

USMLE-STEP-3^{Q&As}

United States Medical Licensing Step 3

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QUESTION 1

A 64-year-old male is referred to your office for evaluation of a pulsatile abdominal mass. His primary care physician orders a CT scan of the abdomen and pelvis (see Figure). Which of the following is true regarding the finding illustrated on the CT?



- A. 75% of patients with this have a positive family history for this condition.
- B. Most patients with this will have aneurysms of peripheral vessels.
- C. When this is greater than 4 cm in diameter it should be repaired.
- D. Most are asymptomatic at presentation.
- E. Endovascular repair should be restricted to young healthy patients.

Correct Answer: D Section: (none)

Explanation:

AAA is most common in the infrarenal aorta (shown by the arrow in Figure). Fifteen to twenty-five percent of patients with an AAAhave a first-degree relative with clinically apparent AAA. Fifteen percent of patients with an AAA will have an aneurysm of a peripheral vessel. Risk factors include age, gender, smoking, family history, and collagen vascular diseases such as Marfan syndrome. The risk of rupture of an AAA>5 cm is approximately 510% per year. At this point, the risk of rupture begins to outweigh the risk of open operative repair. Therefore, most patients with an aneurysm that has exceeded 5 cm in anteroposterior diameter should undergo repair. The role for endovascular repair of AAAcontinues to evolve. Recently, the benefits of this procedure in terms of decreased operative morbidity, mortality, length of stay, and recovery time





have been established while the long-term durability of this less invasive repair is still being evaluated. Endovascular repair has become a valuable tool in the treatment of AAA, but as the long-term outcomes are still uncertain, it is not yet the procedure of choice for young patients with this disease.

QUESTION 2

A 17-year-old male is evaluated for a painless neck mass. You assess the mass as lymphadenopathy and arrange for a biopsy. The pathology report subsequently notes the presence of Reed-Sternberg cells. Which of the following is the most likely diagnosis?

- A. Hodgkin lymphoma
- B. non-Hodgkin lymphoma
- C. metastatic testicular cancer
- D. acute lymphocytic leukemia
- E. papillary carcinoma of the thyroid

Correct Answer: A Section: (none)

Explanation:

The Reed-Sternberg cell can be classified as the classic type, the mononuclear variant, the lymphocytic histiocytic variant, lacunar and pleomorphic variant. The classic Reed-Sternberg cell is a binucleated cell that contains an ovoid-shaped nucleus with regular contours and prominent eosinophilic nucleoli. Cytoplasm is abundant and eosinophilic. On cytogenetic studies, the Reed-Sternberg cells are either aneuploid or frequently hypertetraploid. The classic Reed-Sternberg cell is thought to be an end-stage cell that does not divide. The mononuclear variants of the Reed-Sternberg cells (so-called Hodgkin cells) could be identified in any type of Hodgkin disease, but they are not diagnostic of Hodgkin\\'s.

QUESTION 3



A32-year-old female presents for her first pap smear in more than 10 years. She has a history of heavy alcohol use and IV drug use and has performed sexual acts for drugs on numerous occasions. Testing performed today reveals her to have chlamydia cervicitis and trichomonas vaginalis and to be seropositive for hepatitis B and hepatitis C. HIV testing is negative. Her pap smear subsequently returns with carcinoma in-situ of the cervix.

Infection with which of the following agents is most likely to have resulted in her cancer?

- A. human papillomavirus type 16
- B. hepatitis C virus
- C. hepatitis B virus
- D. Chlamydia trachomatis
- E. human papillomavirus type 11
- Correct Answer: A Section: (none)

Explanation:

Human papillomavirus has been associated with the development of multiple squamous cell malignancies, including cervical cancer (HPV types 16, 18, 31, 45, and 5153), as well as anal, penile, and vulvar cancers. Recent evidence has also linked some oropharyngeal squamous cell cancers to HPV infection as well. The risk for HPV-associated cancer is increased in patients with HIV co-infection. HPV type 11 may cause genital warts but is not a likely cause of cervical cancer. The presence of other sexually transmitted diseases, such as Chlamydia or hepatitis B, may help to identify women at high risk for cervical cancer, but they are not direct causes of cervical cancer. Following the abnormal pap smear findings, the next step in the diagnosis of this patient would be a colposcopy with biopsy of any visualized cervical abnormalities. At this point, HPV testing and typing would not add to or change the work-up, so they would not be necessary. HPV testing and typing can be helpful in the evaluation of women with lower grade cervical cytological abnormalities, such as ASCUS. The other tests noted may be performed later in the diagnostic work-up, after the results of the biopsies are known.

