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United States Medical Licensing Step 2





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QUESTION 1

A 1-year-old African American infant is in for well-child care. He is primarily breast-fed. His parents do not give him much solid food because he has no teeth. He receives no medications or supplements. His parents are concerned about his bowed legs. On examination, you note some other bony abnormalities including frontal bossing, enlargement of the costochondral junctions, a protuberant sternum (pigeon chest), and severe bowing of the legs. You obtain x-rays to confirm your clinical diagnosis and also note a healing fracture of the left femur. Which of the following is the most likely diagnosis?

- A. osteogenesis imperfecta
- B. scurvy
- C. congenital syphilis
- D. rickets
- E. chondrodystrophy

Correct Answer: D

Babies who are exclusively breast-fed for prolonged periods of time are at risk for developing rickets. Dark-skinned infants are at high risk, especially during winter months when they receive inadequate sunlight. Supplementation with vitamin D is recommended in children who are at high risk, as well as pregnant and lactating mothers. Clinical features include craniotabes, a thinning of the outer table of the skull. This may also occur in osteogenesis imperfecta. Enlargement of the costochondral junctions (rachitic rosary) may be seen in rickets, scurvy, and chondrodystrophy. Other features may include delayed primary teeth, enamel defects, and caries. There may be thickening of the wrists and ankles; bending of the femur, tibia, and fibula result in bowlegs or knock-knees. Greenstick fractures of long bones may occur without symptoms. Diagnosis is based on history of inadequate vitamin D intake and clinical features. Diagnosis may be confirmed by x-rays and chemistry; serum calcium is low or normal, serum phosphorus is low, serum alkaline phosphatase is elevated, and serum 25-hydroxycholecalciferol is decreased. Breast milk contains adequate vitamin C as long as the mother is not deficient.

QUESTION 2

With reference to the above patient, you tell her that her expected delivery date (EDD) is which of the following?

- A. May 18
- B. August 18
- C. May 11
- D. August 11
- E. May 25
- F. June 1

Correct Answer: E

Calculation of the EDD is by using Naegele's rule. Seven days are added to the first day of the LMP, then 3 months are subtracted. Application of Naegele's rule is accurate only for women who have regular menstrual cycle intervals of

2830 days.

QUESTION 3

Which of the following medications may be appropriate for treating children with attention deficit disorder?

- A. lithium
- B. bupropion
- C. alprazolam
- D. propranolol
- E. perphenazine

Correct Answer: B

The antidepressant bupropion has been found effective for treating some cases of attention deficit disorder and offers help to those children not responsive to the usual treatment with stimulants (methylphenidate, pemoline). The remaining choices have not been found useful in treating this condition. They are lithium, a mood stabilizer; alprazolam, a benzodiazepine anxiolytic; propranolol, a betablocker; and perphenazine, an antipsychotic.

QUESTION 4

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 5

In a 6-month-old previously healthy male infant, an abnormality is revealed during a routine diaper change, as illustrated in Figure. The parents have noted this finding on and off on several occasions over the last month. On each occasion, the child has been feeding well, and is content and playful.



Several weeks later, the child presents to the emergency department with a 4-hour history of irritability. He has had one episode of nonbilious vomiting and has refused to breast-feed. In the emergency department, the infant appears inconsolable. He is afebrile, and his abdomen is mildly distended but soft. On removal of his diaper, the same abnormality is documented (see Figure). Which of the following is the most appropriate management at this time?

- A. urgent surgical exploration
- B. systemic antibiotics
- C. elective surgical repair
- D. sedation with manual reduction and arrangements for elective surgical repair
- E. sedation with manual reduction, admission, rehydration, and surgical repair within 2448 hours

Correct Answer: E

This patient has an inguinoscrotal mass from an indirect inguinal hernia. His initial presentation is one of a reducible inguinal hernia. Repair is indicated because of the risk of incarceration. He should be referred for early elective surgery. The second presentation several weeks later is at the time of incarceration of the hernia. This has resulted in pain, irritability, and reflex vomiting. Prolonged incarceration increases the risk of bowel ischemia. The appropriate management is sedation with manual reduction, admission with observation in hospital, and surgical repair within 2448 hours. Delaying repair after an initial episode of incarceration increases the risk of further episodes of incarceration, with potential bowel or testicular compromise. Failure to reduce an incarcerated hernia successfully mandates urgent surgical intervention. Testicular torsion is uncommon in this age group and presents with a tender, high-riding testicle. When suspected, urgent surgical exploration is indicated. Inguinal adenitis may be the result of an inflammatory focus in the diaper area, with resultant adenopathy, and secondary infection of the inguinal nodes with a gram-positive organism. The infant is usually febrile, with a tender inguinal mass. Therapy includes systemic antibiotics. An undescended testicle may present as an inguinal mass, with an empty hemiscrotum. It is usually asymptomatic. Management is elective orchiopexy at approximately 1 year of age. A noncommunicating hydrocele presents as an asymptomatic, fluctuant scrotal mass that transilluminates. Surgical intervention is not required, because most will resolve spontaneously by 1

year of age

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