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United States Medical Licensing Step 3

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**QUESTION 1**

Use of which medication can result in enamel staining of primary teeth?

- A. erythromycin
- B. ciprofloxacin (Cipro)
- C. cephalexin
- D. trimethoprim/sulfamethoxazole (Septra)
- E. tetracycline

Correct Answer: E Section: (none)

Explanation:

Gray or brown teeth staining can be seen with the use of tetracycline in children who still have their primary teeth. Tetracyclines are usually safe as a single course in normal doses in younger children. The use of tetracyclines in children is typically safe after 8 years of age. Teeth staining can also be seen in the children of women who took tetracycline while pregnant.

QUESTION 2

An 18-year-old female presents for follow-up of a rash. She states that she has been using OTC antifungal preparations without success. She used OTC cortisone cream with mild improvement, but the lesions never disappeared. Her condition also recurred with full severity once the cortisone cream was discontinued. Her family history reveals a first degree relative with similar rash. The rash is over the elbows, trunk, and scalp .

Which other physical finding would be consistent with your presumptive diagnosis?



- A. velvety, hyperpigmented patches over the axilla and neck
- B. pitting of the nails
- C. oily scalp
- D. subcutaneous nodules
- E. multiple tender and tense vesicles and bullae

Correct Answer: B Section: (none)

Explanation:

Psoriasis is a benign chronic, inflammatory skin disorder with a genetic basis that affects approximately 2% of the population in the United States. The condition varies in its presentation from person to person, with some having only local involvement and others having a severe generalized involvement. The incidence occurs in a bimodal distribution, with peaks persons in their 20s and 50s. Those with earlier onset generally will have a more severe disease over the course of their lifetime. Psoriasis has several variants, or subtypes, including plaque type (most common), eruptive (guttate), generalized pustular, and erythrodermic psoriasis. Some patients may be asymptomatic or may have only minor itching. Others may have involvement of most of their body, with severe disfigurement and poor quality of life. Psoriasis may involve any skin area; however, areas such as the scalp, extensor surfaces, palms, soles, and nails should always be examined. The typical lesions are described as erythematous, well-demarcated plaques with overlying scales. Fine stippling (pitting) of the nails is highly suggestive of psoriasis. In addition to the skin findings, patients may also have arthritis. The lesions can be reactivated with local injury or irritation of normal skin (Koebner phenomenon). The diagnosis is predominantly clinical, based on the history and examination. There are no laboratory measures that



will diagnose psoriasis. Skin biopsy, although not pathognomonic, would show features consistent with psoriasis and would help to rule out other similar appearing conditions.

QUESTION 3

Avascular necrosis is most likely to occur in fracture dislocations involving which of the following?

- A. the femoral head
- B. the shaft of the femur
- C. the shaft of the humerus
- D. the scapula
- E. the clavicle

Correct Answer: A Section: (none)

Explanation:

Avascular necrosis occurs following a fracture when the blood supply to a bone fragment is disrupted. The femoral head, humeral head, scaphoid, and talus are particularly vulnerable to this complication because of their precarious blood supply. A dense appearance of the bone on x-ray is a diagnostic clue. Radioisotope scanning can detect avascular necrosis at an earlier stage than is possible with roentgenography.

QUESTION 4

The patient is a 70-year-old man brought to the primary care clinic by his family over concerns that he has Alzheimer's disease. They have noticed a worsening of his memory over the past 6 months. He does not seem to want to get out of bed, and he appears to have difficulty providing for his basic needs such as cleaning, dressing, and cooking for himself. He is hesitant when talking, but it is unclear whether he is unable or unmotivated to speak. His family has also noticed that he appears depressed and is often seen crying. A MSE of the patient is performed to help determine whether he is suffering from a dementing illness or a depressive illness (pseudodementia).

Which of the following characteristics on MSE is most consistent with pseudodementia?

