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QUESTION 1

A 22-year-old male arrives in the trauma bay via ambulance. He was intubated in the field after suffering a gunshot wound to the head. On examination, he has both an entrance and exit wound suggesting a transcranial trajectory of the bullet. On physical examination, you note that there are no brain stem reflexes present and his pupils are fixed and dilated. Given his

- A. Explain to them the process of organ transplantation and its benefits to others.
- B. Withdraw mechanical ventilator support and allow the patient to expire.
- C. Add a narcotic drip to the patient's treatment in order to ease his pain prior to withdrawing mechanical ventilation.
- D. Contact the donor services agency to have a professional trained in addressing organ donation come to speak with the family.
- E. Contact the transplant team and prepare the patient for the OR because the organs are too vital to waste regardless of the family's wishes.

Correct Answer: D Section: (none)

Explanation:

Organ donation can often be a very sensitive topic. As the transplant waiting lists continue to grow, the process of approaching the family of potential organ donors has been of great interest. In this setting, it is important to provide adequate information in a nonthreatening manner. Even today with donor cards, living wills, and so on, there can still be conflict between the patient and family, or even amongst family members, with regard organ transplantation. An individual who has been trained to discuss organ transplantation with grieving families best addresses this sensitive topic. Furthermore, regardless of the decision after appropriate discussions are held, it is vital to respect the family's choice.

QUESTION 2

A 30-year-old man is seen in the primary care clinic. He complains of 3 months of "feeling down" that began soon after his job loss 6 months ago. His appetite has decreased, and he has noticed his clothes are baggy on him. He has felt extremely distracted and fatigued. He attributes this to waking up at approximately 3:00 a.m. every day and then not falling back to sleep. While he has felt "lower than I've ever been," he denies any suicidal ideation. He does not have any past psychiatric history or current medical problems. He is prescribed mirtazepine (Remeron) 15 mg at bedtime, but he asks, "how long does the medication take to work"?

His illness is successfully treated and remits for 1 year. He returns to the clinic wishing to stop the medications. He asks whether he needs to take the medications "for the rest of my life." What should he be counseled regarding his approximate risk of recurrence if he discontinues the medication?

- A. 010%
- B. 1030%
- C. 3050%
- D. 5080%

E. 80100%

Correct Answer: D Section: (none)

Explanation: Explanations: This patient presents with a major depressive episode. He is appropriately begun on an antidepressant, namely mirtazepine. With all antidepressants, the first symptoms to improve over days to weeks will be the neurovegetative symptoms such as insomnia, anergia, appetite, and concentration. Unfortunately, the depressed mood and hopelessness are often the last symptoms of depression to remit. Like many other psychiatric as well as medical illnesses, MDD tends to be a recurrent illness. While individual episodes are very treatable, there is a high risk of recurrence without continued treatment. After having a single episode of depression, studies indicate approximately 50-85% of individuals will develop subsequent episodes of major depression.

QUESTION 3

The patient is a 28-year-old divorced female who presents in the emergency room complaining of insomnia. Further history reveals that she has been depressed since the divorce settlement 3 months ago. She also has anergia, poor concentration, decreased appetite with a 15-lb weight loss, anhedonia, and guilt surrounding her "failed marriage." She reluctantly admits to pervasive thoughts of killing herself, with a plan to overdose on two bottles of Tylenol as "I heard it can kill you." She has purchased the medicine and written a suicide note. She asks to leave to go home, and when discussion of admission is brought up, she becomes angry and demands to be discharged from the emergency room.

The above decision is based on which of the following ethical principles?

