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United States Medical Licensing Step 2

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**QUESTION 1**

A term infant is born at a small community hospital by cesarean section for failure to progress. The infant is noted to have the following abnormality at birth Which of the following is the most likely diagnosis?



- A. umbilical hernia
- B. omphalitis
- C. omphalocele
- D. gastroschisis
- E. traumatic evisceration

Correct Answer: C

This infant has an omphalocele. This is a result of failure of the abdominal muscles to close in the midline at the umbilical cord. The abdominal wall defect is therefore midline, with viscera enclosed in a sac composed of amniotic membranes. Children with omphalocele may have other associated anomalies. Infants with abdominal wall defects are at risk for fluid and temperature loss, and infection. Therefore, the initial management consists of measures to decompress the gastrointestinal tract, fluid resuscitation, IV antibiotics, and placing the viscera in a warm, moist occlusive dressing. An umbilical hernia results when the umbilical ring does not close, with viscera enclosed in a sac covered by peritoneum and skin. Many of these may spontaneously close on their own. Therefore, surgical intervention is restricted to those children with a persistent fascial defect. Omphalitis results from bacterial infection at the base of the cord and is well treated with antibiotics to cover skin organisms. Gastroschisis is a congenital evisceration, located to the right of the umbilical cord, and thought to be related to obliteration of one of the umbilical veins prior to birth. As with omphalocele, the child needs NG decompression, IV fluids and antibiotics, and a warm moist occlusive dressing. In gastroschisis, the bowel may be at risk of mechanical or vascular compromise, thus urgent surgical intervention is required.

QUESTION 2

A particular community is found to have high rates of dental caries. The health commissioner is attempting to institute a program to prevent further dental caries in his community. Which of the following is the most cost-effective method of preventing dental caries within a community?



- A. community fluoridation of the drinking water
- B. promoting dental hygiene
- C. instituting a universal sealant program in school children
- D. instituting dental hygienist visits to local schools
- E. instituting semiannual topical application of fluoride by a professional

Correct Answer: A

Community fluoridation is a very costeffective method of preventing dental caries; in fact, it is actually a cost-saving practice. Implementation requires no additional effort on the part of the community in terms of health care utilization and reimbursement. Promoting dental hygiene in and of itself has not been found to be effective in preventing dental caries. Therefore, regular visits to dental hygienists or having dental hygienists visit schools will not by itself prevent dental caries. Sealants are very effective in protecting against dental carries in populations which have deep pits and grooves on the dental surfaces. It is not as effective on smooth dental surfaces. Therefore, it is costeffective but only in a subset of the population. Semiannual topical application of fluoride by a professional, although effective, will be an expensive program to institute especially in populations that do not have dental coverage.

QUESTION 3

Which feature of fibrocystic disease of the breast is associated with the greatest risk of developing breast cancer?

- A. number of nodules
- B. serous nipple discharge
- C. size of the dominant mass
- D. presence of epithelial hyperplasia
- E. presence of a palpable axillary node

Correct Answer: D

Fibrocystic disease includes a variety of histologic findings. Typical is proliferation and hyperplasia of the lobular, ductal, and acinar epithelium. Histologic variants include variable- sized cysts, adenosis, fibrosis, duct ectasia, apocrine metaplasia, and others. Ductal epithelial hyperplasia and apocrine metaplasia with atypia are the findings associated with the greatest risk of subsequent breast cancer. The presence of histologic atypia increases the woman's chance of breast cancer fivefold.

QUESTION 4

A 50-year-old woman with a history of essential hypertension presents to the emergency department with sudden onset of a severe headache, nausea and vomiting, and photophobia. On examination, her BP is 160/100 mmHg. She is mildly confused and has nuchal rigidity, without focal neurologic signs. Once the diagnosis has been confirmed, which of the following is the next most important step in patient management?

- A. admission to the ICU, close monitoring, and aggressive treatment of hypertension
- B. urgent surgical intervention with aneurysm clipping



C. admission to the ICU, close monitoring, and IV antibiotics

D. serial lumbar punctures to drain cerebrospinal fluid (CSF)

E. anticoagulation and antiplatelet therapy

Correct Answer: B

Ruptured cerebral aneurysms often occur in the setting of hypertension. The severe headache, nausea and vomiting, photophobia, and nuchal rigidity are the result of meningeal irritation from subarachnoid blood. Subarachnoid hemorrhage is visualized on CT scan, with definitive diagnosis of the aneurysm and its location by cerebral angiography. Early surgical clipping is the current neurosurgical approach because of the significant risk of rebleeding in the first 24 hours after initial presentation. Hydrocephalus may occur as a late complication of subarachnoid hemorrhage and require serial lumbar puncture to drain CSF and control ICP. A hemorrhagic stroke can occur in association with malignant hypertension and may have concurrent subarachnoid hemorrhage. Focal neurologic signs are usually present. Meningitis will produce similar signs of meningeal irritation, but usually with other systemic signs of infection and a clinical prodrome suggesting an infectious etiology. Lumbar puncture is diagnostic, and if a bacterial source is suspected, systemic antibiotics are initiated pending culture of CSF. Ischemic cerebrovascular accidents and transient ischemic attacks are not associated with subarachnoid hemorrhage and, hence, do not present with signs of meningeal irritation. Focal neurologic signs are usually present. Evaluation of a possible cause includes Doppler examination of the carotid arteries. Management includes anticoagulation and antiplatelet therapy. EEG measures brain electrical activity and is indicated in the diagnostic evaluation of seizures.

QUESTION 5

For the screening tests listed below, select the screening schedule that is appropriate for women (as per the U.S. Preventive Services Task Force [USPSTF], The Guide to Clinical Preventive Services, 2006)

Screening for hepatitis B

A. do not routinely screen

B. yearly over age 50

C. at first prenatal visit

D. every 12 years at age 40 and older

E. every 12 years at age 50 and older

F. every 3 years following an initial examination, but not after age 65

G. every 3 years at age 50 and older

Correct Answer: C

The USPSTF strongly recommends screening pregnant women for hepatitis B at their first prenatal visit, but recommends against screening the general population.

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