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United States Medical Licensing Step 3

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**QUESTION 1**

A 29-year-old woman presents to the primary care clinic complaining of frequent headaches for several months. During the interview she appears tearful and withdrawn, with minimal eye contact and reluctance to answer questions. With further encouragement and support, she is able to describe intense feelings of sadness, along with significant insomnia, poor concentration, fatigue, anhedonia, and little appetite with a 20-lb weight loss. It is decided to begin treatment for her depressive symptoms with pharmacotherapy. Regarding the selection of the specific class of medication, a family history of what would be crucial?

- A. allergies
- B. depressive symptoms
- C. manic symptoms
- D. medical illnesses
- E. substance abuse

Correct Answer: C Section: (none)

Explanation: This woman likely suffers from a major depressive episode. While asking about substance abuse, current medications, medical problems, and a past history of depression are very important in a complete psychiatric evaluation, assessment of suicidality is essential. The risk of suicide in patients with major depressive disorder is about 20 times higher than those without the illness. The estimated lifetime risk of suicide is approximately 15% in those individuals with major depressive disorder. The choice of a specific antidepressant may be influenced by many factors, including prior response in the patient or a family member and comorbid medical problems or substance abuse in the family (and, therefore, potentially the patient). If a patient or family member has a history of manic symptoms or bipolar disorder, consideration should be given to beginning a mood stabilizer prior to initiating antidepressant therapy, as antidepressants can cause a switch into mania in those individuals.

QUESTION 2

One of your responsibilities at the community health center is to serve as director of the tuberculosis (TB) screening and prevention program.

Which of the following test results would be considered positive?

- A. 10 mm redness and 3 mm induration in a man with HIV
- B. 10 mm redness and 10 mm induration in a nursing home resident
- C. 20 mm redness and 8 mm induration in a person with no known risk factors
- D. 5 mm redness and 5 mm induration in a physician having a routine, annual screening
- E. 10 mm redness and 5 mm induration in an immigrant from Southeast Asia

Correct Answer: B Section: (none)

**Explanation:**

Current guidelines for TB control emphasize testing of those who are at high risk for the development of TB and who would benefit from the treatment of a latent TB infection, if detected. Based on that principle, testing is encouraged in those who are at high risk and discouraged among those who are at low risk. Further, anyone who is at high risk for the development of TB and who tests positive should be offered treatment, regardless of age. The preferred testing modality for asymptomatic persons of all ages is the intradermal (Mantoux) method of testing with PPD. Multiple puncture tests (e.g., Tine) are not sufficiently accurate and should not be used. The test should be read at 48-72 hours and the diameter of induration, not redness, should be measured and recorded. Previous BCG vaccination is not a contraindication to skin testing and a positive skin reaction should be used as an indication of TB infection when the tested person is at increased risk for infection or has medical conditions that increase the risk of the disease. Delayed-type hypersensitivity reactions may wane over time. This is especially a problem in older individuals. Repeating a PPD placement may result in a "booster" phenomenon, in which a person who initially tests negative develops a positive reaction. This increases the overall sensitivity of the testing process. Three cutoff points for the determination of a positive test are currently in use: 5 mm of induration is used for those who are at the highest risk of disease, such as those immunosuppressed from HIV or medications, or those recently exposed to TB; 10 mm induration is used as a positive result for persons who have an increased probability of infection (such as immigrants from endemic areas), who have clinical conditions that increase the risk for TB (such as injection drug users) or who are residents or employees in high-risk settings (nursing homes, hospitals, prisons, and so on); 15 mm is used as a cutoff for those who have no known risk factors. In question 46, ignoring the amount of redness and using only induration as the criteria for positive or negative, the nursing home resident (option B) is the only one with a positive test. All persons who test positive by a skin test should then have a chest x-ray to evaluate for evidence of pulmonary TB. In an asymptomatic person, sputum studies are not necessary to determine the need for treatment. Pregnant women should still get a chest x-ray, with appropriate abdominal shielding, as soon as feasible. As stated above, a history of BCG vaccination should not deter from the need for further evaluation and treatment of a positive test result. Age should also not be a determining factor in treating someone who is at risk for the development of TB. Currently, there are four acceptable treatment recommendations for latent TB infections. Daily isoniazid for 9 months is the most widely used regimen and has the highest level of recommendation because of its effectiveness, relative safety, ease of administration, and low cost. Twice-weekly isoniazid may also be used but should only be given as directly observed therapy, due to the fact that a missed dose of this regimen represents a substantial risk of under treatment. Rifampin alone or rifampin plus pyrazinamide are alternative regimens for use in certain, specified situations.

