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**QUESTION 1**

A 26-year-old man is brought into the emergency room via ambulance, minimally responsive to questioning or examination. According to his girlfriend, he has a history of major depressive disorder as well as alcohol dependence. He was found unconscious with a suicide note and many empty beer bottles. She also believes that he had taken "some other drug" that he purchased from a local drug dealer. Which of the following substances found in urine toxicology would be the most dangerous in this patient?

- A. barbiturate
- B. cannabis
- C. cocaine
- D. opiate
- E. PCP

Correct Answer: A Section: (none)

Explanation: Explanations: Even large amounts of cannabis do not cause death. Cocaine, PCP, and opiates can certainly be lethal in overdose, particularly when combined with alcohol. However, because of their similar effects on the GABA (gammaaminobutyric acid) receptors in the brain, barbiturates (and benzodiazepines) are especially deadly when added to alcohol in an overdose

QUESTION 2

The patient is a 7-year-old boy brought in for evaluation by his father. He has been concerned with his son's behavior. At school conferences, he has been told that his son will not stay in place and moves around the room despite being informed about the rules. He neither listens at home nor at school when given feedback. For example, he continues to have difficulty waiting in line, completing his homework, and cleaning up his toys, regardless of numerous consequences. In department stores, he will run around and grab at items, and this has resulted in his breaking merchandise on many occasions. The father states that his son has been this way "since he could walk" and is worried about his son's future.

After further history is obtained and consultation with the school is initiated, a definitive diagnosis is made. The recommendation to begin a stimulant is presented to the father, but he has concerns regarding that treatment choice. How should he be counseled regarding the use of this medication?

- A. It may cause paradoxical sedation.
- B. It only improves behavior and not school performance.
- C. It requires regular BP monitoring.
- D. It should be taken daily, throughout the year.
- E. It will increase the risk of future addiction.

Correct Answer: C Section: (none)



Explanation:

This patient suffers from ADHD as evidenced by numerous inattentive and hyperactive/ impulsive symptoms and signs. Autistic disorder is a pervasive developmental disorder (PDD) consisting of impairments in social interaction and communication, in addition to stereotyped behaviors. Conduct disorder is a disruptive behavior disorder characterized by aggression and violation of the rights of others. While oppositional defiant disorder is also a disruptive behavior disorder, it is not as severe as conduct disorder, occurring at an earlier age and demonstrating a pattern of negativistic and defiant behaviors. OCD is an anxiety disorder not uncommonly seen in children, diagnosed by the presence of recurrent, distressing obsessions and/or compulsions.

Stimulants are the first-line treatment for ADHD. However, there are many misconceptions regarding their use, which may necessitate the use of more detailed psychoeducation.

It was previously believed that stimulants exert their clinical effect through sedation, but this is no longer considered to be true. Stimulants not only improve behavior, but there is evidence that they actually "normalize" school performance as well. The use of drug holidays, such as weekends and during the summer, is recommended in order to make up for any growth suppression.

QUESTION 3

A patient undergoes a gastrectomy following a gunshot injury. How would you counsel him about postgastrectomy syndromes?

- A. Most patients tolerate gastrectomy without a change in their digestive habits.
- B. Dumping syndromes can be treated with high carbohydrate liquid diets.
- C. Cholestyramine is a treatment for postvagotomy diarrhea.
- D. Most patients with these syndromes require surgical intervention.
- E. Proton pump inhibitors are effective against alkaline reflux syndrome.

Correct Answer: C Section: (none)

Explanation:

Most patients have a change in their digestive habits after gastrectomy. These symptoms are actually related to the vagotomy done with the operation. The majority of patients learn to manage their symptoms with only a small amount



requiring surgical intervention. Dumping syndrome is associated with abdominal pain, nausea, vomiting, dizziness, and palpitations related to the quick hyperosmolar emptying into the small intestine. These symptoms can be managed by eating small, low carbohydrate meals throughout the day. Postvagotomy diarrhea is related to the rapid transit of unconjugated bile salts and is effectively treated with cholestyramine. Proton pump inhibitors are not a useful therapy for alkaline reflux.

