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**QUESTION 1**

Which of the following is true regarding anorectal abscess and fistula?

- A. The most common cause is a subepithelial extension of a genital infection.
- B. Conservative management should always be considered for fistula-in-ano as many heal spontaneously.
- C. Most acute anorectal abscesses require a course of antibiotics.
- D. The treatment protocol is not altered for patients with valvular heart disease.
- E. Anal fistula is classified as intersphincteric, transsphincteric, suprasphincteric, or extrasphincteric.

Correct Answer: E Section: (none)

Explanation:

The most common cause of anorectal fistula and abscess is infection of the anal glands, which empty into the anal canal at the level of the dentate line. Classification of anal fistula is based upon the relationship of the epithelialized tract to the anal sphincter muscle and can be intersphincteric (most common), transsphincteric, suprasphincteric, and extrasphincteric (least common). A symptomatic fistula is an indication for surgery because it rarely heals spontaneously. Despite popular teaching, there is little use for antibiotics in the primary treatment of anal abscess. As a rule, surgical drainage is required and antibiotics are only indicated if cellulitis is present. However, those patients who are immunocompromised, have valvular heart disease, or poorly controlled diabetes should always be considered for antibiotics.

QUESTION 2

A 60-year-old woman arrives at your office for a routine physical examination. During the course of her examination she asks you about osteoporosis. She is concerned about her risk for osteoporosis, as her mother suffered from multiple vertebral compression fractures at the age of 60. Your patient reports that she still smokes cigarettes ("although I know they are bad for me") and has one alcoholic beverage a week. She reports having had menopause 5 years ago and experiencing a deep venous thrombosis approximately 20 years ago. She is proud of the fact that she regularly exercises at the local fitness center. She has been taking 1500 mg of calcium with 800 IU of vitamin D every day. You suspect that she is at risk for osteoporosis. After a thorough discussion with your patient, you determine that pharmacologic intervention would be beneficial given the severity of her osteoporosis. Which of the following is most appropriate for your patient?

- A. estrogen replacement therapy
- B. combined HRT with estrogen and progestin
- C. alendronate
- D. calcitonin intranasal spray
- E. raloxifene

Correct Answer: C Section: (none)



Explanation:

DEXA is the newest, least expensive, and quickest method of assessing BMD. The precision of DEXA is approximately 12%. Standard radiography is inadequate for accurate bone mass assessment. Single photon absorptiometry is used to scan bone, which is in a superficial location with little adjacent soft tissue (e.g., radius). It may not be an accurate reflector of the density in the spine or hip, which are the sites of greatest potential risk for fracture. The quantitative CT scan and dual photon absorptiometry take more time, expose the patient to more radiation, and, in the case of quantitative CT scanning, significantly increase costs, when compared to DEXA. The major risk factors for osteoporosis are family history, slender body build, fair skin, early menopause, sedentary lifestyle, cigarette smoking, medications (corticosteroids or L-thyroxine), more than two drinks a day of alcohol or caffeine, and low calcium intake. The current recommendation for oral calcium in men and premenopausal women is 1000 mg/day. Postmenopausal women and patients with osteoporosis should have 1500 mg calcium a day and 4000 IU of vitamin D, which promotes intestinal calcium absorption. This patient's intake of calcium and vitamin D is not a risk factor for osteoporosis.

Alendronate is a bisphosphonate, which is approved for the prevention and treatment of postmenopausal osteoporosis. Among the many results of the WHI, it was found that combined estrogen plus progestin therapy was associated with an increased risk of nonfatal MI or death from coronary heart disease (CHD). Consequently, while it is recognized that postmenopausal women who are taking estrogen to alleviate postmenopausal symptoms may also experience skeletal benefits, the prevention of osteoporosis should not be a reason in itself to start estrogen therapy. Calcitonin inhibits osteoclastic bone resorption, but is not sufficiently potent to prevent bone loss in early postmenopausal women (within 5 years of menopause). It is best reserved for use in patients with osteoporosis unresponsive to other therapies. Raloxifene is a selective estrogen receptor modulator (SERM), which is effective for prevention of bone loss in early postmenopausal women and treatment of established osteoporosis, but it also increases the risk of venous thromboembolic disease which makes it an inappropriate choice for this patient.

QUESTION 3

A 35-year-old 80-kg male was transported to the regional burn center at your hospital after suffering second- and third-degree burns from the eruption of a brush fire fueled with gasoline. He was intubated by EMS to secure his airway for transport. On arrival, he is found to have burns across his face, anterior neck, chest, and anterior abdomen, as well as bilateral circumferential upper extremity burns. Over the first 8 hours of his resuscitation, you estimate that he will require which of the following?

