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United States Medical Licensing Step 3

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QUESTION 1

A 56-year-old Black male construction worker comes for evaluation of a worsening, nonproductive cough that he first noticed 2 months before. During the last week the cough has worsened and has become productive of yellow, blood-tinged sputum. He reports his appetite is poor, and he has lost approximately 15 lbs over the past 2 months. You take a social history and find out he has smoked two packs of cigarettes a day since he was 16 years old. He states that he drinks approximately 10 beers per week. You perform a physical examination. He appears chronically ill; however, his vital signs are normal. The head and neck examination is within normal limits. There are decreased breath sounds in the left upper chest. Breath sounds are distant in the other lung fields. The diaphragms are low. There is no palpable hepatosplenomegaly. You order a posterior-to-anterior (PA) and lateral CXR. The chest radiogram shows opacity of the left upper lobe. There are no pleural effusions. The cardiac silhouette is not enlarged. The mediastinum does not appear enlarged. What next should be ordered?

- A. Culture sputum, blood, and urine; administer a broad-spectrum antibiotic; order apical lordotic x-ray views.
- B. Culture sputum, blood, and urine; order a spiral CT scan of the chest.
- C. Culture sputum, blood, and urine; order an MRI of the chest.
- D. Treat with broad-spectrum antibiotics for pneumonia, and tell him to come back in 3 months to repeat the chest radiography.
- E. Culture sputum, blood, and urine; order a positron emission tomographic (PET) scan.

Correct Answer: B Section: (none)

Explanation: Because there is a smoking history, it is appropriate to order a spiral CT scan to better delineate whether the mass is a tumor, an infectious process, or both. Tumor blocking a bronchus can frequently be associated with a pneumonia involving lung behind the compressed bronchus; therefore, the evaluation should include collecting the appropriate cultures along with the further imaging. The full staging of small cell lung cancer is very important both for prognosis to relate to the patient and his family and to define the most appropriate therapy. Therefore, it is appropriate to order the MRI studies of the head along with CT scans with contrast of the abdomen and pelvis, a bone scan and a bone marrow aspirate and biopsy to determine if the disease is limited to the thorax or has metastasized to other organs. Small cell lung cancer limited to the thorax is potentially a disease that can achieve complete, long-term remissions with appropriate therapy. Small cell lung cancer metastatic beyond the chest can be well palliated but, at this time, our current treatments are unable to induce a long-term disease-free remission. Surgery alone is not an appropriate treatment for small cell lung cancer. Even with a successful complete tumor resection, without systemic therapy (chemotherapy), the small cell lung cancer recurs in 100% of cases within months to several years.

QUESTION 2

A 40-year-old single male with chronic schizophrenia is seen for a routine primary care clinic appointment for diabetes management. He is currently taking glyburide 5 mg bid and aripiprazole (Abilify) 20 mg daily. He claims to be compliant with his medications but appears poorly groomed with noticeable body odor. He is reluctant to talk, being somewhat guarded, but he eventually confides that he has been programmed by the government to kill his landlord, who he is convinced is working for Al Qaeda. His orders have been transmitted through his apartment walls to a receiver in his brain. He has been informed that if he does not comply, he will be sent to hell, so he has recently purchased several knives and plans to carry out "my mission" as soon as possible. When the subject of voluntary admission is brought up, he adamantly refuses.

What is the most appropriate next step in his management?

- A. admit the patient involuntarily
- B. call the landlord and warn him
- C. continue current medications with close follow-up
- D. discuss the potential legal issues with the patient
- E. switch the patient to another atypical antipsychotic

Correct Answer: A Section: (none)

Explanation:

The patient has chronic schizophrenia with an acute exacerbation consisting of disorganization, paranoia, persecutory delusions, and command hallucinations to kill his landlord. Although all of the choices may be indicated, this patient appears to be at significant risk of harm to others, namely his landlord. Therefore, only admission to the hospital for treatment (either voluntary or involuntary) would adequately protect the landlord. The Durham rule refers to criminal responsibility, that one is not criminally responsible if the illegal act was a product of a mental disease or defect. The M'Naghten rule was established by the British courts and posits that one is not guilty by reason of insanity if, due to a mental disease, one was unaware of the nature of the act or was incapable of realizing the act was wrong. Testamentary capacity refers to one's competence to make a will. The Tarasoff I and Tarasoff II rulings refer to the duty to warn others of danger and duty to protect others from danger, respectively.

QUESTION 3

A 52-year-old woman has biopsy of a breast lesion which confirms the mass as malignant. She is also found to clinically have a palpable ipsilateral axillary lymph node. Which of the following would be the most likely pathologic finding in this node?

- A. acute lymphadenitis
- B. follicular hyperplasia
- C. paracortical hyperplasia
- D. granulomatous inflammation
- E. sinus histiocytosis

Correct Answer: E Section: (none)

Explanation:

Sinus histiocytosis represents hyperplasia of the endothelial lining of the sinusoids, which become dilated and contain many histiocytes. This reaction, which is also called reticular hyperplasia, becomes very prominent in lymph nodes when they are draining a cancerous process. This is particularly common in the axillary nodes when cancer of the breast has been detected. It is thought to represent an immune response to the host against the tumor products.

QUESTION 4

A 6-year-old girl is brought in to the primary care clinic for evaluation by her foster parents, who are concerned that "something is wrong with her." They have noticed odd behavior, with repetitive words and phrases, and difficulty following directions. Her vital signs are normal. Her physical examination is remarkable for a head circumference greater than the 90th percentile but a height less than the 30th percentile, large-appearing ears, and significant flexibility in the joints.

Which of the following chromosomes is most likely abnormal in this patient?

- A. 5
- B. 15
- C. 18
- D. 21
- E. X

Correct Answer: E Section: (none)

Explanation:

This patient displays the classic phenotype for fragile X syndrome: a large, long head, long ears, short stature, hyperextensible joints, and macro-orchidism (in males). Cri du chat syndrome involves a deletion affecting chromosome 5 and is characterized by microcephaly, low-set ears, and severe mental retardation. Chromosome 21 is involved in Down syndrome, the most common single cause of mental retardation. Patients with Down syndrome exhibit slanted eyes, epicanthal folds, and a flat nose. Fragile X syndrome results from a mutation on the X chromosome. Fragile X syndrome is the second most common single cause of mental retardation, with affected individuals having mild-to-severe mental retardation. It is also associated with various comorbid diagnoses, including learning disorders, autism, and approximately a 75% rate of ADHD.

QUESTION 5

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.

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