- A. appears unconcerned during examination
- B. attends poorly to questions on MSE
- C. displays poor insight into symptoms
- D. gives "don't know" answers to questions
- E. consistently performs poorly to tasks

Correct Answer: D Section: (none)



Explanation:

Older patients with cognitive decline due to depression, sometimes called pseudodementia, display characteristic findings on MSE. They usually are greatly concerned about their problems, even emphasizing their difficulties when compared with demented patients, who attempt to hide or minimize their deficits and appear unconcerned. Patients with pseudodementia are able to attend well to tasks despite their cognitive complaints. Individuals with dementias, however, have significant difficulty with attention and concentration. Patients with depression are more likely to demonstrate good insight into their presumed memory loss than those with dementia, who will commonly deny that there is anything wrong with them. On tests of cognition, those individuals with pseudodementia will show inconsistent results, performing better at some times and worse at others. Patients with dementia, however, will consistently perform poorly on various tests that address the same function. This patient displays characteristics of Lewy body disease, a dementia which may be related to Alzheimer's dementia. The classic triad of Lewy body dementia is a fluctuating course, peduncular hallucinations (visual hallucinations of small people, animals, or objects), and parkinsonian features. These patients tend to be very sensitive to extrapyramidal side effects and, therefore, antipsychotics such as risperidone should be avoided or sparingly used.

QUESTION 5

A 32-year-old woman presents with complaints of irritability, heat intolerance, hyperdefecation, and frequent palpitations. She has lost 20 lb over the past six months. She has always been in good health and does not take any prescription or OTC medications. She denies any prior history of thyroid disease or exposure to head/neck irradiation, but she states that one of her relatives was diagnosed with a thyroid disorder at roughly the same age. Vital signs are as follows: BP 138/78, HR 112, RR 22, temp. 98.8°F. On examination, her thyroid is diffusely enlarged and smooth. Auscultation of the thyroid reveals a bruit. Her hair is fine in texture, and she has warm velvety skin. She has hyperactive deep tendon reflexes. There is a fine tremor in her outstretched hands.

Which of the following interventions is most appropriate at this time?

- A. propylthiouracil
- B. thyroidectomy
- C. radioactive iodine therapy
- D. propranolol
- E. potassium iodide

Correct Answer: A Section: (none)

Explanation:

This patient's presentation is consistent with Graves' disease. Infiltrative ophthalmopathy is a common finding in this condition. Approximately 20-40% of patients with Graves' disease possess clinically evident eye disease. Complaints include photophobia, diplopia, reduced visual acuity, and easy tearing; and, signs of corneal or conjunctival irritation are oftentimes present. Periorbital edema, chemosis, lid retraction with restricted ocular movement, proptosis, and upward gaze impairment may also be found. Optic nerve compression may also arise, leading to decreased visual acuity, visual field defects, impaired color vision, and papilledema. Macroglossia, hyperkeratosis, cerebellar ataxia, and pericardial effusion are all findings in hypothyroidism. (Cecil Textbook of Medicine, pp. 1396-1400) Free T3 levels are elevated in all patients with Graves' disease. Most patients also have elevated free T4 levels, but occasionally this level will remain within the normal reference range in a state known as T3 toxicosis. This generally occurs during the initial phases of Graves' disease or at the onset of a relapse. TSH levels are suppressed by the elevated thyroid hormone levels.

**QUESTION 6**

A 34-year-old Black (G1) female presents to your clinic for an obstetric visit at 16 weeks estimated gestational age (EGA). She has a sure LMP and her estimated date of delivery (EDD) is in December. She is generally healthy and has not had any surgeries. She denies history of sexually transmitted diseases or abnormal pap smears. She has no significant family history. She does not smoke or use alcohol or illicit drugs. She works as an administrative assistant. Her prenatal labs are as follows: blood type O+, antibody screen negative; hepatitis B surface antigen negative; HIV antibody negative; Rubella nonimmune; rapid plasma regain (RPR) nonreactive; pap smear within normal limits; urine culture negative. Based on her laboratory results and history, you recommend that she receive which of the following injections during her pregnancy?

