

AMBOSS 200 HIGH YIELD (HY) CONCEPTS FOR STEP 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. If emergent PCI cannot be performed within 120 minutes in STEMI, what is the recommended alternative therapy?**
 - A. Thrombolytic therapy
 - B. Immediate PCI
 - C. Start antibiotics
 - D. Observation and analgesia
- 2. Alpha-1 antitrypsin deficiency is associated with increased risk of which liver conditions?**
 - A. Hepatocellular carcinoma only
 - B. Cirrhosis only
 - C. Neither hepatocellular carcinoma nor cirrhosis
 - D. Hepatocellular carcinoma and cirrhosis
- 3. A known complication of right-sided infective endocarditis is which of the following?**
 - A. Septic pulmonary emboli
 - B. Emboli to brain
 - C. Splenic infarct
 - D. Renal infarct
- 4. For long-term management of deep vein thrombosis, which therapy is preferred?**
 - A. Heparin therapy
 - B. Warfarin therapy alone
 - C. DOACs such as apixaban or rivaroxaban
 - D. Aspirin therapy only
- 5. In the evaluation of a new pleural effusion, which intervention provides diagnostic pleural fluid for analysis and is commonly performed as the initial step?**
 - A. Chest X-ray
 - B. Lung Biopsy
 - C. Bronchoscopy
 - D. Thoracentesis

- 6. Prophylaxis for close contacts of *Neisseria meningitis* is best accomplished with which antibiotic?**
- A. Dapsone
 - B. Rifampin
 - C. Azithromycin
 - D. Ceftriaxone
- 7. Iron deficiency anemia due to chronic GI blood loss. Initial management?**
- A. Iron supplementation alone.
 - B. Identify source only.
 - C. No treatment.
 - D. Identify source, iron supplementation, and address underlying GI cause.
- 8. Brain metastases characteristically localize to which of the following regions?**
- A. Lung
 - B. Breast
 - C. Gray-white matter junction
 - D. Meninges
- 9. Which statement best describes WBC counts typically seen in the condition with a BCR-ABL fusion?**
- A. Counts typically around 10,000
 - B. Counts typically >50,000
 - C. Counts typically >100,000
 - D. Counts typically normal
- 10. Which imaging modality is best to evaluate thymic pathology in suspected myasthenia gravis?**
- A. Chest CT
 - B. Brain MRI
 - C. Abdominal ultrasound
 - D. PET-CT

Answers

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1. A
2. D
3. A
4. C
5. D
6. B
7. D
8. C
9. D
10. A

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Explanations

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1. If emergent PCI cannot be performed within 120 minutes in STEMI, what is the recommended alternative therapy?

- A. Thrombolytic therapy**
- B. Immediate PCI
- C. Start antibiotics
- D. Observation and analgesia

In STEMI, restoring blood flow quickly is the priority. If primary PCI cannot be done within 120 minutes, the best alternative is thrombolytic (fibrinolytic) therapy to dissolve the clot and reperfuse the blocked coronary artery as soon as possible. Administer the fibrinolytic agent promptly (ideally within 30 minutes of arrival, with treatment ideally started within 12 hours of symptom onset) and then continue standard antiplatelet therapy while arranging transfer for further evaluation or rescue PCI if reperfusion is incomplete or fails. Be mindful of contraindications and the bleeding risk. Antibiotics or simply observing the patient would not address the occlusion.

2. Alpha-1 antitrypsin deficiency is associated with increased risk of which liver conditions?

- A. Hepatocellular carcinoma only
- B. Cirrhosis only
- C. Neither hepatocellular carcinoma nor cirrhosis
- D. Hepatocellular carcinoma and cirrhosis**

Chronic liver injury from alpha-1 antitrypsin deficiency leads to both scarring (cirrhosis) and an increased risk of liver cancer (hepatocellular carcinoma). The deficiency causes misfolded A1AT to accumulate in hepatocytes, provoking ongoing inflammation and fibrosis that can progress to cirrhosis. Once cirrhosis develops, the risk of hepatocellular carcinoma rises due to the chronic regenerative drive and genetic instability in the cirrhotic liver. Therefore, this condition is associated with both cirrhosis and hepatocellular carcinoma, with the cancer risk being greatest when cirrhosis is present.

3. A known complication of right-sided infective endocarditis is which of the following?

- A. Septic pulmonary emboli**
- B. Emboli to brain
- C. Splenic infarct
- D. Renal infarct

Right-sided infective endocarditis sends vegetations into the venous circulation, so fragments embolize to the lungs via the pulmonary arteries. This makes septic pulmonary emboli the classic and most likely complication. Emboli to the brain, spleen, or kidneys come from left-sided endocarditis, since those emboli travel through the arterial system to systemic organs. In practice, right-sided disease (often involving the tricuspid valve) is classically associated with pulmonary findings, whereas systemic emboli point to left-sided involvement.

4. For long-term management of deep vein thrombosis, which therapy is preferred?

- A. Heparin therapy
- B. Warfarin therapy alone
- C. DOACs such as apixaban or rivaroxaban**
- D. Aspirin therapy only

Direct oral anticoagulants, such as apixaban or rivaroxaban, are preferred for long-term management of deep vein thrombosis. They provide effective protection against recurrent events with a convenient, fixed dosing approach and do not require routine lab monitoring or warfarin-like INR management. They also avoid the need for bridging with heparin, which simplifies outpatient therapy. Trials have shown these DOACs to be as effective as warfarin for preventing recurrence, with at least comparable or even lower risk of major bleeding. In contrast, heparin is mainly for initial treatment, warfarin requires regular INR checks and has many interactions, and aspirin alone does not offer adequate anticoagulation for long-term prevention in most patients.

