testing for the e antigen is not useful for initial screening purposes but may be warranted if the patient were found to have chronic hepatitis B infection. If the mother tests positive for hepatitis B surface antigen during her pregnancy then the neonate should receive both hepatitis B immune globulin and the initial dose of the hepatitis B vaccine series. This combination has been shown to reduce risk of perinatal transmission from approximately 10% if the woman is surface antigen positive to less than 3%. There are currently no data to show that delivering a baby by caesarian section will reduce the risk of perinatal transmission of the infection. Breastfeeding has not been shown to increase the rate of transmission of infection to a nursing infant.

QUESTION 2

A mobile mass is found on rectal examination in a 77-year-old male with complaints of blood in his stool. On workup, he is found to have a stage I (Dukes\\' A), well-differentiated adenocarcinoma. The most appropriate intervention is which of the following?

A. transanal excision

B. abdominal perineal resection

C. low anterior resection

D. placement of endorectal wallstent

E. neoadjuvant chemotherapy followed by transanal resection

Correct Answer: A Section: (none)

Explanation:

Local treatment of rectal cancer is the treatment of choice in selected individuals with low-lying rectal cancers. The lesion must be mobile, nonulcerated, within 10 cm of the anal verge, less than 3 cm in diameter, less that onefourth the circumference of the rectal wall, and stage T1 or T2 on endorectal ultrasound. Transanal excision is the most straightforward technique of local treatment. It entails full thickness excision of the lesion into the perirectal fat with adequate margins. For early lesions into the submucosa only (T1), no adjuvant therapy is required unless poor prognostic features are present on final pathology (poorly differentiated or lymphatic/vascular invasion). If the lesion penetrates the muscular wall (T2), adjuvant radiation therapy with or without chemotherapy is indicated following surgical removal. Overall, the disease free survival rate is 80%.

QUESTION 3

You are called to the ER to assist with a series of trauma patients who arrived following a multiple vehicle accident. You are assigned to a 22-year-old male who was an unrestrained driver involved in a head-on collision. After you confirm the presence of an adequate airway and equal breath sounds bilaterally, you address his hypotension and tachycardia by giving 2 L of lactated Ringer\\'s solution. His pulse remains elevated at 130 and his blood pressure is 92/55. His pelvic x-ray returns and demonstrates a widening of the pubic symphysis. In addition to continued fluid resuscitation, what is your next step in management?

A. reduce the pelvic volume with a sheet or pneumatic compression garment

B. exploratory laparotomy to isolate and control the hemorrhage

C. CT scan to evaluate for other source of hemorrhage

D. angiography to embolize pelvic vasculature E. obtain additional pelvic x-rays for preoperative planning

Correct Answer: A Section: (none)

Explanation:

The x-ray described demonstrates an open book pelvic fracture. This type of injury can often be associated with significant hemorrhage. It is most commonly seen in frontal impacts involving anterior-posterior compression. The majority of the bleeding occurs from the tearing of pelvic veins in the posterior of the pelvis. The initial treatment for open book pelvic fractures is to reduce the pelvic volume to decrease the amount of hemorrhage. In the trauma bay, this can easily be accomplished by wrapping a sheet around the superior iliac crests and twisting the sheet tight using a dowel or by applying the pneumatic compression garment. These are useful techniques in the short term, but definitive treatment will be necessary. This involves formal repair of the pelvis with external fixation or open reduction and internal fixation. If hemorrhage persists despite reduction of the pelvic fracture, pelvic angiography would be the next step in the treatment algorithm to attempt to identify the source of the hemorrhage and embolize the vessel. Given the difficulty of identifying a bleeding vessel in an expanding pelvic hematoma, exploratory laparotomy is not recommended. Finally, an unstable patient should never be transported for imaging studies.

QUESTION 4

A 55-year-old male is brought to the ED, by ambulance, because of crushing chest pain radiating to his left shoulder and arm that started 1 hour ago. He has a history of hypertension, high cholesterol, and has smoked a pack of cigarettes a day for 30 years. He has never had symptoms like this before.

