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United States Medical Licensing Step 3

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**QUESTION 1**

What is the major mode of transmission of HIV infection in young children today?

- A. biting
- B. blood transfusion
- C. vertical transmission
- D. horizontal transmission
- E. sexual abuse

Correct Answer: C Section: (none)

Explanation:

Vertically transmitted, or perinatally acquired, HIV is the most common mode of transmission in pediatric patients. Maternal health, maternal viral load, third trimester antiretroviral therapy, and mode of delivery all affect the rate of perinatal acquisition.

QUESTION 2

A 45-year-old man undergoes a distal esophagectomy for Barrett's esophagus. During his hospital course, a left chest tube is placed for an effusion. Milky white fluid is found to come out through the tube.

Which of the following statements is most accurate about this condition?

- A. Diagnosis can be confirmed by checking the lymphocyte count and triglyceride level in the fluid.
- B. This condition requires immediate surgical intervention to repair.
- C. The chest tube should be removed due to the possibility of an iatrogenic source of infection.
- D. Usually found on the right if due to a traumatic source.
- E. The use of TPN is contraindicated until the condition resolves.

Correct Answer: A Section: (none)

Explanation: Damage to the thoracic duct can be seen as a complication following distal esophagectomy or any procedure that involves dissection into the cervical region. It is most commonly seen on the left if iatrogenic. Aspiration of an odorless, milky fluid from the chest cavity is diagnostic, although increased lymphocyte counts and triglyceride levels in the fluid help confirm the diagnosis. Normal chyle flow is around 2 L a day. Therefore, a chylous leak can result in nutritional depletion as well as decreased systemic lymphocytes to fight infection. The first therapy is placement of a chest tube to drain the chyle and to allow for approximation of the lung against the mediastinum. Stopping oral intake and starting total parental nutrition is usually tried for 7-10 days to see if there is spontaneous resolution of the leak. If conservative measures fail, ligation of the thoracic duct can be performed.

**QUESTION 3**

A 30-year-old female presents to your office for the evaluation of a rash on her back. It has been present and growing for about a week. Along with this rash, she has had a fever, headache, myalgias, and fatigue. Her symptoms started about a week after returning from a camping trip to New England. She denies having any bites from ticks or other insects and exposure to poison ivy and has had no wounds to her skin. On examination, her temperature is 99.5°F and her vital signs are otherwise normal. Her rash is shown in Figure. Her examination is otherwise unremarkable.



You order IgM and IgG ELISA testing for *Borrelia burgdorferi* and the results return as negative. Which of the following management options would be most appropriate?

- A. Treat the patient with a topical steroid for presumed contact dermatitis.
- B. Treat the patient with oral steroids for a presumed systemic allergic reaction.
- C. Treat the patient with oral cephalexin for streptococcal cellulitis.
- D. Treat the patient with doxycycline for Lyme disease.
- E. No medication at present, but have the patient return in 68 weeks for repeat serologic testing and treat for Lyme disease if positive at that time.

Correct Answer: D Section: (none)

Explanation:

Lyme disease is the most common vector-borne disease in the United States. It is caused by infection with

B. burgdorferi, a spirochete that is transmitted to humans through the bite of ticks of the Ixodes family. These ticks are