QUESTION 4

A 68-year-old retired male is accompanied by his son and daughter to a family medicine clinic. They are concerned about their father's health, as they have noticed him becoming gradually more "confused" over the past year. While he had always been capable of managing to live alone, he has not been keeping up with his bills. The patient explains that he needs his bifocals, but both of his children quickly interrupt, stating that he has glasses but misplaces them frequently. He also frequently loses his keys and forgets to shut his door. The management of the condominium has complained because they recently found him wandering around the lobby and pool in the middle of the night while dressed in his underwear. He has no medical problems and takes only an aspirin daily. His MSE is significant for defensiveness to questioning with some irritability. His Mini-Mental State Examination is 19/30, with notable memory deficits and wordfinding difficulties.

A definitive diagnosis of this patient's most likely condition would require which of the following?

- A. cerebrospinal fluid tests
- B. genetic testing
- C. MRI
- D. neuropathologic examination
- E. neuropsychological testing

Correct Answer: D Section: (none)

Explanation: Explanations: This patient presents with a dementia, most likely Alzheimer's type. Although some cases have been found to have a genetic component, genetic testing is not routinely performed. Neuropsychological testing may be used to specify or confirm the presence of cognitive deficits. Cerebrospinal fluid and MRI may be used to rule-out other causes of dementia but are not necessarily used to diagnose Alzheimer's disease. Although dementia of the Alzheimer's type is a clinical diagnosis, the final diagnosis can only be made by a neuropathologic examination, which classically demonstrates senile plaques, neurofibrillary tangles, and neuronal loss. (Synopsis, p. 331) Preferential atrophy of the frontotemporal regions is consistent with Pick's disease, which may present similarly to Alzheimer's disease. Huntington's disease, another cause of dementia, is characterized by a severe movement disorder. It demonstrates striking atrophy of the caudate nucleus along with possible cerebral atrophy. Dilatation of the ventricles without atrophy is the hallmark of NPH, one of the few potentially reversible causes of dementia. The classic triad of NPH is dementia, gait disturbance, and urinary incontinence. The second most common cause of dementia is vascular dementia, which is often caused by uncontrolled hypertension. It results in multiple small infarcts of the white matter surrounding the ventricles. Alzheimer's dementia, the most common cause of dementia, is characterized by diffuse cerebral atrophy and dilatation of the ventricles.

QUESTION 5

You are consulted by a 55-year-old asymptomatic postmenopausal woman who has been on tamoxifen for 2 years following a diagnosis of breast cancer. She has no other risk factors for endometrial cancer but she was searching the



Internet and found information about the risks of tamoxifen therapy. She inquires about endometrial cancer screening. You tell her that for asymptomatic woman on tamoxifen, the screening recommendations for endometrial cancer are which of the following?

- A. yearly pelvic ultrasounds
- B. yearly endometrial biopsies
- C. yearly gynecologic examinations
- D. yearly pelvic CT scans
- E. yearly hysteroscopy

Correct Answer: C Section: (none)

Explanation: The current American College of Obstetricians and Gynecologists guidelines for screening women on tamoxifen for endometrial cancer state that no screening except for routine yearly gynecologic examinations should be performed in asymptomatic women. In symptomatic women with vaginal bleeding on tamoxifen therapy, endometrial biopsy is recommended. Tamoxifen directly affects the endometrium, and a pelvic ultrasound will reveal a thickened endometrium in 75% of asymptomatic women. The most common changes to the endometrium include benign cystic glandular dilation, stromal edema, endometrial hyperplasia, and polyps. Approximately 2030% of women will develop benign endometrial and endocervical polyps. Women on tamoxifen have a two-to threefold increased risk for endometrial cancer. Given the high rate of benign changes in the endometrium from tamoxifen, the usefulness of TVUS and endometrial biopsy is drastically diminished. In the setting of tamoxifen, ultrasound has only a 9% positive predictive value. However, the negative predictive value is 99%, meaning that if the ultrasound is normal, you may be 99% certain that there is no disease present. CT scans in general are less effective than ultrasound at evaluating the endometrial cavity, and they are not recommended for screening. Hysteroscopy will allow direct visualization with directed biopsy of the abnormal endometrium. However, again, the majority of lesions in women on tamoxifen will be benign, and a large number of hysteroscopies would be performed with the detection of very few cancers. Thus, this is not cost-effective and is a low yield diagnostic procedure in this group of women. Also, there is some debate as to whether hysteroscopy in the presence of endometrial cancer increases the risk for positive cytology and leads to a seeding of the peritoneal cavity with endometrial cancer cells by efflusing cancer cells from the endometrium out through the Fallopian tubes into the abdominal cavity.

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