Which of the following would be most likely to be seen on an ECG?

A. Q waves

B. P-R interval depression diffusely

C. S-T segment elevation in anterior and inferior leads

D. S-T segment elevation in anterior leads with reciprocal S-T segment depression in inferior leads

E. normal ECG

Correct Answer: D Section: (none)

Explanation: The clinical scenario described is classic for an acute MI. The patient has multiple risk factors, including smoking, hypertension, and elevated cholesterol. His symptoms of crushing chest pain radiating to the left arm is commonly seen in this setting. Often the first electrocardiographic sign of acute ischemia is the development of hyperacute T waves. The ECG will usually show S-T segment elevations in the area of the involved occluded vessel, with reciprocal S-T segment depressions in uninvolved areas. This can be followed by the eventual resolution of S-T segment abnormalities and the development of T wave inversions and Q waves. Diffuse P-R depressions are often the initial manifestation of pericarditis, a less common cause of acute chest pain. This often progresses to diffuse S-T segment elevations, the presence of which helps to distinguish pericarditis from the focal S-T elevations more classically associated with a thrombosed coronary artery. Q waves would be unlikely to occur within 1 hour of the onset of symptoms. In this clinical setting, a normal ECG, while possible, would be less likely to occur.

Ventricular arrhythmias, both tachycardia and fibrillation, are recognized complications of acute MI. The presence of ventricular fibrillation or pulseless ventricular tachycardia should lead to the primary "ABCD" survey, as outlined in the American Heart Association\\'s ACLS protocols. The mnemonic stands for airway, breathing, circulation, and defibrillation. Epinephrine, lidocaine, or amiodarone are reserved for the setting where defibrillation is ineffective. Synchronized cardioversion would be used in efforts to convert a patient\\'s rhythm in the setting of a stable tachycardia.

QUESTION 5

As an intern on a medical consultation service, you are providing a cardiology consultation for a patient who developed a myocardial infarction while undergoing an elective cholecystectomy. Although not described in the medical record, the cardiology consultant attending stated the patient experienced the myocardial infarction because of prolonged general anesthesia. The surgical attending did not make the initial incision until the patient had been sedated for more than 1 hour. As you review the medical record, you realize the patient is the father of your college roommate. When you walk in the room, the family is very happy to see you and asks, "What happened? What went wrong?"

Which of the following is a commonly used mechanism for reducing medical errors in hospitals?

A. confidential peer review

B. national hospital accreditation

C. departmental grand rounds

D. longer work shifts for employees to promote continuity of patient care

E. random drug testing

Correct Answer: A Section: (none)

Explanation:

Disclosure of unanticipated outcomes is one of the most challenging communications that can occur in the physician-patient relationship. Determining which events require disclosure and the appropriate mechanism to provide this information is part of the professional behavior inherent in our roles as physicians. Concepts for effective disclosure include: Many institutions have already developed policies and mechanisms to provide this communication. The attending physician is the most appropriate person to lead this process. Your knowledge of the clinical circumstances is hearsay. It is not appropriate for you to provide unsubstantiated information to the patient or to the friend. Appropriate documentation in the medical record provides the facts surrounding the primary event. It is inappropriate to document opinions, accusations, or arguments. Medical errors are responsible for more than 98,000 excessive patient deaths per year. In order for medical errors to be reduced, there need to be mechanisms for accountability which occur within a supportive environment. Peer review, morbidity and mortality rounds, shorter work weeks, and root cause analysis are all mechanisms to prevent future errors from fatigue, impaired system processes, and inadequate knowledge. Frequently when medical errors occur, the families want to know what is being done to prevent this from happening again. Although the peer review process is confidential and not subject to subpoena, it provides an effective mechanism to honestly evaluate our colleagues and enforce necessary discipline to improve patient safety. Random drug testing is not a systemic solution.