- A. measles, mumps, and rubella (MMR) vaccine
- B. influenza vaccine
- C. hepatitis B vaccine series
- D. RhoGAM injection
- E. poliomyelitis vaccine

Correct Answer: B Section: (none)

Explanation:

Influenza vaccination is recommended to all women who will be in the second or third trimester of pregnancy during the flu season. Poliomyelitis vaccination is not recommended for women in the United States unless they have some increased risk due to travel or exposure. MMR vaccination is contraindicated in pregnancy secondary to a theoretic risk of teratogenicity from the rubella vaccine. MMR should be given to this patient postpartum. RhoGAM is recommended routinely during pregnancy in Rh negative women who are unsensitized to Rh factor. In this case the patient is Rh positive.

QUESTION 7

A 45-year-old male was involved in a motor vehicle collision. He was a restrained passenger in a high speed, head-on collision with a death at the scene. He is brought to the ED unresponsive with a pulse of 140, a BP of 70/30, and a SpO₂ of 80%. He has multiple facial lacerations, a dilated right pupil, a contusion on his chest, and a distended abdomen. The medic team has placed two large-bore IVs and given him 2 L of lactated Ringer's solution.

The initial step in the care of this patient is:

- A. Given the mechanism, low oxygen saturation, and the presence of a contusion on his chest, the patient likely has a pneumothorax. A chest tube should be placed immediately.
- B. The patient should be taken to the OR immediately for laparotomy since he is hemodynamically unstable with abdominal distention indicating an abdominal source of life-threatening hemorrhage.
- C. The patient should be intubated using in-line traction to protect his cervical spine before continuing the assessment.
- D. Because of the facial lacerations, there is a possibility of facial fractures making endotracheal intubation risky. An emergent cricothyroidotomy should be performed.



E. A central line should be placed immediately to continue the resuscitation.

Correct Answer: C Section: (none)

Explanation:

The first step in any trauma assessment is the primary survey. This consists of: A--airway maintenance B--breathing and ventilation C--circulation D--disability/neurologic status E--exposure/environment The first priority in any trauma patient is to establish an airway. In an unconscious patient with decreased saturations, endotracheal intubation is indicated. While facial lacerations may indicate fractures, these patients can often be successfully orally intubated. This should be attempted first, but if this technique is unsuccessful, a cricothyroidotomy should be performed to secure the airway. Once an airway has been established, you can address breathing/ ventilation by auscultating breath sounds and evaluating for end-tidal CO₂ using a capnometer. It is at this point where a life-threatening tension pneumothorax can be identified and treated. The next step is to evaluate the circulation. This includes getting adequate intravenous access. The patient described has two large-bore IVs, which should be sufficient for the initial resuscitation. Central venous access is indicated only if adequate access cannot be established peripherally. It is here that evaluation for intra-abdominal hemorrhage can be conducted using ultrasound or diagnostic peritoneal lavage.

QUESTION 8

A65-year-old White female presents to the office for her annual gynecologic examination. She has been a patient of yours for many years. She also sees you on a routine basis for treatment of hypertension and hypothyroidism. Her last pap smear was 5 years ago and she has never had an abnormal pap smear. She had a mammogram 1 year ago that was normal. She does not perform self-breast examination. She is without complaint today.

Past medical 1. Hypertension for 15 years history: 2. Graves' disease, treated with radioactive iodine thyroid ablation at age 50 OB/GYN history: 1. Menarche at age 14

2.

Four term pregnancies with vaginal deliveries (at age 22, 25, 27, and 32)

3.

Total abdominal hysterectomy and bilateral salpingo oophorectomy (TAH/BSO) age 47 for fibroids

4.

On estrogen replacement therapy from age 47 to 55 Past surgical 1. Appendectomy at age 16 history:

2. TAH/BSO as noted above Medications: 1. Hydrochlorothiazide 25 mg daily

2.

