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QUESTION 1

A newborn infant who was apparently healthy at birth develops aspiration pneumonia in the first 2 days of life. All attempts to feed the infant cause it to cough and choke. Which of the following abnormalities is the most likely cause of the infant's difficulties?

- A. Bronchogenic cysts
- B. Congenital pulmonary cysts
- C. Posterior deviation of the tracheoesophageal septum
- D. Pulmonary immaturity
- E. Pulmonary sequestration

Correct Answer: C

Explanation:

The infant probably has esophageal atresia, which is typically caused by posterior deviation of the tracheoesophageal septum. Attempts at feeding cause fluid to spill into the trachea, and secondarily cause aspiration pneumonia. Emergent surgical correction is usually required. Bronchogenic cysts are centrally located cysts that are often asymptomatic and may be associated with cysts of other organs. Congenital pulmonary cysts are often multiple and located in the lung periphery without connection to the bronchi; they are vulnerable to infection and rupture complicated by pneumothorax and/or hemoptysis. Pulmonary immaturity produces progressive difficulty in breathing beginning in the first few hours of life. Pulmonary sequestration represents extrapulmonary lung tissue supplied by systemic blood vessels rather than by pulmonary arteries.

QUESTION 2

Which of the following divisions of cell growth precedes Mitosis in the cell cycle?

- A. G2
- B. G1
- C. S
- D. G0

Correct Answer: A

QUESTION 3

A 55-year-old hypertensive man develops sudden onset of excruciating pain beginning in the anterior chest, and then radiating to the back. Over the next 2 hours, the pain moves downward toward the abdomen. Which of the following is the most likely diagnosis?

- A. Aortic dissection
- B. Syphilitic aneurysm
- C. Aortic valve stenosis
- D. Atherosclerotic aneurysm
- E. Myocardial infarction

Correct Answer: A

Explanation:

This patient has an aortic dissection (formerly called dissecting aneurysm), a potentially fatal condition that is too often confused clinically with myocardial infarction. The most important clinical clue is that the pain shifts with time. Noninvasive techniques, such as transesophageal echocardiography, CT, and MRI, are increasingly useful in making this diagnosis. Aortic valve stenosis would not be expected to produce severe chest pain of acute onset. This patient's clinical history does not suggest either an atherosclerotic or a syphilitic aneurysm. Even if he had one of either of these types of aneurysms and it had begun to rupture, the distinctive feature of severe pain moving downward would probably not be present. Myocardial infarction is the major diagnosis most often confused with this patient's condition. The movement of the pain is the major clinical tip-off suggesting that this is not the correct answer.

QUESTION 4

Which of the following is caused by a B5 deficiency?

- A. Ectopic pregnancy
- B. Nausea
- C. Dermatitis
- D. Fever

Correct Answer: C

QUESTION 5

Which of the following is not a causative agent with syndrome of inappropriate antidiuretic hormone secretion?

- A. Pulmonary disorders
- B. TBI
- C. Drug induced
- D. HIV

Correct Answer: D

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