

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

United States Medical Licensing Step 2

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### QUESTION 1

A 17-year-old girl notes an enlarging lump in her neck. On examination, her thyroid gland is twice the normal size, firm to rubbery, multilobular, nontender, and freely mobile. There is no adenopathy. Family history is positive for both hypothyroidism and hyperthyroidism. Her serum triiodothyronine (T3) and thyroxine (T4) levels are low normal, and serum thyroid-stimulating hormone (TSH) is high normal. Technetium scan shows nonuniform uptake. Serum and antithyroglobulin titer is strongly positive.

Which of the following is the most appropriate treatment for this patient?

- A. corticosteroids
- B. antibiotics
- C. thyroid hormone
- D. radioactive iodine
- E. surgery

Correct Answer: C

The patient described in the question most likely has Hashimoto's thyroiditis, also called autoimmune or chronic lymphocytic thyroiditis. It is the most common cause of thyroiditis in the United States and is encountered more frequently in women than in men. Patients note progressive thyromegaly but are usually euthyroid at the outset. Hypothyroidism may appear years later, often heralded by an elevated serum TSH level. Diagnosis is based on the history, examination, heterogeneous uptake on thyroid scan, and the presence of antithyroid and antithyroglobulin antibodies. If the diagnosis is still in doubt, needle biopsy will demonstrate lymphocyte infiltration, sometimes in sheets or forming germinal centers. Subacute (de Quervain, granulomatous) thyroiditis will show polymorphonuclear cells, necrosis, and giant cells. Bacteria may not be present in acute suppurative thyroiditis. Thyroid infiltration and replacement by rock-hard, woody, fibrous tissue is typical of Riedel's struma. C-cell hyperplasia is associated with medullary thyroid carcinoma. Hashimoto's thyroiditis is treated with thyroid hormone. Lower doses (0.100.15 mg/day) of levothyroxine are used to treat hypothyroidism alone; whereas, higher doses (0.150.30 mg/day) suppress TSH release and diminish goiter size. Partial resection may result in enlargement of the remaining gland. Steroids, antibiotics, and radioiodine have no role in therapy.

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### QUESTION 2

A 19-year-old primigravida at term has been completely dilated for 2 1/2 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 3

During a routine checkup, a 45-year-old executive is found to have hypercalcemia. Subsequent workup reveals elevated parathormone, decreased phosphorus, elevated chloride, and normal blood urea nitrogen (BUN), and creatinine in serum. Urinary calcium is above normal levels. What is the most likely etiology?

- A. multiple myeloma
- B. primary hyperparathyroidism
- C. hypervitaminosis D
- D. sarcoidosis
- E. milk alkali syndrome

Correct Answer: B

Primary hyperparathyroidism is characterized by hypercalcemia, hypophosphatemia, hyperchloremia, increased urinary calcium excretion, and an increase in serum parathormone level. Multiple myeloma is associated with hypercalcemia when there are many lytic lesions. Chronic ingestion of 50100 times the normal requirement of vitamin D is required to produce hypercalcemia in normal people, so hypervitaminosis D is rare and parathormone levels would be suppressed. With milk alkali syndrome, which is caused by excess ingestion of calcium and absorbable antacids, parathormone levels would also be suppressed. In sarcoidosis, about 10% of patients have hypercalcemia attributable to increased intestinal absorption of calcium and increased production of 1,25(OH)<sub>2</sub>D.

### QUESTION 4

In order to allocate health care resources in your community, you compare the health status of subpopulations by comparing infant mortality rates. Which of the following most accurately compares the infant mortality rates for children born to White mothers and for children born to Black or African- American mothers in 2004 in the United States?

- A. The infant mortality rate for children born to Black or African-American mothers was one-third the infant mortality rate for children born to White mothers.
- B. The infant mortality rate for children born to Black or African-American mothers was one-half the infant mortality rate for children born to White mothers.
- C. The infant mortality rate for children born to Black or African-American mothers was between one and two times the infant mortality rate for children born to White mothers.
- D. The infant mortality rate for children born to African-American mothers was between two and three times the infant mortality rate for children born to White mothers.

E. The infant mortality rate for children born to Black or African-American mothers was six times the mortality rate for children born to White mothers.

Correct Answer: D

In 2004, the infant mortality rate for children born to White mothers was 5.7 infant deaths/1000 live births. The infant mortality rate for children born to Black or African-American mothers was 13.8 infant deaths/1000 live births.

## QUESTION 5

A 25-year-old man presents in the emergency department for a 2-week problem of worsening urinary hesitancy. He has had problems getting his urine stream started and has noted a decrease in the force of the stream. Now it seems to just "dribble out." He denies any pain or burning, any medical problems, and any exposure to sexually transmitted diseases. For approximately 1 month, he has been taking thioridazine, 200 mg bid, and benztropine, 2 mg qid, and "sometimes one or two benztropine" prn. Given the above information, which of the following is the most likely cause of this man's problem?

Which of the following is a safer choice of medication for this man?

- A. amitriptyline
- B. risperidone
- C. chlorpromazine
- D. mesoridazine
- E. imipramine

Correct Answer: B

Given the temporal relationship in the start of two anticholinergic drugs and the onset of the urinary hesitancy in an otherwise healthy young male, it would be reasonable to conclude that the drugs are causing the problem. Certainly, a rapid assessment regarding the possibility of other causes (e.g., infection, trauma, stricture) is important. Careful, attentive listening for any hint of psychotic delusion involving urination is important to screen for. The manner in which the patient describes his symptoms is invaluable in facilitating diagnosis. Also remember that a real medical condition can be described in bizarre, distorted terms, making assessment more difficult and complicated. Drug-induced urinary hesitancy may be treated by discontinuing the causative medications. In addition, bethanechol, 1030 mg three to four times each day, may be administered. Bethanechol acts by stimulating the parasympathetic nervous system. The tone of the detrusor urinae muscle increases, producing a contraction strong enough to initiate micturition and emptying of the bladder. Giving benztropine, an anticholinergic, would only heighten the problem. Unfortunately, some patients understand that benztropine is "for the side effect" of their antipsychotic medication but do not understand the difference between the extrapyramidal effect and the anticholinergic effects. Increased thioridazine would also increase the urinary problem. Calling in a urologist would be indicated if the initial treatment failed to work or if the emergency department physician were not able to "get beyond" an extremely distorted, disorganized presentation by the patient. If the bladder were extremely distended and the patient very uncomfortable, insertion of a urinary catheter would be a reasonable course of action. In the patient described, the bladder is not distended.

Of the medications listed, risperidone is a reasonable and safe choice because its anticholinergic effects are low compared to the other drugs listed, and much lower than thioridazine. Chlorpromazine and mesoridazine have substantial anticholinergic effects. Amitriptyline and imipramine have substantial anticholinergic effects, and, in addition, they are tricyclic antidepressants, not antipsychotics.

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