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United States Medical Licensing Step 3

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QUESTION 1

A 25-year-old woman returns for her well-baby check 1 week after delivery. The baby has been gaining weight adequately and awakens several times per night to breast feed. Although the mother claims she enjoys being a mom overall, she looks sad and does reluctantly admit to feeling "down" quite a bit. While she feels a great deal of support by her husband, she finds herself crying when alone. Her sleep is erratic, and she often feels tired, but she is eating adequately. She denies significant guilt or any thoughts of suicide or infanticide. What is the appropriate treatment approach for this patient?

- A. antidepressant
- B. hospitalization
- C. mood stabilizer
- D. psychotherapy
- E. reassurance

Correct Answer: E Section: (none)

Explanation: Explanations: This woman is likely suffering from "baby blues," which is considered a normal reaction to the stress of the postpartum period. It occurs in up to 50% of women after delivery, usually beginning within several days. It is very important to distinguish this from a major depressive episode, postpartum onset, which requires antidepressant treatment and/or psychotherapy. Hospitalization would be indicated only if there were concerns over suicide, or, in cases of "postpartum psychosis," where psychotic symptoms put the infant in immediate danger. Mood stabilizers would be appropriate if the mood disorder were considered to be a bipolar illness. Baby blues are usually self-limiting and respond to reassurance and support.

QUESTION 2

A 50-year old male presents to the office for prostate cancer screening because he saw a TV show recommending that men get tested. He has no significant medical history, takes no medications, and has no genitourinary symptoms. There is no family history of prostate cancer. How would you advise him regarding prostate cancer screening?

- A. All men over the age of 50 should have a PSA test every year.
- B. As blood tests are very safe, there is no harm associated with PSA screening.
- C. Only men with symptoms of prostate enlargement should have PSA screening.
- D. A PSA level of less than 4.0 ng/mL rules out the diagnosis of prostate cancer.
- E. Certain medications may alter PSA level.

Correct Answer: E Section: (none)

Explanation:

Screening for prostate cancer with the PSA test is a controversial area. Some advocate routine screening of most men over the age of 50 while others recommend selective screening or no routine screening at all. The USPSTF gives prostate cancer screening an "I" recommendation, stating that there is insufficient evidence to recommend for or against this intervention. Prostate cancer is the second most common cause of cancer death in men (behind lung cancer). PSA screening does not help to prevent prostate cancer but it does increase the likelihood of detection of prostate cancer. However, many prostate cancers are slow growing and many with prostate cancer die of other causes. PSA screening has not been shown to reduce all cause mortality. While the mortality from prostate cancer has been decreasing over the years, the reason for this is not yet clear. PSA screening may play a role in this but improvements in the treatment of prostate cancer may also be responsible. The PSA also has significant rates of false positive and false negative readings. Benign conditions such as prostatic hyperplasia or prostatitis can elevate PSA readings and prostate cancer can exist in men with normal PSA readings. Another factor that can interfere with PSA readings is the presence of medications. Finasteride and dutasteride, which are widely used in the treatment of benign prostatic hyperplasia, can lower PSA readings, even in the presence of prostate cancer. If PSA screening is chosen by the patient and his physician, selection of appropriate patients for screening is important. The presence of symptoms related to the prostate may influence one's decision to perform a PSA test. However, many prostate cancers are asymptomatic, so the absence of symptoms may not be a reason to withhold testing. Most authorities would not recommend the routine screening of men with significant comorbidities that would result in them having a life expectancy of fewer than 10 years. One of the reasons for the controversy surrounding PSA screening is the risk of harm of testing. Elevated PSA levels frequently result in further--sometimes invasive--testing and may result in the detection of cancers that may or may not have become clinically significant.

QUESTION 3

An 18-year-old female presents for evaluation of facial acne. On examination, she has multiple comedones, papules, and pustules on her forehead, nose, cheeks, and chin. She also has several distinct nodules, each greater than 5 mm in diameter. Which of the following is most appropriate for initial inclusion in a regimen to treat this patient's acne?

- A. erythromycin gel
- B. tretinoin 0.025% cream
- C. clindamycin lotion
- D. oral tetracycline
- E. oral isotretinoin

Correct Answer: D Section: (none)

Explanation:

This patient has nodulocystic acne which is characterized by the presence of multiple comedones, inflammatory papules, pustules, and large nodules. Characteristically, the nodules measure greater than 5 mm in diameter. Initial therapy should include a systemic antibiotic such as tetracycline or erythromycin. Use of local therapy alone may be adequate in individuals with comedonal acne. In cases of acne which feature more of an inflammatory component (with papules and pustules), topical and oral antibiotics are useful. Oral isotretinoin is indicated for severe nodulocystic acne that is unresponsive to other therapies.

