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United States Medical Licensing Step 3

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**QUESTION 1**

A 42-year-old man presents to your clinic with a 1-week history of pain and inflammation involving his right first metatarsophalangeal (MTP) joint. He describes the pain as sudden in onset and worse at night. He denies experiencing any fever or traumatic injury to the joint and states that he has never had this type of pain before. He denies any chronic medical conditions, any prior surgery, and any current medication use. Besides an erythematous and exquisitely tender right first MTP joint, the remainder of his physical examination is unremarkable.

What is a potential long-term complication of this patient's condition?

- A. CHF
- B. nephrolithiasis
- C. anemia of chronic disease
- D. recurrent urinary tract infection (UTI)
- E. rheumatoid arthritis (RA)

Correct Answer: B Section: (none)

Explanation:

This patient's presentation is consistent with gout. Aspiration of his first MTP joint is likely to reveal the presence of needle-shaped, negatively birefringent crystals. Rhomboid-shaped, positively birefringent crystals are characteristic of calcium pyrophosphate deposition disease, or pseudogout, with the knee being the joint most commonly affected. Nonbirefringent crystals are found in hydroxyapatite crystal deposition disease. The synovial fluid from joints affected by gout typically show evidence of inflammation in the form of leukocytosis with a predominance of polymorphonuclear neutrophils. The presence of bacteria in synovial fluid is characteristic of infection rather than gout, although gout and infectious arthritis may coexist. (Cecil Textbook of Medicine, pp. 1703-1708) Acute gouty arthritis usually presents in a monoarticular or oligoarticular distribution, with the first MTP joint most commonly affected. The diagnostic gold standard is detection of urate crystals within the synovial fluid of affected joints. It most commonly affects adult men with a peak incidence in the fifth decade of life. While patients with gout typically also have hyperuricemia, only a small fraction of the people with hyperuricemia actually have or will develop gout.

Tophi are primarily seen in patients with long-standing hyperuricemia and is considered a finding of chronic gouty arthritis. As the disease progresses, acute attacks become more frequent and last longer if left untreated. Indomethacin inhibits the prostaglandin synthesis that facilitates the inflammation of acute gout and inhibits the phagocytosis of urate crystals by leukocytes. This inhibits the cell lysis and release of cytotoxic factors that initiate the inflammatory cascade. Allopurinol (an inhibitor of urate synthesis) and probenecid and sulfinpyrazone (promoters of urate excretion) are useful for preventing gout but are not effective during an acute gout attack. Aspirin is inappropriate in the treatment of gout since it can inhibit urate elimination and, therefore, increase hyperuricemia.

QUESTION 2

A 25-year-old man presents to the ER with a 3-month history of intermittent pounding headaches, sweating, and palpitations. He denies any symptoms of depression or anxiety. On examination, he is a thin gentleman, BP 240/120, heart rate 110/minute, thyroid not enlarged. There is no prior history of hypertension.

The most likely diagnosis is which of the following?



- A. carcinoid syndrome
- B. thyroid cancer
- C. pheochromocytoma
- D. aldosteronoma E. renal artery stenosis

Correct Answer: C Section: (none)

Explanation:

The classic triad of pheochromocytoma is sweating, headache, and palpitations. When these are associated with hypertension, they have a sensitivity and specificity of >90% for the diagnosis. Paroxysms are not a component of aldosterone secreting tumors or renal artery stenosis. Hyperthyroidism and panic attacks would be in the differential diagnosis, but thyroid cancer is not associated with hypertension.

QUESTION 3

A 31-year-old female presents to her physician complaining of rapid onset of hirsutism, deepening of the voice, irregular menses, clitoral enlargement, and acne. Which of the following is the most likely cause of this clinical presentation?