QUESTION 3

A 19-year-old male who moved to your city 3 months ago comes to your office complaining of dry cough for the past 23 months. Along with the cough, he has had some shortness of breath with exertion. He denies fever, chills, nausea, vomiting, wheezing, and sneezing. The cough occurs mostly in the morning and improves as the day goes on. He denies similar complaints in the past and has no history of allergies. He says that his father had eczema and an allergy to eggs.

Which of the following properties of albuterol makes it a more appropriate choice than epinephrine for relief of acute episodes of bronchoconstriction?

- A. rapid onset of action
- B. longer duration of action
- C. specificity for beta-1 receptors
- D. specificity for beta-2 receptors
- E. direct activation of both alpha-and beta-receptors



Correct Answer: D Section: (none)

Explanation:

This patient is manifesting symptoms consistent with asthma. With the history of recently moving to a new area, along with a family history of allergies and eczema, his asthma may be further classified as allergic asthma. Episodic symptoms of cough, dyspnea, and wheezing are likely to occur. The diagnosis of asthma is made by demonstrating reversible airway obstruction. Airway obstruction is likely to be manifested by a reduction in the FEV1. An increase in the FEV1 of 15% after the use of a bronchodilator is the definition of reversibility. A CXR is most likely to be normal. Numerous cardiac conditions, such as CHF, cardiomyopathies, or pericardial effusions, may result in cardiomegaly on a CXR. Diffuse infiltrates may be seen with infections, interstitial lung disease, or other conditions. Flattened diaphragms would be consistent with prolonged obstructive lung disease, such as emphysema.

The treatment of choice for the prevention of symptoms in all stages of asthma other than mild intermittent is inhaled steroid. All patients with asthma should also have a short-acting bronchodilator for acute symptomatic relief. A leukotriene modifier would be an alternative recommendation and might be a good addition to an inhaled steroid, as they also have FDA indications for patients with allergic rhinitis.

QUESTION 4

A 14-month-old girl is brought into the primary care clinic by her parents. Her prior wellbaby checks have been normal, but her parents have noticed that while she used to be "outgoing," she has now become shy and less responsive. Whereas she had been beginning to walk, she has recently been falling more and unable to even stand up. Her mother noticed that she has been flapping her hands and that her sun hats have become too big for her.

Which of the following is the most likely diagnosis for this patient?

- A. Asperger disorder
- B. autistic disorder
- C. childhood disintegrative disorder
- D. fragile X syndrome
- E. Rett's disorder

Correct Answer: E Section: (none)

Explanation:

Asperger disorder is a pervasive developmental disorder manifested with impairments in social interaction and stereotyped behaviors, without the additional language abnormalities seen in autism. Childhood disintegrative disorder is also a pervasive developmental disorder characterized by normal development until age 2, followed by a rapid decline in the use of language, motor skills, and social interaction. Fragile X syndrome is a genetic syndrome displaying mental retardation, characteristic physical features, and a high rate of pervasive developmental disorder. The above patient displays a history consistent with Rett's disorder, a progressively worsening pervasive developmental disorder seen only in females. Rett's patients routinely demonstrate normal development until at least 5 months of age, with subsequent head deceleration, stereotyped hand movements, loss of social engagement, gait difficulties, and impaired language

**QUESTION 5**

A 52-year-old woman has biopsy of a breast lesion which confirms the mass as malignant. She is also found to clinically have a palpable ipsilateral axillary lymph node. Which of the following would be the most likely pathologic finding in this node?

- A. acute lymphadenitis
- B. follicular hyperplasia
- C. paracortical hyperplasia
- D. granulomatous inflammation
- E. sinus histiocytosis

Correct Answer: E Section: (none)

Explanation:

Sinus histiocytosis represents hyperplasia of the endothelial lining of the sinusoids, which become dilated and contain many histiocytes. This reaction, which is also called reticular hyperplasia, becomes very prominent in lymph nodes when they are draining a cancerous process. This is particularly common in the axillary nodes when cancer of the breast has been detected. It is thought to represent an immune response to the host against the tumor products.

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