Levothyroxine 0.1 mg daily

3.

Potassium chloride 20 meq daily Allergies: None Family history: Parents, siblings unknown as patient was adopted Children are alive and well without known chronic medical conditions Social history: Widowed for 5 years, has not been involved in a sexual relationship since the death of her husband; retired school teacher; college educated; does not smoke cigarettes, drink alcohol, or use drugs; walks 3045 min a day for exercise



At this visit you should do which of the following?

- A. perform a pap smear
- B. recommend that she restart estrogen replacement therapy
- C. tell her that she can reduce her risk of dying of breast cancer by performing self-breast examinations monthly
- D. order a bone density test to screen for osteoporosis
- E. send a urine culture as a screening test for asymptomatic bacteruria

Correct Answer: D Section: (none)

Explanation: Explanations: Screening for osteoporosis in women 65 years old or older is a level B recommendation of the USPSTF, as detection and treatment of osteoporosis may reduce fracture risk. In women who have had a hysterectomy (with removal of the cervix) for reasons other than cervical cancer, pap smear screening of the vaginal cuff is not recommended and cytologic screening can be discontinued. Therapy with either estrogen alone (in women who do not have a uterus) or combined estrogen and progesterone (in women who have a uterus) in postmenopausal women is controversial. Based on findings of the Women's Health Initiative and other studies, the USPSTF gives a level D recommendation to the use of combined estrogen and progesterone therapy and level I recommendation for estrogen therapy alone for the prevention of chronic conditions. Screening for asymptomatic bacteruria in all populations other than pregnant women is given a level D recommendation. No benefit from the intervention has been found and overtreatment with antibiotics may produce harm. While mammography for breast cancer screening has been given a level B recommendation, both self-breast examination and clinical breast examination are level I recommendations, with insufficient evidence to show any benefit in morbidity or mortality.

According to the Centers for Disease Control, diseases of the heart make up the most common cause of death in women in this age group. Heart disease is responsible for approximately one-third of all deaths in women aged 65 and older. Malignant neoplasms make up the next largest cause of death, followed by cerebrovascular diseases and chronic lower respiratory diseases. PPV-23 is recommended for all adults over the age of 65 and at younger ages for individuals at high risk for pneumonia or complications of pneumonia. These include persons with diabetes mellitus, chronic obstructive pulmonary disease, coronary artery disease, and those who have had a splenectomy or are functionally asplenic. The PCV-7 is recommended for the routine vaccination of children. Hepatitis B vaccine is recommended universally for children and for adults who are at high risk for the disease based on profession or lifestyle. Hepatitis A vaccine is recommended for children who live in certain areas of the United States in which the disease is prevalent and may be offered electively to persons traveling to endemic areas. The MMR vaccine is recommended to all children but is not indicated in adults. Rubella vaccination is recommended for women of childbearing age who may become pregnant and who do not have immunity to rubella, in an effort to reduce the risk of congenital rubella infection

QUESTION 9

A 60-year-old morbidly obese man presents with complaints of fatigue, worsening exertional dyspnea, three-pillow orthopnea, lower extremity edema, and cough occasionally productive of frothy sputum. He has a long-standing history of type II diabetes and hypertension. On examination, you note the presence of bibasilar rales, an S3 gallop, jugular venous distention, and 2+ pitting edema in both legs up to the knees. There does not appear to be an arrhythmia present. Which of the following medications should be given initially?

- A. metoprolol
- B. diltiazem
- C. furosemide



D. carvedilol

E. lisinopril

Correct Answer: C Section: (none)

Explanation:

This patient's presentation is most consistent with pulmonary edema from decompensated CHF. The BNP test has been found to be both sensitive and specific for the diagnosis of CHF. It can be a very useful test to order when a patient is dyspneic to help to determine if CHF is the cause. Troponin, CK-MB, and LDH are markers of damage to cardiac muscle and can be diagnostic in a MI. While MI can be a cause of CHF, and most patients presenting with CHF will have cardiac enzymes drawn as part of their evaluation, cardiac enzymes are neither sensitive nor specific for CHF. Similarly, a CXR can determine the presence of pulmonary edema but not its cause.