QUESTION 4

A 72-year-old male presented with nonspecific symptoms of easy fatigability, weight loss, and anorexia. On physical examination, generalized lymphadenopathy and hepatosplenomegaly were present. On the peripheral blood, he was found to have a marked lymphocytosis and in the serum, a small monoclonal spike was present. This disease is most prevalent in which age group?

- A. teenagers
- B. 2030 age group
- C. 3040 age group
- D. over 50 years
- E. it may appear at any age

Correct Answer: D Section: (none)



Explanation:

Chronic lymphocytic leukemia is a disease that presents generally over the age of 50 with a male predominance. For a long time many of these patients remain asymptomatic and, when they do present, the symptomatology is nonspecific, with generalized lymphadenopathy and hepatosplenomegaly. The peripheral lymphocyte count is generally high and composed of small lymphocytes. A low percentage of patients develop autoantibodies directed against red cells or platelets, which produces autoimmune hemolytic anemia or thrombocytopenia. Although the disease progresses and relapses in spite of the chemotherapy treatment, the overall median survival is 46 years, but this appears to be very variable. Some patients may survive longer than 10 years. All of the parameters for a worse prognosis have to be measured before a final statement of prognosis can be made. The lymph node architecture is diffusely effaced by a population of small lymphocytes, which contain nondiscernible cytoplasm and inconspicuous nucleoli. Mitotic activity is rare, focal proliferation centers with an increase in the number of mitotic activity cells are seen.

QUESTION 5

A 26-year-old G2P1 female comes to your office for her initial obstetric visit. The first day of her last menstrual period was 6 weeks ago. Other than some mild morning sickness, she is feeling fine. Her first pregnancy was 40 weeks in gestation and uncomplicated. She has no significant medical history. Which of the following tests is recommended for the initial obstetric visit?

A. TSH

- B. blood glucose measurement 1 hour after a 50 g glucose load
- C. urine culture
- D. vaginal culture for group B Streptococcus
- E. basic metabolic panel (Chem-7)
- Correct Answer: C Section: (none)

Explanation: At the initial prenatal visit, a complete history and physical examination is performed along with a panel of laboratory studies. Routinely, a complete blood count, blood type, and Rh group with antibody screen, rubella antibody, rapid plasma reagin (RPR), HIV, pap smear, cervical swab for gonorrhea and chlamydia, urinalysis, and urine culture are performed. Pregnancy is one of the few conditions in which treatment of asymptomatic bacteruria would be recommended. Neither a basic metabolic panel nor a TSH measurement would be indicated unless the patient had an underlying medical condition that warranted further evaluation. Screening for gestational diabetes with a glucose measurement after ingestion of 50 g of glucose is performed in many pregnancies, but not until 2428 weeks\\' gestation. Routine screening for vaginal or rectal colonization with group B Streptococcus is also performed, but not until 34 weeks of gestation or later. It is recommended that all pregnant women be screened for hepatitis B at their initial prenatal visit by obtaining a hepatitis B surface antigen. This helps to determine if the woman has hepatitis B that could put her baby at risk for the infection. Hepatitis B surface antibody may be a sign of previous infection or of previous vaccination with the hepatitis B vaccine. The presence of core antibody and e antibody may be signs of previous infection. Testing for the e antigen is not useful for initial screening purposes but may be warranted if the patient were found to have chronic hepatitis B infection. If the mother tests positive for hepatitis B surface antigen during her pregnancy then the neonate should receive both hepatitis B immune globulin and the initial dose of the hepatitis B vaccine series. This combination has been shown to reduce risk of perinatal transmission from approximately 10% if the woman is surface antigen positive to less than 3%. There are currently no data to show that delivering a baby by caesarian section will reduce the risk of perinatal transmission of the infection. Breastfeeding has not been shown to increase the rate of transmission of infection to a nursing infant.



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