- A. polycystic ovary syndrome (PCOS)
- B. Cushing syndrome
- C. type II diabetes mellitus
- D. androgen secreting tumor
- E. congenital adrenal hyperplasia

Correct Answer: D Section: (none)

Explanation:

Androgen excess syndromes are common and usually characterized by one or more of the following problems: hirsutism, acne, weight gain, or irregular menses. PCOS is the most common disorder of androgen excess. Other syndromes that often result in signs and symptoms of androgen excess in adults include Cushing syndrome and late-onset congenital adrenal hyperplasia. The classic presentation of a patient with an androgen-secreting tumor of the ovary or adrenal gland involves the rapid onset of symptoms. Late-onset congenital adrenal hyperplasia and an androgen-secreting tumor are the only disorders of androgen excess usually resulting in clitoromegaly.

QUESTION 4

A 49-year-old male presents with crushing substernal pain and rules out for a myocardial infarction. He is noted to have subcutaneous emphysema of the chest and neck and precordial crackles that correlate to his heartbeat but not his respirations.



Which of the following is the most likely diagnosis?

- A. spontaneous pneumothorax
- B. esophageal perforation
- C. pericarditis
- D. pneumopericardium
- E. pulmonary embolus

Correct Answer: B Section: (none)

Explanation:

"Hamman's crunch" is precordial crackles heard on auscultation that correlate with heart sounds in the setting of mediastinal emphysema and is suggestive of esophageal perforation. When present along with subcutaneous emphysema of the chest and neck, pneumomediastinum from an esophageal perforation is the most likely diagnosis. The most common cause of esophageal perforation is iatrogenic, but it may be spontaneous (Boerhaave's syndrome) or secondary to a malignancy or stricture. Diagnosis is often made after clinical suspicion by endoscopy or a swallow study with water-soluble contrast. If diagnosed early (within 24 hours), a primary repair is the first approach to treatment. Closure is dependent on the amount of infected or necrotic tissue, tension on the anastomosis, etiology of the perforation, and the ability to adequately drain the contaminated areas. Late perforations may be complicated in their management, requiring several procedures or diversion to provide for adequate healing.

QUESTION 5

A 48-year-old woman complaining of dysuria is diagnosed with a UTI by urinalysis. Urine culture and sensitivities reveal that the causative organism belongs to the genus *Klebsiella* and is resistant to multiple antibiotics. Based upon the results available, you decide to begin therapy with gentamicin.

Before doing so, you explain to the patient that antibiotics such as gentamicin are often associated with which of the following?

- A. hepatotoxicity
- B. nephrotoxicity
- C. interstitial pulmonary fibrosis
- D. pulmonary edema
- E. splenomegaly

Correct Answer: B Section: (none)

Explanation:

Aminoglycosides such as gentamicin accumulate in the proximal tubular cells of the kidney, resulting in a defect in renal concentrating ability and reduced glomerular filtration after several days. This renal impairment is almost always



reversible. Of all the aminoglycosides, gentamicin and tobramycin are the most nephrotoxic. Aminoglycosides may also cause ototoxicity in the form of irreversible auditory or vestibular damage. There is a direct relationship between aminoglycoside dosage and the risk for development of ototoxicity, so doses should be adjusted according to a patient's baseline renal function. Complicated UTIs involve metabolic or hormonal abnormalities such as those seen in M or during pregnancy; the presence of foreign bodies such as calculi, tumors, or catheters; the presence of strictures causing turbulent urine flow or vesicoureteral reflux; incomplete voiding such as that seen in neurogenic bladder, prostate hyperplasia or cancer; and, the presence of unusual infecting microorganisms. A history of recurrent UTI does not in itself lead to the classification of subsequent infections as complicated. Due to anatomic differences in urethral length between males and females, any UTI in a male is considered complicated. A history of recent surgery does not correlate with development of a complicated UTI unless the surgical procedure resulted in the creation of some anatomic abnormality which increased the risk of infection; examples of such abnormalities include adhesions or strictures. Apostvoid residual volume greater than 50100 mL suggests abnormal bladder emptying, which would predispose an individual to development of UTIs.

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