



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

United States Medical Licensing Step 3

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### QUESTION 1

You are called to see a newborn in the nursery because the nurse is concerned that the baby may have Down syndrome.

If you were to perform an abdominal x-ray, what is the most likely finding that would be seen?

- A. "double-bubble" sign
- B. scimitar sign
- C. normal gas patterns
- D. free fluid in the abdomen
- E. pneumatosis intestinalis

Correct Answer: A Section: (none)

Explanation:

The most common finding in a newborn with Down syndrome is hypotonia. Other common findings include single palmar crease, flat facial profile, macroglossia, and wide space between the first and second toes. Hypotonia in the newborn period should prompt close evaluation and follow-up. Café au lait spots are associated with neurofibromatosis. High arched palates are associated with fragile X syndrome. Ambiguous genitalia are commonly seen in CAH.

Children with Down syndrome are at an increased risk for hypothyroidism. It may be hard to detect without routine laboratory screening as they will commonly have mental retardation and developmental delay as part of their syndrome. Hypothyroidism may not be present in the immediate newborn period and requires, at a minimum, annual testing throughout the child's life. The other findings listed are not specifically associated with Down syndrome. Lens dislocation is commonly found with Marfan syndrome or homocysteinuria. Children with Down syndrome have an increased prevalence of duodenal atresia. Pyloric stenosis is uncommon to see in the newborn period. It tends to present with nonbilious vomiting usually after 24 weeks of age. Hirschsprung disease (aganglioneurosis coli) presents with constipation and failure to pass stool. Infants with Hirschsprung disease commonly will not pass stool in the first days of life. Biliary atresia is a progressive cause of jaundice in an infant. It is the most common cause of a cholestatic jaundice in the newborn period. Emesis is not typically associated with biliary atresia. Milk protein allergy is a common cause of bloody stools in the first few months of life, but does not have bilious emesis associated with it.

### QUESTION 2

You are called to see a newborn in the nursery because the nurse is concerned that the baby may have Down syndrome.

The infant begins to have progressively large amounts of bilious emesis. The infant feeds well and has only a small amount of abdominal distention.

What is the most likely diagnosis?

- A. pyloric stenosis



B. Hirschsprung disease

C. biliary atresia

D. duodenal atresia

E. milk protein allergy

Correct Answer: D Section: (none)

Explanation:

The most common finding in a newborn with Down syndrome is hypotonia. Other common findings include single palmar crease, flat facial profile, macroglossia, and wide space between the first and second toes. Hypotonia in the newborn period should prompt close evaluation and follow-up. Café au lait spots are associated with neurofibromatosis. High arched palates are associated with fragile X syndrome. Ambiguous genitalia are commonly seen in CAH.

Children with Down syndrome are at an increased risk for hypothyroidism. It may be hard to detect without routine laboratory screening as they will commonly have mental retardation and developmental delay as part of their syndrome. Hypothyroidism may not be present in the immediate newborn period and requires, at a minimum, annual testing throughout the child's life. The other findings listed are not specifically associated with Down syndrome. Lens dislocation is commonly found with Marfan syndrome or homocysteinuria.

Children with Down syndrome have an increased prevalence of duodenal atresia. Pyloric stenosis is uncommon to see in the newborn period. It tends to present with nonbilious vomiting usually after 24 weeks of age. Hirschsprung disease (aganglionosis coli) presents with constipation and failure to pass stool. Infants with Hirschsprung disease commonly will not pass stool in the first days of life. Biliary atresia is a progressive cause of jaundice in an infant. It is the most common cause of a cholestatic jaundice in the newborn period. Emesis is not typically associated with biliary atresia. Milk protein allergy is a common cause of bloody stools in the first few months of life, but does not have bilious emesis associated with it.

### QUESTION 3

Preconception counseling is an important component of health care encounters with reproductive age women. As a general recommendation, women of childbearing age should be advised to consume what dose of folic acid for prevention of neural tube defects?

A. 0.1 mg

B. 0.4 mg

C. 1mg

D. 4mg

E. folic acid has only been shown to prevent the recurrence of neural tube defects in women who have previously had an affected child

Correct Answer: B Section: (none)

Explanation:



In randomized-controlled trials, the daily administration of 0.4 mg of folic acid in the periconception period was shown to prevent the first occurrence of open neural tube defects by approximately 70% as compared to placebo. For women who have previously had a fetus with an open neural defect, the recommended dose for prevention of recurrence is 4 mg and has been shown to have approximately 70% effectiveness in preventing recurrence.

#### QUESTION 4

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.

#### QUESTION 5

A 30-year-old man is seen in the primary care clinic. He complains of 3 months of "feeling down" that began soon after his job loss 6 months ago. His appetite has decreased, and he has noticed his clothes are baggy on him. He has felt extremely distracted and fatigued. He attributes this to waking up at approximately 3:00 a.m. every day and then not



falling back to sleep. While he has felt "lower than I\\'ve ever been," he denies any suicidal ideation. He does not have any past psychiatric history or current medical problems. He is prescribed mirtazepine (Remeron) 15 mg at bedtime, but he asks, "how long does the medication take to work"?

Which of the following symptoms should he be told will most likely improve last?

- A. anergia
- B. hopelessness
- C. insomnia
- D. low concentration
- E. poor appetite

Correct Answer: B Section: (none)

Explanation: Explanations: This patient presents with a major depressive episode. He is appropriately begun on an antidepressant, namely mirtazepine. With all antidepressants, the first symptoms to improve over days to weeks will be the neurovegetative symptoms such as insomnia, anergia, appetite, and concentration. Unfortunately, the depressed mood and hopelessness are often the last symptoms of depression to remit. Like many other psychiatric as well as medical illnesses, MDD tends to be a recurrent illness. While individual episodes are very treatable, there is a high risk of recurrence without continued treatment. After having a single episode of depression, studies indicate approximately 50-85% of individuals will develop subsequent episodes of major depression.

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