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**QUESTION 1**

A 27-year-old female complains of dysuria and urinary frequency. Urinalysis reveals 1020 WBCs per high-power field and numerous gram-negative bacteria. She denies fevers, chills, and has no flank pain or tenderness.

Which of the following bacteria is most likely responsible for this patient's urinary tract infection?

- A. Klebsiella
- B. Chlamydia
- C. Escherichia coli
- D. Pseudomonas
- E. Candida

Correct Answer: C

Urinary tract infections are extremely common in young women. For simple infections uncomplicated by fever, chills, or flank pain, a single dose of an antibiotic may be curative. In the presence of symptoms suggesting renal parenchymal infection (i.e., pyelonephritis), treatment should continue for as long as 2 weeks, and parenteral antibiotics may be required (e.g., fluoroquinolone). Bacteriuria in pregnant women should be treated regardless of symptoms; whereas, bacteriuria in patients with indwelling catheters should probably be treated only in the presence of symptoms. Chronic suppressive antibiotic therapy in the latter group has not been shown to be useful. Radiologic investigation for underlying anatomic abnormalities should be undertaken in girls up to age 6, in all males after their first infection, and in women of any age with recurrent urinary tract infections. The most common pathogen is *E. coli*, accounting for greater than 80% of infections. Other organisms frequently encountered include *Klebsiella*, *Proteus*, and *Enterobacter* species.

QUESTION 2

A 29-year-old nonhelmeted motorcycle driver is involved in a single vehicular crash, resulting in a significant closed-head injury. He is intubated in the field and transported to a level 1 trauma center. On arrival, he is oxygenating well with assisted ventilation and has a normal blood pressure and moderate tachycardia. His Glasgow Coma Score is 7, and his pupils are equal and sluggishly reactive. After stabilization in the emergency department, the patient undergoes a CT scan of the head that demonstrates a small amount of subarachnoid blood and a right frontal lobe contusion with edema with no midline shift. CT scan of the abdomen is normal. The patient is transferred to the ICU. The optimal initial management of this patient's intracranial pressure (ICP) would be which of the following?

- A. craniotomy
- B. fluid restriction, hyperventilation, and osmotic diuresis
- C. fluid restriction, hyperventilation, and ventriculostomy
- D. hyperventilation and IV steroids
- E. normovolemia, normocarbia, sedation, and ventriculostomy

Correct Answer: E

The guiding principle of management of closed-head injury is to maintain cerebral perfusion and oxygenation; thereby, preventing secondary brain insult. Cerebral perfusion pressure (CPP) is dependent on systemic blood pressure,



circulating blood volume, and ICP (i.e., $CPP = \text{mean BP} - \text{ICP}$). Normal CPP requires an adequate circulating blood volume with maintenance of normovolemia. Hypercarbia should be avoided because it leads to cerebral vasodilatation and increased ICP. Early insertion of a ventriculostomy is beneficial to permit controlled drainage of CSF as required to maintain a normal ICP. Fluid restriction and hyperventilations should be avoided in the early stages of management of a closed-head injury. Autoregulation of cerebral blood flow is disrupted in the early phases after head injury. Aggressive hyperventilation with resultant cerebral vasoconstriction may precariously compromise the perfusion to the injured brain and to the surrounding noninjured brain. In patients with deteriorating neurologic status and/ or evidence of increasing ICP that is not well controlled with a ventriculostomy, osmotic diuretics and moderate hyperventilation may be useful adjuncts to therapy. The use of steroids in the management of closed-head injury is not indicated. Craniotomy is indicated for increased ICP attributed to a mass with a midline shift.

QUESTION 3

A 70-year-old man presents to urgent care complaining of a painful, swollen left knee. He previously has had no problems with this knee. Three days prior to onset, he went out dancing for 23 hours but recalls no specific injury. Examination of the knee reveals a moderate-sized effusion and mild pain with any range of motion. Plain x-ray shows no fracture. Which of the following is the best next management?

- A. MRI of knee
- B. aspiration of effusion fluid
- C. rest, ice, and leg elevation
- D. physical therapy referral
- E. arthroscopy

Correct Answer: B

The presence of effusion generally signifies significant disease. Aspiration of the effusion will help in evaluation for hemarthrosis, septic arthritis, and inflammatory crystal disease. Each of these is important to identify and treat early. An MRI and/or arthroscopy would be later considerations.

Orthopedic referral likely would be necessary.

QUESTION 4

A healthy 27-year-old male and his partner have been attempting to conceive for more than 1 year. As part of their evaluation he has a semen analysis. His ejaculate volume is 3.5 mL, sperm concentration is 8 million/mL, sperm motility is 65%, oval forms comprise 60% of the sperm, and fructose is present in the ejaculate. Which of these semen parameters is abnormal and suggests that this couple's infertility may be due to a male factor?

- A. ejaculate volume
- B. sperm concentration
- C. sperm motility
- D. sperm morphology



E. presence of fructose

Correct Answer: B

The WHO suggests a minimal sperm concentration of 20 million/mL for normal conception rates of 1520% per ovulation. However, sperm motility (percentage and velocity; >50% with forward progression), sperm morphology (30% or more oval forms, using strict criteria), coital frequency, and others must be considered. Stated otherwise, a sperm concentration of 10 million/mL may be associated with normal fertility if the sperm motility and morphology are better than average and coital frequency is three to four times per week. Any abnormality of a semen analysis should be confirmed by a repeat semen analysis no sooner than 4 weeks after the initial analysis.

QUESTION 5

A1-cm carcinoma of the breast is diagnosed by an excisional biopsy in a 36-year-old woman at 14 weeks' gestation. The axillary nodes are negative.

Which of the following is the best management of this patient?

- A. terminate the pregnancy immediately and treat the breast cancer
- B. monitor the mass throughout pregnancy with serial breast ultrasounds
- C. induce labor at 34 weeks' gestation, then give chemotherapy
- D. perform a cesarean delivery at 36 weeks and treat the breast cancer
- E. modified radical mastectomy at the time of diagnosis

Correct Answer: E

Breast cancers in young women tend to be aggressive tumors and estrogen receptor negative, both of which worsen the prognosis. For this reason, the cancer should be treated surgically, usually a modified radical mastectomy to minimize the need for adjuvant radiation or chemotherapy with wide local excision or a lumpectomy. There is little convincing evidence that termination of pregnancy improves the prognosis.

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