very small, so frequently the victim is unaware of having been bitten. After an incubation of 30 days, a red macule or papule develops at the site of the bite, which expands to form a large annular lesion with partial central clearing or several red rings within an outside ring. The lesion, erythema migrans, is often said to resemble a "bull's-eye" target. Within a few days or weeks of this, the patient often complains of flu-like symptoms fever, chills, myalgias, headache, fatigue caused by the hematogenous spread of the spirochete. Lyme disease has been found in most of the United States, but is most common in the New England states, where over 20% of Ixodes ticks are infected with the spirochete. Left untreated, patients may progress to develop multiple complications, including neurologic, musculoskeletal, or cardiac involvement. Lyme disease is usually diagnosed by recognition of the symptoms and signs, along with serologic testing. However, serologic tests may be negative for several weeks after infection. IgG and IgM should be tested in acute and convalescent samples. Only 20-30% of exposures will have positive acute antibody responses, whereas 70-80% will have positive convalescent titers. Samples that are positive by ELISA assay should be confirmed by Western blot testing. Empirical antibiotic therapy, preferably with doxycycline, is recommended for patients with a high probability of Lyme disease--such as those with erythema migrans. Doxycycline is the preferred antibiotic for treatment of early stage Lyme disease in adults because of its effectiveness against Lyme disease and other infections, such as human granulocytic ehrlichiosis, which is also transmitted by Ixodes ticks. Waiting to treat until convalescent titers become positive would not be recommended in this patient, who has a high likelihood of having Lyme disease, as it may result in more complications developing and the need for longer and more intensive treatment. For more advanced stages of disease, such as the presence of nervous system involvement or third-degree heart block, parenteral antibiotic treatment is necessary. Ceftriaxone is the treatment of choice in this setting.

QUESTION 4

A term infant male is born after an uncomplicated vaginal delivery. The mother's prenatal labs were negative with the exception of being GBS positive at 36 weeks' gestation. The mother received two doses of ampicillin prior to delivery and did not have a fever. The infant had APGAR scores of 9 at 1 minute and 9 at 5 minutes. The infant was brought to the newborn nursery and appears well.

The most appropriate management of the infant would be which of the following?

- A. Draw a CBC and blood culture, but do not start empiric antibiotics.
- B. Give the baby a prophylactic dose of ampicillin.
- C. Routine care.
- D. Cultures of blood, urine, and spinal fluid and wait for culture results before starting antibiotics.
- E. Cultures of blood, urine, and spinal fluid and begin empiric antibiotics before getting culture results.

Correct Answer: C Section: (none)

Explanation:

The most common bacterial infection in the newborn period is GBS. GBS is commonly cultured in the adult vaginal tract, and its vertical transmission can be interrupted with maternal antimicrobial treatment prior to delivery of the infant. Mothers are commonly treated in labor with penicillin, ampicillin, clindamycin, or azithromycin in an attempt to interrupt transmission to the infant while passing through the birth canal. If antimicrobial prophylaxis is initiated greater than 4 hours prior to delivery, the rate of early-onset GBS disease is dramatically decreased. The current recommendation for term infants of GBS-positive women who have received antibiotics in labor (at least two doses or ≥ 4 hours prior to delivery) is observation without testing or antibiotics. (American Academy of Pediatrics, 2003, pp. 584-591) Classic hemophilia is an X-linked recessive bleeding diathesis. Hemophilia is inherited on the maternal lineage from carrier (or affected) mothers. This infant, being a male, would receive his X chromosome from his mother. He is, therefore, not at risk for having hemophilia. Further, being an X-linked trait, there cannot be a male "carrier" state.

**QUESTION 5**

A 17-year-old boy is reluctantly taken to the family medicine clinic by his mother, who is upset as "he is hanging out with the wrong crowd." She strongly believes that he has been smoking marijuana every day after school and on weekends with his friends. The patient appears irritated about the appointment but denies using any drugs or alcohol. His mother would like him to be counseled about the potential dangers of "smoking pot."

Which of the following would be the most serious potential long-term consequence of smoking cannabis in this individual?

- A. amotivational syndrome
- B. cerebral atrophy
- C. chromosomal damage
- D. lung cancer
- E. seizures

Correct Answer: D Section: (none)

Explanation:

Cannabis is one of the few substances of abuse that does not affect the respiratory rate. Consuming marijuana classically produces symptoms of a dry mouth and increased appetite (the munchies). Contrary to what is sometimes claimed, intoxication with cannabis does significantly impair motor function and, therefore, interferes with driving ability. It also can cause tachycardia (DSM IV-TR). Amotivational syndrome is a potential, but controversial, long-term effect of heavy cannabis use. It is characterized by apathy and boredom. Cerebral atrophy, chromosomal damage, and seizures have also been reported, but not confirmed, in individuals with chronic cannabis use. The most concerning medical consequences of smoking cannabis over the long term are similar to those from smoking tobacco, such as lung cancer and respiratory disease.

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