

# USMLE-STEP-2<sup>Q&As</sup>

United States Medical Licensing Step 2

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**QUESTION 1**

A 58-year-old woman with a history of chronic paranoid schizophrenia, who has been continuously treated with antipsychotics for the past 20 years, lives in a community-based residential facility. She has recently suffered an increase in auditory hallucinations, and her haloperidol dose has been increased from 2.5 to 10 mg/day. Four days later, she is brought by a visiting nurse to the emergency room, where she presents with confusion, marked flexor and extensor rigidity in her legs and arms, and a temperature of 103.5°F. Her blood pressure is 160/120 mmHg, her pulse is 120/min and irregular. Which of the following is the most likely diagnosis that best describes this woman's current condition?

- A. neuroleptic malignant syndrome (NMS)
- B. metabolic syndrome
- C. extrapyramidal symptoms
- D. malingering
- E. alcohol withdrawal

Correct Answer: A

NMS is a rare complication of neuroleptic therapy which involves symptoms of severe muscle rigidity, elevated temperature, and two or more of the following: diaphoresis, dysphagia, and tremor, and incontinence, changes in level of consciousness, tachycardia, mutism, leukocytosis, elevated CPK, or labile blood pressure. EPS would not explain the extensor rigidity, elevated temperature, and blood pressure. Metabolic syndrome refers to another neuroleptic side effect where lipid levels are elevated and adult onset diabetes can develop. Malingering would not easily explain the elevated vital signs. Though alcohol withdrawal would be in the differential with the elevated vital signs, the pipe-like rigidity could not be explained.

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**QUESTION 2**

Several members of a group of young adults camping, cooking, and traveling together in the developing world develop fever, malaise, nausea, and vomiting, and have dark urine. Two have yellow sclera. How could this best have been prevented?

- A. avoiding eating local foods
- B. washing hands before eating
- C. taking prophylactic Pepto Bismol
- D. getting vaccinations
- E. cooking all foods thoroughly and drinking boiled water

Correct Answer: D

Hepatitis A was first isolated in 1973. Since then, it has been demonstrated to be conveyed from person to person chiefly by the fecal-oral route. Humans appear to be the only natural host. Outbreaks attributed to food and water supplies are frequently reported. There were an estimated 61,000 new infections in the United States (particularly in the West) in 2003, continuing a trend downward. It does not cause chronic infection. Vaccination is effective and available for persons at risk, including travelers. Examples of where outbreaks occur include: among travelers, among young adults

clustered together, and in day care environments.

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### QUESTION 3

A 30-year-old woman who has been human immunodeficiency virus (HIV) positive for 4 years was recently diagnosed with AIDS. Which of the following meets the criteria for the case definition?

- A. oral thrush
- B. herpes zoster
- C. persistent lymphadenopathy
- D. peripheral neuropathy
- E. pulmonary tuberculosis

Correct Answer: E

The new case definition for AIDS in 1993 added pulmonary tuberculosis, invasive cervical cancer, and recurrent pneumonia. This CDC classification system is divided into three categories: category A is symptomatic infection with HIV and includes acute illness and persistent lymphadenopathy; category B includes conditions attributed to HIV infection, such as oral thrush, herpes zoster, and peripheral neuropathy; category C is the AIDS surveillance cases. Anergy to common skin test antigens is a common finding with HIV infection. There is a decline in CD4 cell numbers, a relative increase in the number of T8 cells, which results in a decreased T4:T8 ratio of less than 1. Functional abnormalities occur in both B cells and natural killer cells, which accounts for the increase in certain bacterial infections seen in advanced HIV disease. Elevation of beta2 submicroglobulin, a serologic finding reflecting immunologic dysfunction, is a fairly reliable marker of progressive immunologic decline and the subsequent development of AIDS.

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### QUESTION 4

A pediatrician asks you to see a 13-year-old girl who has not begun to menstruate and has a 6-month history of pelvic and lower abdominal pain at approximately 1-month interval. She has Tanner stage 3 pubic hair and breast development. Her growth spurt occurred about 1 year ago and her current height is 65 in. (165 cm). She has never had sexual intercourse. On examination of her external genitalia the presence of Tanner stage 3 pubic hair is confirmed. The labia are normal. There is no obvious vaginal opening and there is bulging between the labia minora.

Which one of the following laboratory tests is increased in women with gonadal dysgenesis?

- A. serum FSH concentrations
- B. serum TSH concentrations
- C. serum prolactin concentrations
- D. serum estradiol concentrations
- E. serum testosterone concentrations

Correct Answer: A

Women with gonadal dysgenesis have fibrous streaks instead of functioning gonads. As a result secretion of estradiol and testosterone is decreased. Serum FSH concentrations are increased because of the lack of negative feedback to

the hypothalamus and pituitary as a result of diminished sex steroid secretion by the streak gonads. Other pituitary hormones, such as TSH and prolactin are not regulated by sex steroids and their concentrations are normal.

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**QUESTION 5**

A 31-year-old primigravida develops gestational diabetes mellitus and is managed appropriately during pregnancy. She asks you about the consequences of gestational diabetes to her and her fetus. Which one of the following statements is correct?

- A. The risk of fetal anomalies is increased.
- B. The risk of stillbirth is increased if her fasting blood sugars are elevated.
- C. The risk of a growth-restricted newborn is increased.
- D. Insulin is the preferred treatment to maintain euglycemia.
- E. The risk of fetal macrosomia is not increased with gestational diabetes.

Correct Answer: B

Unlike women with overt or pregestational diabetes mellitus, the risk of fetal anomalies is not increased in women with gestational diabetes. Stillbirth rates are increased in women with gestational diabetes if their fasting plasma glucose concentrations are elevated, but not with elevated postprandial glucose concentrations only. The risk of a growth-restricted infant is increased in women with long-standing diabetes and vascular disease, but not in women with gestational diabetes. There is a slight increase in the frequency of fetal macrosomia (birth weight over 4000 g), though shoulder dystocia and brachial plexus injury are infrequent.

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