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QUESTION 1

A 19-year-old primigravida at term has been completely dilated for 21/2 hours. The vertex is at 2 to 3 station, and the position is occiput posterior. She complains of exhaustion and is unable to push effectively to expel the fetus. She has an anthropoid pelvis. Which of the following is the most appropriate management to deliver the fetus?

- A. immediate low transverse cesarean section
- B. immediate classical cesarean section
- C. apply forceps and deliver the baby as an occiput posterior
- D. apply Kielland forceps to rotate the baby to occiput anterior
- E. cut a generous episiotomy to make her pushing more effective

Correct Answer: C

The station of the vertex indicates that the fetal head is on the perineum. A cesarean section, either low transverse or classical, is inappropriate unless an operative vaginal delivery is unsuccessful. In women with an anthropoid pelvis, the transverse, interspinous diameter of the bony pelvis is narrow, and the anteroposterior diameter of the pelvis is relatively long. In this circumstance, a forceps rotation should not be done and delivery should be in the occiput posterior. The indication for forceps is maternal exhaustion; women with an anthropoid pelvis usually have a spontaneous vaginal delivery. In women with a gynecoid pelvis, the transverse and anteroposterior diameters are more equal, and rotation of the fetal head to occiput anterior would be an acceptable choice. Soft-tissue resistance to delivery is not great enough that an episiotomy will permit slight expulsive efforts by the mother to deliver the fetal head

QUESTION 2

A 35-year-old man with no previous psychiatric history is referred by his family physician for psychiatric evaluation. The family physician has been following the man for mild hyperlipidemia, which is currently being successfully treated with dietary changes alone. The man reports that he has been happily married for 10 years and has two children. He has been working as an accountant and has generally enjoyed his job. About 2 months ago, with no obvious precipitating event, he says, the man began to feel very blue, with a drop in his desire to play with his children and to compete in his usual volleyball league games. He reports that he has lost most of his libido and is having difficulty sleeping, with early morning wakening. He reports that his appetite has become very poor over the past 2 months, and he estimates that he has lost 10 lbs over that time. Of the following, which would be the most appropriate initial treatment for this patient?

- A. electroconvulsive therapy (ECT)
- B. clozapine
- C. diazepam
- D. fluoxetine
- E. buspirone

Correct Answer: D

The most appropriate initial therapy for this man would be antidepressant medication with a medication such as fluoxetine, an SSRI with a relatively benign side effect profile in most patients. SSRIs produce antidepressant response

rates approaching 70%. The addition of psychotherapy to help the patient get through his depression would likely be helpful. Although ECT is the most dependably effective treatment for major depression, it has significant side effects, such as short-term memory loss. The absence of severe suicidal tendencies in this patient means that ECT should be reserved for possible later use, should two different antidepressant medications fail. Clozapine, diazepam, and buspirone do little by themselves to alleviate a depressive mood.

QUESTION 3

A 13-year-old girl presents with parental concerns of poor posture. She has not had any back pain. On examination, she has unequal shoulder height, asymmetric flank creases, and a forward-bending test that shows rib asymmetry. The physical examination is otherwise normal. Which of the following is the most likely cause of her condition?

- A. congenital scoliosis
- B. leg length inequality
- C. idiopathic scoliosis
- D. postural roundback
- E. Scheuermann kyphosis

Correct Answer: C

Idiopathic scoliosis is the most common back deformity in children. The incidence peaks in early adolescence and is much more common in girls. Screening for scoliosis should be part of every well check and sports physical in children at Tanner (IIV) stages. Congenital scoliosis is caused by failure of formation or fusion of the ossific nuclei of the vertebrae. It can present at any age, depending on the degree of curvature, and is much less common than idiopathic scoliosis. Patients with leg length inequality present with a limp. Patients with Scheuermann kyphosis usually present with back pain and have a sharp kyphotic angulation with forward bending. Postural roundback is an exaggerated kyphotic appearance often seen in adolescents.

QUESTION 4

You evaluate a 38-year-old man who complains of muscle weakness. Her appearance is remarkable for a periorbital heliotrope rash with edema and erythema on his upper chest, neck, and face. Which of the following is the most likely diagnosis?



Which of the following blood parameters is likely to be elevated?

- A. serum creatinine
- B. serum potassium
- C. serum sodium
- D. rheumatoid factor
- E. creatinine phosphokinase

Correct Answer: E

The heliotrope, purple periorbital rash is seen with dermatomyositis and may even precede the muscle involvement. On examination, these patients will usually show proximal muscle weakness and may complain of difficulty getting up from a chair, climbing stairs, and raising the arms over the head. Ataxia may be present with cerebellar lesions. Deep tendon reflexes should be normal and there is no joint inflammation. Polymyalgia rheumatica generally occurs in older people but is not associated with muscle weakness. Spinocerebellar degeneration, vasculitis, and rheumatoid arthritis are not associated with this rash. Creatine phosphokinase is usually markedly elevated and muscle biopsy will confirm the diagnosis. Serum creatinine, sodium, and potassium should be normal, and the rheumatoid factor should not be elevated.

QUESTION 5

A 42-year-old patient suffering from alcoholism has advanced liver disease with ascites. He is hospitalized for agitation and bizarre behavior. Which of the following findings is most helpful in making the diagnosis of hepatic encephalopathy?

- A. jaundice
- B. asterixis of the hands
- C. spider angiomas on the face and chest
- D. heme-positive stool
- E. positive fluid wave on abdominal examination

Correct Answer: B

Hepatic encephalopathy is a syndrome of declining intellectual function, altered state of consciousness, and neurologic abnormalities in the setting of advanced liver disease. Other findings include hyperactivity, delirium, agitation, and personality changes, progressing to confusion, somnolence, and coma. Asterixis (lapses of sustained muscle contraction) or "flapping tremor" is common. Jaundice, spider angiomas, and ascites can be present in alcoholic liver disease without the presence of encephalopathy. Precipitating factors must be looked for and reversed if possible. GI bleeding (due to esophageal varices, gastritis, ulcer, and so forth) increases the nitrogen load in the gut and reduces cerebral perfusion. Excessive diuresis with prerenal azotemia increases extrahepatic circulation of urea and ammonia production, so noncompliance with diuretics would decrease ammonia levels. Lactulose acidifies the stool, traps ammonia and other nitrogenous substances, and decreases their absorption from the gut so excessive lactulose would decrease ammonia levels. Excessive protein intake is a common precipitant.