Acute pulmonary edema secondary to CHF will require management with diuresis for acute symptomatic relief. ACE inhibitors and beta-blockers do decrease mortality and morbidity in CHF; however their use in acute decompensated heart failure is suspected as they may induce hypotension and further cardiogenic shock. Digoxin is used for symptomatic relief either when other modalities fail or when rate control from atrial fibrillation is an issue. In patients with CHF and atrial fibrillation, beta-blockers have shown better effect and reduced morbidity than digoxin. Nevertheless, in the acute setting of decompensated heart failure with pulmonary edema, diuresis is the optimal initial treatment, not digoxin. In chronic heart failure, digoxin is reserved for patients with systolic failure that are symptomatic despite adequate ACE inhibitor and beta-blocker use. Furosemide is effective in treating the acute pulmonary edema associated with CHF by virtue of its potent diuretic action, which rapidly eliminates excess body fluid volume.

QUESTION 10

You had previously seen a 24-year-old male in your office for evaluation of a suspicious looking mole. He had undergone a punch biopsy, which demonstrated a melanoma. He has no prior history of skin cancer, no family history of skin cancer, nor any history of blistering sunburns. Which of the following results in the pathology report are most predictive of outcome?

A. size of the melanoma

B. color of the melanoma

C. depth of the melanoma

D. presence of ulceration

E. site of the melanoma

Correct Answer: C Section: (none)

Explanation: When assessing the prognosis for a patient diagnosed with melanoma, there are many factors that are involved. Tumor thickness, the presence of ulceration, the location of the lesion, the age of the patient, and the gender can all contribute. The most predictive factor is the tumor thickness. There are two measurement systems that have been developed to classify melanoma. The Clark level refers to the depth of invasion of the melanoma in terms of the anatomical layers of the skin. A second system, known as the Breslow depth, simply measures the overall tumor thickness in millimeters. Since the Breslow depth is more reproducible among pathologists, it has proven to be more accurate in the prediction of outcomes.

**QUESTION 11**

A 50-year-old man undergoes a sigmoid colectomy and colostomy for perforated diverticulitis of the midsigmoid colon. The surgeon reports a difficult dissection in the pelvis secondary to adhesions of the sigmoid colon to the abdominal wall. On postoperative day 1, the patient reports appropriate abdominal pain. His pulse is 100 and BP 120/60. He has made 400 mL of urine over the past 8 hours. The urine in the Foley bag is blood-tinged.

He reports no problems with his urination preoperatively. What is the appropriate management?

- A. Remove the Foley catheter. The irritation of the catheter is probably causing the hematuria.
- B. Increase his IV fluids and add bicarbonate in case this is rhabdomyolysis.
- C. Start antibiotics for a urinary tract infection.
- D. Order an intravenous pyelogram to assess for ureteral injury.
- E. Send a prostate-specific antigen (PSA) to screen for a prostatic process.

Correct Answer: D Section: (none)

Explanation:

Ureteral injuries are a well-known complication of pelvic surgery. The risk is greatly increased in the setting of inflammation, which can make the ureters difficult to identify. Intravenous pyelogram is a sensitive test for injury. CT scan and retrograde pyelogram are also diagnostic options. Injuries identified early are usually amenable to primary surgical repair, making early diagnosis essential. Delayed recognition usually results in a staged repair requiring urinary diversion with percutaneous nephrostomy tubes.

QUESTION 12

A 16-year-old nulligravid high school student is on your afternoon office schedule for a "talk visit." She was seen last year by one of your colleagues for an initial GYN evaluation. She is healthy and has no medical problems. Today she tells you that she and her new boyfriend had intercourse the night before, and the condom they were using broke

She tells you that earlier in the day she had called her family doctor, who wouldn't call in a prescription because it was "against his personal beliefs." Your response should be which of the following?

