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United States Medical Licensing Step 2

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QUESTION 1

A 48-year-old woman had a biopsy of a friable, bleeding lesion on her cervix. She had not had a pelvic examination or Pap smear for about 12 years. The biopsy is reported as invasive squamous cell carcinoma of the cervix. On bimanual examination, there is induration to the side wall of her pelvis.

To complete the staging of her cancer according to International Federation of Gynecology and Obstetrics (FIGO) standards, she should have which of the following?

- A. lymphangiogram
- B. pelvic venogram
- C. cystoscopy
- D. magnetic resonance imaging (MRI) scan of her abdomen
- E. laparoscopy

Correct Answer: C

The intent of staging is to judge the results of various treatments and to compare treatment results worldwide. Because advanced procedures such as venography, lymphangiography, MRI or CT scans, and laparoscopy are not universally available, staging of cervical cancer remains primarily clinical. Such tests as cystoscopy, proctosigmoidoscopy, barium enema, IVP, and plain radiographs of the abdomen and chest are permitted. Evidence of mucosal cancer confirmed by biopsy at the time of cystoscopy changes her diagnosis to stage IV cervical cancer.

QUESTION 2

A 24-year-old woman lost her previous two pregnancies at approximately 20 weeks' gestation, without having noted any contractions. She is currently at 15 weeks' gestation and denies having uterine contractions. Her cervix is undilated and uneffaced. Which of the following is the most appropriate management of this patient?

- A. bed rest
- B. terbutaline
- C. hydroxyprogesterone
- D. DES
- E. a cervical cerclage

Correct Answer: E

The patient described in the question has a classic history of an incompetent cervix: expulsion of a fetus without labor. It is believed to be caused by previous cervical trauma, DES exposure, or, most commonly, a congenital defect in cervical stroma. In the absence of preterm labor, there is no indication for terbutaline or other tocolytic agents. DES is contraindicated in pregnancy, but was used in the past to treat repeated pregnancy loss. Hydroxyprogesterone is a progestational compound that is being used by some hospitals for patients in premature labor, but its use is controversial. Bed rest is occasionally encouraged by some practitioners for patients with a history of premature deliveries. The probability of a successful pregnancy after a cervical cerclage increases from 20% to approximately 80%. It is crucial to eliminate the possibility of preterm labor before placing a cerclage.

QUESTION 3

For each of the diseases listed, select the arthropod vector responsible for its transmission. Malaria

- A. aegypti
- B. Anopheles species
- C. Pediculus humanus corporis
- D. Dermacentor andersoni
- E. Sarcoptes scabiei

Correct Answer: B

Epidemic typhus (classical typhus fever, or louse-borne typhus) has disappeared from most areas of the world but might reappear in conditions of famine, war, or other disasters. There are small areas where it is endemic. The responsible organism, a rickettsia, is conveyed from case to case by the human body louse,

P. humanus corporis. Malaria, in its various forms (*Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium ovale*, and *Plasmodium malariae*), is spread from human to human by females of the various *Anopheles* group of mosquitoes. Dengue fever has a worldwide distribution in tropical and subtropical areas. In addition to producing the classical fever with severe myalgia (breakbone fever), it can also cause a hemorrhagic fever. The causative agent, a group B arbovirus with four distinct serogroups, is virus-conveyed from case to case by the *A. aegypti* mosquito. Colorado tick fever occurs mainly in mountainous areas of the United States within the range of its vector, *D. andersoni*. The highest incidence is in May and June. Several hundred cases are recorded annually, but it is likely that the actual incidence is much higher. Avoidance of tick bites is the principal control measure. Yellow fever, the prototypical viral hemorrhagic fever, is African in origin but has spread to and remains endemic in equatorial regions of Central and South America. The vector, *A. aegypti*, has also spread worldwide, but surprisingly, cases have not been reported in India and Southeast Asia. The illness varies in severity from a mild, nonspecific fever to a more severe condition with hemorrhagic, hepatic, and renal manifestations.

QUESTION 4

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.

QUESTION 5

At 24 weeks\' gestation, where are most fetal red blood cells produced?

- A. the yolk sac
- B. spleen
- C. bone marrow
- D. liver
- E. lymph nodes

Correct Answer: D

The first site of hematopoiesis in the fetus is the yolk sac. Between 12 and 24 weeks\' gestation, the fetal liver makes the largest contribution. After 28 weeks, the fetal bone marrow is the most important site.

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