

## **USMLE-STEP-2**<sup>Q&As</sup>

United States Medical Licensing Step 2

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#### **QUESTION 1**

A 27-year-old woman with amenorrhea of 6 months\\' duration relates a 4-month growth of thick, black hair on her face, chest, and abdomen. She takes no medications with androgenic effects. Her family history is negative for hirsutism. The hirsutism is confirmed by your examination. Her pelvic examination is normal other than a mild male public hair pattern.

Which of the following is the most appropriate next step in her evaluation?

- A. serum prolactin concentration
- B. 24-hour urine for 17-ketosteroid excretion
- C. serum dehydroepiandrosterone sulfate (DHEAS) concentration
- D. CT scan of the pituitary sella
- E. pelvic ultrasound
- Correct Answer: C

Hirsutism occurs when a woman is exposed to increased amounts of biologically active androgens, or when hair follicles are extrasensitive to normal amounts of androgens. Women with regular menstrual intervals usually have familial hirsutism, and it usually begins at or soon after puberty. Hirsutism associated with menstrual disturbances usually means exposure to increased amounts of androgens, either endogenous secretion from the ovaries or adrenal glands or ingestion of a drug with androgenic effects. The amenorrhea suggests increased androgen exposure, while the negative drug history suggests an endogenous source. Testosterone may arise from the ovaries, the adrenal glands, and from extraglandular formation. A serum testosterone concentration is not helpful to distinguish which source of androgen is responsible for hirsutism. Furthermore, the serum testosterone level is often misleadingly low, because increased production rates of testosterone stimulate an increase in the rate of removal (the metabolic clearance rate) of testosterone from the circulation. The degree of hirsutism is the best gauge of the amount of excessive androgen production. Most virilizing ovarian tumors are palpable in young women, and a pelvic ultrasound is useful only when the bimanual examination is inadequate. Elevated prolactin levels may cause amenorrhea but do not cause hirsutism. There is no use for measurement of urinary androgen (17-ketosteroid or 17-ketogenic steroid) excretion in modern gynecology. The best next step is to measure a serum DHEAS concentration, because it is elevated in adrenal disorders and normal or only slightly elevated in ovarian causes of hirsutism.

#### **QUESTION 2**

An 11-month-old girl presents to your office with a fever of 39°C she has had for 2 days. She has also vomited frequently and had decreased fluid intake. She looked tired and ill but on examination, had no apparent source of infection. She appeared to be 510% dehydrated.

Her urine culture is positive at 24 hours. Which of the following is the most likely organism?

- A. Klebsiella
- B. Escherichia coli
- C. Staphylococcus saprophyticus
- D. Proteus
- E. Enterococcus



#### Correct Answer: B

Urine for urinalysis and culture must be properly obtained. Catheterization is the most reliable method of the choices offered. Suprapubic tap is considered the "gold-standard" but is not always technically feasible, especially in an outpatient office setting. Amidstream, clean catch specimen would be acceptable in an older, toilet-trained child. "Bagged" specimens are not recommended because of possible skin or fecal contamination of the specimen. Similarly, obtaining a sample from a diaper or potty would be unacceptable. Urinalysis includes dipstick method and microscopic examination. Leukocyte esterase (an enzyme in WBC) and nitrites suggest probable infection. Microscopic analysis of unspun urine for WBC (>10/ highpower field) or bacteria is also predictive of infection. RBCs are often present in a UTI. The patient is vomiting and dehydrated; this may indicate possible pyelonephritis. The most appropriate course would be IV hydration and empiric treatment with antibiotics (ceftriaxone) while awaiting cultures. Children with pyelonephritis are at increased risk of renal scarring, especially younger children, and should be treated early. E. coli is the most common organism cultured; others include Proteus, Klebsiella, S saprophyticus, and Enterococcus. The occurrence of a UTI in a girl under age 35 years and in a boy of any age may be a marker for an underlying congenital anatomic abnormality, in particular, vesicourethral reflux. Radiologic investigation with renal ultrasound and VCUG is recommended

#### **QUESTION 3**

A 75-year-old woman is brought to the emergency department from a nursing home for abdominal pain, distention, and obstipation over the last 2 days. Past history is pertinent for stroke, diabetes, atrial fibrillation, and chronic constipation. Examination reveals a temperature of 98.6?, pulse rate 90/min and irregularly irregular, and BP 160/90 mmHg. Heart examination reveals irregularly irregular rhythm with no murmurs; lung examination reveals few bibasilar rales; and abdominal examination reveals a distended, tympanic abdomen with mild tenderness and no rebound tenderness. Plain abdominal x-rays reveal dilated loops of bowel, and a barium enema is obtained and shown in the figure below.





Which of the following is the most likely diagnosis?

