

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

United States Medical Licensing Step 2

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**QUESTION 1**

For each item, select the ONE best lettered option that is most closely associated with it. Each lettered heading may be selected once, more than once, or not at all. A 45-year-old woman has noticed changes in the fat distribution on her body with excess fat over the posterior neck and upper back. On examination, she has high BP and abdominal striae. Laboratory evaluation shows a high glucose intolerance.

- A. Cushing's syndrome
- B. Addison's disease
- C. Klinefelter syndrome
- D. hyperparathyroidism
- E. hypothyroidism
- F. pheochromocytoma
- G. acromegaly
- H. diabetes insipidus
- I. diabetes mellitus
- J. polycystic ovarian disease

Correct Answer: A

Cushing's syndrome is caused by overproduction of cortisol by the adrenal gland. Centripetal obesity occurs in 97% of patients, increased body weight in 94%, fatigability and weakness in 87%, and hypertension in 82%. Impaired glucose tolerance is common and attributable to increased hepatic gluconeogenesis and insulin resistance.

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**QUESTION 2**

A 25-year-old previously healthy man is scheduled for elective inguinal hernia repair under general anesthesia. After induction of anesthesia and initial inguinal incision, the patient develops tachycardia, muscle rigidity, fever of 38.5°C, and elevated end-tidal carbon dioxide.

Which of the following is the most likely diagnosis?

- A. pneumonia
- B. atelectasis
- C. urinary tract infection
- D. myocardial infarction
- E. malignant hyperthermia

Correct Answer: E

Malignant hyperthermia may occur after administration of certain inhalation agents for induction of general anesthesia or with succinylcholine for muscle relaxation. This is a result of a genetic defect in calcium release from the sarcoplasm of skeletal muscle. It often occurs within 30 minutes of induction, and in addition to fever, tachycardia, and muscle rigidity, there is a metabolic acidosis and hyperkalemia. The treatment is administration of dantrolene to block calcium release from the sarcoplasm and insulin/ bicarbonate/dextrose infusion to treat the hyperkalemia. Diagnosis is confirmed by muscle biopsy. Pneumonia is an infective, inflammatory process; is not associated with muscle rigidity; and is not likely to have a rapid progressive onset after induction of anesthesia in a previously healthy patient. Atelectasis is unlikely under general anesthesia, particularly in patients receiving positive pressure ventilation. Although pyelonephritis may be associated with fever, it is not associated with muscle rigidity or metabolic acidosis and would be unlikely to become symptomatic after induction in an otherwise healthy patient. Myocardial infarction may be associated with tachyarrhythmias but would not account for the muscle rigidity, fever, or metabolic acidosis and, in the absence of risk factors, would be very unlikely in this healthy patient.

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### QUESTION 3

A 65-year-old man presents to the physician's office for his yearly examination. His past history is pertinent for a 40 pack-year smoking history and colon cancer 3 years ago for which he underwent a sigmoid colectomy. The most recent colonoscopic follow-up 3 months ago was negative. His physical examination is normal. Laboratory results show a normal CBC and electrolytes, markedly elevated cholesterol, and a CEA of 12 compared to values of less than 5 obtained every 6 months since colectomy. A repeat CEA 4 weeks later was 15, and liver function tests revealed a minimally elevated alkaline phosphatase, with normal transaminases and bilirubin. In your discussion with the patient regarding the risks and benefits of the different management options listed above, which of the following values should you quote regarding the expected 5-year survival rate following curative surgical resection?

- A. 510%
- B. 1520%
- C. 2535%
- D. 4050%
- E. 6070%

Correct Answer: C

In a patient who has undergone surgical resection for colon cancer, elevated CEA, and liver function tests must be followed by an evaluation for metastatic disease, including the possibility of extrahepatic disease. The CT scan is the most useful examination to evaluate both intra- and extrahepatic disease. Various CT scans have been advocated for liver tumors, including dynamic and portography scans. PET scans may detect occult extrahepatic disease and studies are underway to define the role of this modality in metastatic colon cancer. MRI shows promise as a useful examination and can be useful to characterize lesions of uncertain significance. Radionuclide liver scans have been supplanted by more accurate scans. Surgical resection, if possible, is the treatment of choice for metastatic colorectal cancer to the liver. Chemotherapy is reserved for patients who are not surgical candidates or refuse surgical treatment. Radiation therapy is not usually used in these patients. Observation and repeat imaging delays the treatment for patients who may be respectable. The expected 5-year survival has been shown in multiple studies to be greater than 20%, usually in the range of 25 and 35%.

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### QUESTION 4

A study that has been stratified for age finds a statistically significant association between alcohol use and

socioeconomic status (SES). In reviewing the data, the investigators find that the relationship between alcohol and SES is greatest for those in the 40- to 50-year age group. In this scenario, age plays which of the following roles in the relationship between alcohol use and SES?

- A. bias
- B. confounder
- C. effect modifier
- D. chance
- E. distractor

Correct Answer: C

An effect modifier changes the relationship between a risk factor and an outcome. In this example, the overall relationship between alcohol and SES has not changed, but its effects are greatest in a particular age group, and thus age is modifying the effect of the association between alcohol and SES. In this example, the study was stratified based on age, which would control for confounding effect based on age. Bias is seen when there is a systematic error in the manner in which age is distributed between the risk factor and outcome categories. Bias occurs when there is a systematic error in the design or conduct of a study. There is not enough information provided to determine whether bias may be present. Because the findings have been stratified and have been found to be statistically significant at each stratum, there is less of a possibility that chance is playing a role in the relationship between age and the exposure or outcome. Distractor is not a term commonly used to describe a variable's relationship to an outcome.

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#### QUESTION 5

During diagnostic evaluation, a 14-year-old girl with menorrhagia, frequent nosebleeds, and iron deficiency anemia is found to have a low platelet count with a normal coagulation profile. Bone marrow biopsy reveals abundant megakaryocytes. On abdominal examination, no organomegaly is noted. The patient has a satisfactory response to the initial therapeutic intervention, but over 612 months' time, the response is less dramatic and shorter in duration. There are signs and symptoms of increasing side effects from therapy. The next step in management should be to recommend which of the following?

- A. partial splenectomy
- B. splenectomy
- C. increase in steroid dose and frequency
- D. bone marrow transplant
- E. plasmapheresis

Correct Answer: B

This patient has idiopathic thrombocytopenic purpura (ITP), a disease characterized by a low platelet count, normal coagulation profile, increased megakaryocytes, and a normal-sized spleen. Patients with ITP will often demonstrate excessive bleeding in response to a minor injury. Circulating antiplatelet antibodies coat normal platelets, which are then sequestered by the spleen, with resultant platelet destruction. The majority of patients respond to initial therapy with systemic steroids. Splenectomy is indicated in patients who become steroid dependent with significant side effects or in patients requiring increasing doses of steroids to maintain a satisfactory platelet count. The entire spleen must be excised, including any accessory spleens found at surgery. Residual splenic parenchyma would result in persistent platelet sequestration. Splenectomy is not indicated in the initial management of ITP. Platelet transfusion is rarely

required. Spontaneous bleeding is unusual unless the platelet counts drop below 20,000/L. When this occurs, if the patient is not responsive to steroids, platelet transfusion and urgent splenectomy is indicated. Antineoplastic chemotherapy is not used in the management of ITP. Expectant management is associated with significant risk, as the most life-threatening complication of ITP is spontaneous intracerebral hemorrhage. Bone marrow transplant is not indicated. ITP is a disease of peripheral platelet destruction, with normal or increased platelet production.

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