5. In the evaluation of a new pleural effusion, which intervention provides diagnostic pleural fluid for analysis and is commonly performed as the initial step?

- A. Chest X-ray
- B. Lung Biopsy
- C. Bronchoscopy
- D. Thoracentesis**

Obtaining fluid from the pleural space with thoracentesis provides material for direct analysis and is the first, best step to diagnose a new pleural effusion. By tapping the effusion, you can send pleural fluid for multiple tests that distinguish causes and guide management: Light's criteria to separate exudates from transudates, cell counts with differential, cytology for malignancy, Gram stain and culture for infection, pH and glucose levels, and even ADA testing for TB. This direct sampling is what makes thoracentesis the most informative initial intervention. Chest imaging can show that an effusion is present but does not yield diagnostic fluid. Lung biopsy samples tissue, not fluid, and bronchoscopy targets the airways rather than the pleural space, so they don't provide the diagnostic pleural fluid needed to evaluate the effusion.

6. Prophylaxis for close contacts of *Neisseria meningitis* is best accomplished with which antibiotic?

- A. Dapsone
- B. Rifampin**
- C. Azithromycin
- D. Ceftriaxone

*Preventing transmission from a meningococcal exposure relies on eradicating nasopharyngeal carriage of *Neisseria meningitidis* in those most at risk. Rifampin is the drug of choice for close contacts because it rapidly reduces nasopharyngeal carriage when given as a short course, effectively lowering the chance of secondary cases. It works well in both adults and children and has well-established dosing regimens for prophylaxis. Alternatives exist for specific situations (for example, ceftriaxone can be used if rifampin is contraindicated, such as in certain pregnancy scenarios), but rifampin remains the best initial prophylaxis for routine close-contact prevention. Dapsone and azithromycin do not reliably prevent meningococcal carriage, so they're not suitable choices for this indication.*

7. Iron deficiency anemia due to chronic GI blood loss. Initial management?

- A. Iron supplementation alone.
- B. Identify source only.
- C. No treatment.
- D. Identify source, iron supplementation, and address underlying GI cause.**

When iron deficiency anemia is due to chronic GI blood loss, you must both replenish iron stores and stop the ongoing bleed by identifying and treating the source. Iron supplementation corrects the deficit and symptoms, but without locating and addressing the bleeding source, the anemia will recur. So start iron therapy while performing diagnostic evaluation (endoscopy/colonoscopy) to locate the source and provide targeted treatment for the underlying GI cause (ulcers, polyps or malignancy, angiodysplasia, diverticulosis, etc.). In parallel, manage the GI pathology to halt ongoing loss and prevent future episodes.

8. Brain metastases characteristically localize to which of the following regions?

- A. Lung
- B. Breast
- C. Gray-white matter junction**
- D. Meninges

Metastatic cancer in the brain most often spreads through the bloodstream and gets trapped where small end-arterioles transition from gray matter to white matter. The gray–white matter junction presents an abrupt change in vessel caliber, making it a prime site for embolic tumor cells to lodge and establish lesions. That's why brain metastases characteristically appear at this junction, frequently in the cerebral hemispheres. The other options don't describe this pattern. The lungs and breasts are common primary sources of brain metastases, but they're about where the cancer starts, not where it localizes within the brain. Involvement of the meninges indicates leptomeningeal carcinomatosis, a diffuse pattern rather than focal parenchymal metastases.

9. Which statement best describes WBC counts typically seen in the condition with a BCR-ABL fusion?

- A. Counts typically around 10,000
- B. Counts typically >50,000
- C. Counts typically >100,000
- D. Counts typically normal**

BCR-ABL fusion marks chronic myeloid leukemia, a myeloproliferative disorder where constitutive tyrosine kinase activity drives uncontrolled expansion of the myeloid lineage. This leads to marked leukocytosis, so white blood cell counts are typically well above normal—commonly exceeding 50,000 per microliter and often reaching 100,000 or more. The picture is a high white count with a left-shift and immature forms, sometimes with basophilia, rather than a normal or mildly elevated count. So a description of WBC counts typically being greater than 50,000 best fits the condition.

10. Which imaging modality is best to evaluate thymic pathology in suspected myasthenia gravis?

A. Chest CT

B. Brain MRI

C. Abdominal ultrasound

D. PET-CT

In myasthenia gravis, thymic pathology is common and imaging is aimed at assessing the thymus in the anterior mediastinum to look for hyperplasia or thymoma. Chest CT provides high-resolution, cross-sectional images of the mediastinal thymus, allowing precise visualization of thymic tissue, masses, contour changes, and invasion if present. It can distinguish thymic hyperplasia from a thymic tumor and shows details like calcifications and relationships to surrounding structures, which are critical for planning management such as thymectomy. Although MRI can be used and PET-CT adds metabolic information, CT is the most practical and sensitive initial test for evaluating thymic morphology. Brain MRI and abdominal ultrasound don't evaluate the thymus, so they aren't appropriate for this purpose.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://amboss200hyconcepts4step2.examzify.com>

We wish you the very best on your exam journey. You've got this!

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