QUESTION 4

An 82-year-old woman schedules an appointment to see you for neck and back pain. At age 50, she had an L4-L5

discectomy and laminectomy. She also has long-standing hypothyroidism for which she takes levothyroxine 0.1 mg daily. Over the past few months, she has become more fatigued and describes pain in both of her arms, her low back, and the front of her thighs. She notes that the tops of her shoulders are also achy. She decided to call for an appointment because of worsening headache. She tells you that she has an appointment later this afternoon with her ophthalmologist, because she noticed some flickering of the vision in her left eye. Upon further questioning, she does acknowledge that she has cut her telephone conversation short with her daughter because her jaw begins to ache if she talks too long. Physical examination shows that she has normal vital signs. She has diffuse scalp tenderness. The oral mucosa is normal without aphthous ulcers and the salivary pool is normal. Her pupils are equal, round, and reactive to light and accommodation, and extraocular muscles are intact. The fundoscopic examination appears normal for her age. Neck motion is slightly reduced to lateral flexion and rotation. Her trapezii are tender to palpation, but there is no significant loss of range of motion in her shoulders. Her supraspinatus and infraspinatus tendons appear intact. Her quadriceps are mildly tender, but her gastrocnemius muscles are normal. Her strength is normal for age. Her reflexes are normal and symmetrical.

The most likely diagnosis is which of the following?

- A. polymyalgia rheumatica
- B. osteoarthritis of the cervical spine
- C. osteoarthritis of the lumbar spine
- D. bilateral rotator cuff tears
- E. temporal arteritis

Correct Answer: E Section: (none)

Explanation: The diagnosis is almost certainly temporal arteritis. Age over 70, headache with scalp tenderness, jaw claudication, and visual disturbance would suggest the diagnosis even if the sedimentation rate came back within the normal range. Since the patient's supraspinatus and infraspinatus strength are normal, complete rotator cuff tear seems unlikely. Rotator cuff tears would also not explain the leg component. Osteoarthritis of the neck and back could explain many of her clinical features, particularly if spinal stenosis is present, but would not account for the jaw claudication or the headaches with scalp tenderness. Many patients with temporal arteritis have features of polymyalgia rheumatica, but in this case, temporal arteritis is the best working diagnosis. Temporal arteritis is one of the few unequivocal rheumatic disease emergencies. The patient should be given large doses of prednisone immediately. An ESR should be obtained, but as noted above, even a normal study would not prevent the prednisone from being prescribed at this point. You should also contact the ophthalmologist because there can be retinal clues not picked up on standard office funduscopy. In addition, many ophthalmologists now will do the temporal artery biopsy in their patients. This is a very reasonable next step for the patient and will unequivocally establish the diagnosis.

Temporal arteritis may have skip lesions, and thus, a fairly significant length of the temporal artery should be taken by the surgeon. MRI of the brain, even with MRA, will not help establish a diagnosis of temporal arteritis and will needlessly delay diagnosis, possibly causing the patient to lose vision.

QUESTION 5

A 45-year-old woman presents with a slowly growing mass near the right jaw. You palpate a firm nodule in the parotid gland but find no adenopathy and no other abnormality on examination. A biopsy reveals both epithelial and stromal elements.

What is this patient's diagnosis?

- A. pleomorphic adenoma (mixed tumor)
- B. Whartin tumor
- C. monomorphic adenoma
- D. basal cell adenoma
- E. oxyphilic adenoma

Correct Answer: A Section: (none)

Explanation:

Pleomorphic adenoma (mixed tumor) is the most common tumor of the salivary glands. Pleomorphic adenoma is a benign neoplasm characterized by a mixture of epithelium and stromal elements. Two-thirds of all tumors of the major salivary glands and about half of those in the minor ones are pleomorphic adenomas. The tumor is nine times more frequent in the parotid than in the submandibular gland and usually arises in the superficial lobe of the parotid. It occurs most often in the middleaged people and shows a female preponderance. While it is a benign tumor, the recommended treatment is removal, as it will continue to grow and cause symptoms. Most authorities recommend wide local excisions, in an effort to reduce the risk of recurrence.

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