- A. Prescribing health care providers must always prescribe it upon patient demand.
- B. It is within his right to decline giving treatments he deems outside his belief system, but he is ethically obliged to help her find a provider who does dispense Plan B.
- C. Plan B is available over the counter for all patients.
- D. You will report him to the state medical board.
- E. In situations regarding pregnancy, the physician is entitled to follow his personal ethical beliefs and has no obligation to assist a patient in seeking care that is outside of these beliefs.

Correct Answer: B Section: (none)



Explanation:

Discussing the potential implications of her sexual activity is warranted, both in terms of potential pregnancy and risk of acquiring sexually transmitted infections. Making assumptions about her decision making (choices B and D) would breach the ethical principles of autonomy and confidentiality. In August 2006, the FDA approved emergency oral contraception (Plan B) to be available over the counter for women ages 18 and older. Younger women must have a prescription from a health care provider. Plan B contains 0.75 mg of levonorgestrel in two doses taken 12 hours apart. It is to be used within 72 hours of unprotected intercourse. The mechanisms of action include delay in ovulation, insufficient corpus luteum function, and interference with sperm transport. It is not an abortifacient. A physician is not obligated to provide treatments which conflict with his or her own personal belief system. Nonetheless, using ethical principles of autonomy, beneficence, nonmaleficence, veracity, and justice, physicians should discuss patients' requests for treatments in an attempt to reach common ground. If that is not possible, the physician should provide an alternative resource to address a patient's request.

QUESTION 13

A 76 year old White female presents to her family practitioner complaining of vaginal pressure, dyspareunia, urinary incontinence, and difficulty emptying her bladder for the past 4 weeks. Seven years ago she had a prolapsed "bladder tacking" procedure. Her postvoid residual urine in the office measures 250 mL. The most notable finding on pelvic examination is seen in Figure .



Which of the following would be the most appropriate action to take at this time?

- A. referral for immediate surgery
- B. abdominal and pelvic CT scan
- C. urinalysis (UA) with culture and sensitivity
- D. prescription for oxybutynin (Ditropan)
- E. urodynamic studies

Correct Answer: C Section: (none)



Explanation:

When pelvic organs prolapse occurs beyond the level of the hymen, anatomic obstruction of urine occurs in approximately 30% of patients. Over time, urinary stasis from obstruction can lead to UTIs. Detrusor hypocontractility, not overactivity, can be another long-term sequela of chronic urinary retention, enhanced by a stretch injury to the postsynaptic parasympathetics in the bladder wall. Menopause alone is not a risk factor for retention, and a spinal cord tumor is not likely in this patient without specific neurologic complaints or findings on physical examination. Due to urinary stasis, she is at risk for a UTI. Left untreated, she could develop obstructive uropathy and/or pyelonephritis. Surgery is an option, but not without the prior consideration of nonsurgical options such as a pessary or intermittent clean, selfcatheterization (if the problem were to persist). In the event of chronic retention, radiographic imaging would help to assess for upper tract obstruction (i.e., hydronephrosis). Oxybutynin is not appropriate, as it could compound urinary retention. Urodynamic studies could be helpful in the future to ascertain the exact cause of her retention (obstruction from the prolapse vs. chronic detrusor insufficiency vs. neurogenic bladder), but is not the first action to consider.

QUESTION 14

A 50-year old male presents to the office for prostate cancer screening because he saw a TV show recommending that men get tested. He has no significant medical history, takes no medications, and has no genitourinary symptoms. There is no family history of prostate cancer. What can you tell him about prostate cancer and the PSA test?

- A. PSA testing has been proven to reduce all-cause mortality in men over 50.
- B. In spite of PSA testing, the disease-specific mortality from prostate cancer has not changed in the past 30 years.
- C. Prostate cancer is the only condition that causes an elevated PSA level.
- D. PSA testing can prevent the development of prostate cancer.
- E. PSA testing can increase the chances of detecting prostate cancer.