- A. ischemic colitis with stricture
- B. diverticulitis with obstruction
- C. cecal volvulus
- D. sigmoid volvulus
- E. colon cancer with obstruction

#### Correct Answer: D

The diagnosis of sigmoid volvulus is based on the history, examination, and radiographs. Acute onset of abdominal pain, distention, and obstipation is suggestive of volvulus. Barium enema is diagnostic of sigmoid volvulus showing the characteristic tapering to a "bird\\'s beak" pointing to the site of obstruction. Cecal volvulus would show complete filling of the left colon. Stricture as a result of ischemic colitis would show a long, narrowed segment of colon. Diverticulitis would be suggested by a different clinical presentation including fever, sepsis, and pain localized to the left lower quadrant. Obstruction from colon cancer would show an irregular narrowing of the colon segment rather than a smooth tapering. In patients who have no signs of bowel wall ischemia (e.g., rebound tenderness, sepsis, and so forth), nonoperative reduction should be attempted and would be expected to be successful in 7080% of patients. The most widely used method of reduction is proctoscopy and rectal tube placement under direct vision. Blind passage of a rectal tube may lead to perforation and is contraindicated. Operation is indicated if nonoperative reduction is unsuccessful, with operative reduction preferred, followed by delayed resection and primary anastomosis rather than sigmoid resection. Operative reduction by detorsion alone is unacceptable because of the high recurrence rate and is, therefore, combined with sigmoidopexy or sigmoidostomy. Proximal colostomy alone is contraindicated, because strangulation of the sigmoid or recurrent volvulus is not prevented.

#### **QUESTION 4**

A 58-year-old man is establishing care with you because his insurance changed. His old records have not yet arrived, but he is complaining of palpitations and lightheadedness, so you order the ECG shown in

#### Figure

What is the underlying abnormality?

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- A. right bundle branch block (RBBB)
- B. left bundle branch block (LBBB)
- C. accelerated junctional rhythm
- D. left anterior fascicular block
- E. intraventricular conduction delay

Correct Answer: B

The prolonged, negative QRS vector anteriorly (V1-V3) and wide notched R waves in V5 and V6 are characteristic for LBBB. In RBBB, there is an rSR\\' complex in V1 and QRS pattern in V6. Accelerated junctional rhythm would not have P waves. Partial blocks, such as left anterior fascicular block, generally do not prolong the QRS duration substantially, but are associated with shifts in the frontal plane QRS axis (left axis deviation). With intraventricular conduction delay, the QRS is between 100 and 120 ms. LBBB is a marker of one of four conditions: severe aortic valve disease, ischemic heart disease, long-standing hypertension, and cardiomyopathy. RBBB is seen more commonly than LBBB in patients without structural heart disease, although RBBB also occurs with congenital heart disease and ASD or valvular heart disease. Hyper- but not hypokalemia may cause intraventricular conduction delay. Myocarditis does not usually lead to LBBB.

#### **QUESTION 5**

A 38-year-old G4P3013 woman is seeing you for her annual gynecologic examination. She has no specific complaints, but notes that her menses have gradually become heavier over the past 23 years. Your pelvic examination is normal aside from an enlarged uterus, which you estimate at 12 weeks\\' size. Office ultrasonography confirms that she has multiple uterine fibroids. Which of the following statements is true regarding leiomyomata?

Your patient comes back 6 months later with a calendar demonstrating continued worsening of her menstrual bleeding, now 10 days in duration and requiring one pad hourly during her heaviest days. Which of the following statements are



true regarding treatment of leiomyomata?

A. Because fibroids are responsive to sex steroids, treatment with GnRH agonists (e.g., leuprolide) will produce up to a 50% reduction in volume.

B. Treatment with leuprolide appears to be long lasting, making this an attractive alternative to hysterectomy or myomectomy.

C. Myomectomy (i.e., removal of uterine fibroids without removal of the uterus) is replacing hysterectomy as it is associated with less complications and less blood loss.

D. Because it requires no abdominal or uterine incisions, uterine artery embolization is the preferred method of treatment for women who desire future pregnancy.

E. Any leiomyoma larger than 5 cm should be removed by either hysterectomy or myomectomy to rule out leiomyosarcoma.

Correct Answer: A

As mentioned, leiomyomata account for more hysterectomies than any other gynecologic disorder, but alternative treatments continue to be explored. Myomectomy (e.g., removal of uterine fibroids) can be performed via laparotomy, laparoscopy, hysteroscopy, or even vaginally. However, it is generally not considered a "simpler" or safer procedure than hysterectomy, and bleeding can be excessive. Uterine artery embolization is an angiographic procedure currently reserved for women who do not desire future pregnancy, as the effects of embolizing both uterine arteries and then allowing pregnancy is uncertain. GnRH agonists are useful in reducing uterine bleeding and reducing fibroid volume up to 50%, but this effect is short-lived and completely reversible. Therefore, this therapy is useful as an adjunct to surgery in improving hemoglobin or allowing a vaginal approach rather than abdominal. No specific size limit exists for removal of a single myoma.

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