- A. autonomy
- B. beneficence
- C. confidentiality
- D. justice
- E. nonmaleficence

Correct Answer: B Section: (none)

Explanation:

This patient appears to be suffering from a major depressive episode and is exhibiting acute suicidal ideation with a definitive plan and intent to overdose on a potentially lethal substance. She clearly poses an increased risk of self-harm and requires immediate hospitalization. As she refuses a voluntary admission, involuntary admission (commitment) is warranted. Autonomy is the right of a patient to self-determination. Confidentiality is not a core ethical principle. Nonmaleficence is the duty to "first, do no harm." The concept of justice involves social, political, legal, and religious considerations. The important code of beneficence (preventing harm) is illustrated in the above case, where an immediately suicidal patient is admitted involuntarily.

QUESTION 4

A 22-year-old White female (gravida 2, para 1, abortus 1) comes to your office with a 3-week history of lower abdominal pain and increased vaginal discharge. She has a prior history of an ectopic pregnancy at age 16. Her last menstrual

period (LMP) was 7 days ago, and she has had unprotected vaginal intercourse with a new sexual partner several times over the past few weeks. Her temperature is 38.0°C; her vital signs are stable. She has bilateral lower quadrant tenderness but no peritoneal signs. On speculum examination, she has foul smelling green discharge emanating from her cervix. She has cervical motion tenderness on bimanual examination and is tender in both adnexae. Her wet mount shows copious white cells. Her urine hCG is (-).

- A. gonorrhea alone
- B. chlamydia alone
- C. Candida albicans
- D. herpes simplex virus
- E. polymicrobial aerobic and anaerobic bacteria from the lower genital tract

Correct Answer: E Section: (none)

Explanation:

PID is actually a spectrum of inflammatory disorders of the upper female genital tract. It includes endometritis, salpingitis, tubo-ovarian abscess, and pelvic peritonitis. While the sexually transmitted bacteria *N. gonorrhoea* and *C. trachomatis* are often implicated, vaginal flora, including anaerobes, *G. vaginalis*, *H. influenzae*, gram-negative rods, and others, are also associated with PID. The clinical diagnosis of acute PID can be difficult and imprecise. There is a wide range of variation in signs and symptoms, and many women have very mild or subtle symptoms only. Because of the difficulty with diagnosis and the potential for damage to reproductive health with even mild PID, one must keep a low threshold for the diagnosis. Empiric treatment for PID should be considered in sexually active young women, or other women at risk for STDs, if there is uterine, adnexal, or cervical motion tenderness, and no other cause of illness can be identified. Additional criteria that support a diagnosis of PID include temperature >101°F, mucopurulent cervical or vaginal discharge, presence of WBCs on wet prep of vaginal secretions, elevated ESR, elevated C-reactive protein, and documentation of infection with gonorrhea or chlamydia.

QUESTION 5

A 17-year-old male presents for evaluation of shortness of breath. He has episodes where he will audibly wheeze and have chest tightness. His symptoms worsen if he tries to exercise, especially when it is cold. He has used an OTC inhaler with good relief of his symptoms, but he finds that his symptoms are worsening. He now has episodes of wheezing on a daily basis and will have nighttime wheezing and coughing, on average, five or six times a month. You suspect a diagnosis of asthma.

Your diagnostic workup confirms the diagnosis of asthma. What clinical classification of asthma does this patient have?

- A. exercise-induced asthma
- B. mild asthma
- C. mild persistent asthma
- D. moderate persistent asthma
- E. severe persistent asthma

Correct Answer: D Section: (none)

Explanation:

Asthma is a chronic lung disease characterized by inflammation of the airways, causing recurrent symptoms. The characteristic symptoms are wheezing, chest tightness, shortness of breath, or cough. Symptoms often worsen in the face of certain triggers, which include allergens, cold air, exercise, or other irritants. Physical examination may reveal hyperexpansion of the thorax, expiratory wheezing with a prolonged expiratory phase of respiration, and signs of allergies or atopic dermatitis. Asthma can be diagnosed by a history of episodic symptoms of airway obstruction (wheeze, dyspnea, cough, chest tightness), establishing the presence of airflow obstruction that is at least partially reversible and ruling out other causes of these symptoms/signs. Airflow obstruction can be shown by spirometry revealing an FEV1 of