Correct Answer: E Section: (none)

Explanation:

Screening for prostate cancer with the PSA test is a controversial area. Some advocate routine screening of most men over the age of 50 while others recommend selective screening or no routine screening at all. The USPSTF gives prostate cancer screening an "I" recommendation, stating that there is insufficient evidence to recommend for or against this intervention. Prostate cancer is the second most common cause of cancer death in men (behind lung cancer). PSA screening does not help to prevent prostate cancer but it does increase the likelihood of detection of prostate cancer. However, many prostate cancers are slow growing and many with prostate cancer die of other causes. PSA screening has not been shown to reduce all cause mortality. While the mortality from prostate cancer has been decreasing over the years, the reason for this is not yet clear. PSA screening may play a role in this but improvements in the treatment of prostate cancer may also be responsible. The PSA also has significant rates of false positive and false negative readings. Benign conditions such as prostatic hyperplasia or prostatitis can elevate PSA readings and prostate cancer can exist in men with normal PSA readings. Another factor that can interfere with PSA readings is the presence of medications. Finasteride and dutasteride, which are widely used in the treatment of benign prostatic hyperplasia, can lower PSA readings, even in the presence of prostate cancer. If PSA screening is chosen by the patient and his physician, selection of appropriate patients for screening is important. The presence of symptoms related to the prostate may influence one's decision to perform a PSA test. However, many prostate cancers are asymptomatic, so the absence of symptoms may not be a reason to withhold testing. Most authorities would not recommend the routine screening of men with significant comorbidities that would result in them having a life expectancy of fewer than 10 years. One of the reasons for the controversy surrounding PSA screening is the risk of harm of testing. Elevated PSA levels



frequently result in further--sometimes invasive--testing and may result in the detection of cancers that may or may not have become clinically significant.

QUESTION 15

In January, you see an 18-month-old boy in the middle of the night in the pediatric emergency department.

The father relates that 1 hour ago his son started coughing. The father describes the cough as barking

("seal" like). The child has mild stridor at rest, but otherwise is not in respiratory distress. His RR is 45

breaths per minute. He has a temperature of 103.4°F .

What is the most common x-ray finding in this illness?

- A. swollen adenoids
- B. the "thumb" sign
- C. a lobar pulmonary infiltrate
- D. a deviated tracheal air column
- E. the "steeple" sign

Correct Answer: E Section: (none)

Explanation:

This case is a common presentation for viral croup, with the symptoms of a seal-barking cough, stridor, tachypnea, and fever in the winter. Pneumonia must also be considered with tachypnea, cough, and fever, but it is less likely to cause stridor and may not have the seal-bark type of cough. Sinusitis may cause cough and fever, but would be more likely to have a purulent nasal discharge and less likely to have the typical croupy cough. Bronchiolitis due to RSV is a common cause of wintertime cough and fever. It is less likely to have stridor and more likely to have wheezing. Children with epiglottitis are typically found in the "tripod position" and may be drooling. It is, fortunately, becoming rare with the widespread use of the H. influenzae vaccine. Parainfluenza types 1 and 2 account for 60-70% of all viral croup. Hib was a common cause of epiglottitis, but is now rare because of widespread vaccinations. Influenza B and RSV can cause croup, but not as commonly as parainfluenza types 1 and 2. S. pneumoniae would be the most common bacterial cause of pneumonia or sinusitis. (American Academy of Pediatrics, 2003, pp. 454-455) The steeple sign is subglottic narrowing of the trachea seen on an AP view of the trachea or a CXR. The trachea is seen to narrow, almost to a point, like the steeple of a church. Swollen adenoids are difficult to identify in lateral neck x-rays. The presence of swollen adenoids is unrelated to the airway narrowing seen in croup. The thumb sign is a swollen epiglottis seen with epiglottitis. A lobar pulmonary infiltrate may be seen with a typical bacterial pneumonia

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