- A. 500 mL/h of isotonic fluid
- B. 600 mL/h of isotonic fluid
- C. 600 mL/h of hypertonic fluid
- D. 800 mL/h of isotonic fluid
- E. 800 mL/h of hypotonic fluid

Correct Answer: D Section: (none)

Explanation:

Burn injuries can be very serious and very intimidating for the patient and physician alike. In an ER setting, the most efficient way to estimate the extent of the burn injury is to use the "rule of nines." In determining the percentage of the TBSA that is involved, it is important only to consider second- and third-degree burns in this calculation. In this system, the head and neck are 9%; each arm represents 9%; the anterior trunk, posterior trunk, and each lower extremity carry



a value of 18%; the genitalia are estimated to be 1%. For the patient in this question, the burns cover his anterior face and neck (4.5%), anterior trunk (18%), and bilateral upper extremities (18%) for a TBSA of approximately 40%. Having identified the extent of the thermal damage, it is critical to initiate resuscitation immediately. The thermal injury itself causes the release of many inflammatory mediators that result in a profound capillary leak. As a result of this profound increase in capillary permeability, the patient's intravascular volume and thus overall perfusion can drop rapidly and dramatically. In order to compensate, burn patients will require aggressive fluid resuscitation. Furthermore, as in any trauma situation, the fluid used in the initial resuscitation should be isotonic such as Ringer's lactate. The Parkland formula (4 mL/kg/%TBSA) is a common equation used to estimate the fluid needs in the first 24 hours for thermal injuries. Typically, one-half of this total volume is given in the first 8 hours. In this particular case, an 80-kg man with 40% TBSA burns would require 12.8 L of fluid in the first 24 hours. So for the first 8 hours, you would plan to run isotonic fluid at 800 mL/h.

QUESTION 4

A 22-year-old female (G3P0020) presents to your office for an initial obstetric visit in her third pregnancy. She reports a sure LMP date approximately 6 weeks ago, with a history of regular cycles. Her two previous pregnancies ended in spontaneous abortions. She denies any significant medical or surgical history. She denies use of alcohol, tobacco, or illicit drugs, though she does report a history of IV drug use as a teenager. She is a full-time student. She reports that twins run in her family, but she does not have any family history of diabetes, hypertension, or congenital anomalies. On review of her prenatal labs that have already been drawn, you find that her human immunodeficiency virus (HIV) antibody test (enzyme-linked immunosorbent assay [ELISA]) is positive. Her test results are otherwise normal

Which of the following is recommended to reduce the risk of perinatal transmission of HIV from mother to infant?

- A. A scheduled cesarean delivery can reduce the risk of transmission if the maternal viral load is greater than 1000 copies/mL.
- B. All pregnant women with HIV should receive highly active antiretroviral therapy regardless of severity of HIV infection.
- C. No treatment is required; the risk of perinatal transmission of HIV is quite low.
- D. All patients with HIV should be required to have a cesarean delivery.
- E. Treatment of opportunistic infections such as *Pneumocystis carinii* pneumonia in the mother is most important in reducing the perinatal transmission of HIV.

Correct Answer: A Section: (none)

Explanation:

Screening for HIV should be offered to all pregnant women as part of routine prenatal care. Screening for HIV infection is done using an enzyme immunoassay (EIA). If the screening test is positive, it may be repeated. Once the screening test is determined to be positive, a Western blot assay or immunofluorescent antibody assay (IFA) is done as a confirmatory test. If the confirmatory test is positive, the patient is then considered to be infected with HIV. Pregnant patients should be treated for HIV by the same standards as any other adult with HIV, though some consideration is given to selection of antiretroviral medications that are safest in pregnancy. Appropriate HIV-related care should not be deferred because of pregnancy. For patients with significant HIV disease, the combination of elective scheduled cesarean and antiretroviral therapy has been shown to be more effective than antiretrovirals alone at reducing perinatal transmission of HIV. In the absence of any therapy, the risk of vertical transmission is estimated at 25%. With zidovudine therapy, the risk is decreased to approximately 58%. When zidovudine is given in combination with elective cesarean for appropriate patients, the risk is decreased to approximately 2%. In a recent meta-analysis, perinatal transmission occurred in only 1% of treated women with RNA viral loads less than 1000 copies/mL. Given the low risk



of transmission in this group, it is unclear whether cesarean delivery would provide additional benefit. After reviewing this data, the American College of Obstetricians and Gynecologists Committee on Obstetric Practice has issued a Committee Opinion concerning route of delivery, recommending consideration of scheduled cesarean delivery for HIV-1-infected pregnant women with HIV1 RNA levels >1000 copies/mL near the time of delivery.

QUESTION 5

You see a 3-week-old infant in your office for an acute visit. She was born via spontaneous vaginal delivery following a term, uncomplicated prenatal course. The parents are concerned because they have seen some streaks of blood in her diaper over the past few days. The infant's stools have been soft and not difficult to pass. The parents relate that she is eating 2 oz every 2 hours of a cow's milk based formula.

What is the carbohydrate source in most infant formula?

- A. casein
- B. lactose
- C. human milk fortifier
- D. coconut oil
- E. soy oil

Correct Answer: B Section: (none)

Explanation:

Most infant formulas are cow's milk based. The most common form of carbohydrate in these infant formulas is lactose. Soy formulas use corn syrup and/or sucrose as their source of carbohydrate. Casein is a form of protein. Human milk fortifier is a supplement added to breast milk for the premature infant and is a combination of protein and carbohydrate. GBS colitis is an uncommon disease in infants. Cow's milk protein intolerance is a common cause of blood-streaked stool in an infant on cow's milk based formulas. Lactose intolerance is very uncommon in an infant and usually causes chronic, nonbloody diarrhea. Pseudomembranous colitis would be a consideration in a child with diarrhea who recently had been on antibiotics.

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