

Infectious Disease Questions: Clinical Microbiology Endocarditis/GI Infections/HIV

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Clinical Microbiology

An otherwise healthy 32 y.o. is seen in your office/ER soon after a cat bite. Typical of cat bites, the wound demonstrates several small puncture wounds that are not really amenable to irrigation etc.

Should you give an antibiotic? If so, which one is contraindicated?

A. cephalexin (Keflex®)

B. doxycycline

C. ampicillin

D. amoxicillin/clavulanate (Augmentin®)

E. ceftriaxone

Answer:

A. cephalexin (Keflex®)

B. doxycycline

C. ampicillin

D. amoxicillin/clavulanate (Augmentin®)

E. ceftriaxone

After “having a few”, your patient made the mistake of talking politics with a couple of strangers. Badly bruised, he now presents to your office/ER with a swollen hand that he thinks was the result of hitting someone in the mouth. Which of the following is most likely to be ineffective?

A. amoxicillin/clavulanate

B. clindamycin

C. moxifloxacin

D. amoxicillin

Answer:

A. amoxicillin/clavulanate

B. **clindamycin**

C. moxifloxacin

D. amoxicillin

After diagnosing secondary syphilis (rash involving palms and soles of a traveling salesman), you should recommend all but the following:

A. HIV testing

B. benzathine PCN 2.4 mill. units I.M. x 1

C. benzathine PCN 2.4 mill. Units I.M. weekly x 3

D. azithromycin 1 gm p.o. x 1

E. partner notification

Answer:

- A. HIV testing
- B. benzathine PCN 2.4 mill. units I.M. x 1
- C. benzathine PCN 2.4 mill. Units I.M. weekly x 3
- D. azithromycin 1 gm p.o. x 1
- E. partner notification

Endocarditis, including Prophylaxis

Which of the following organisms is an unlikely cause of endocarditis?

A. *S. aureus*

B. *E. coli*

C. *S. bovis/gallolyticus*

D. *Enterococcus* spp.

E. *Cardiobacterium* spp.

Answer:

Which of the following organisms is an unlikely cause of endocarditis?

A. *S. aureus*

B. *E. coli*

C. *S. bovis/gallolyticus*

D. *Enterococcus* spp.

E. *Cardiobacterium* spp.

Which underlying cardiac condition does not warrant endocarditis prophylaxis?

A. mitral valve prolapse

B. previous endocarditis

C. prosthetic valve

D. cardiac transplant w/ valvulopathy

E. unrepaired cyanotic congenital heart dx

Answer:

Which underlying cardiac condition does not warrant endocarditis prophylaxis?

- A. mitral valve prolapse
- B. previous endocarditis
- C. prosthetic valve
- D. cardiac transplant w/ valvulopathy
- E. unrepaired cyanotic congenital heart dx

Your patient with a recently placed prosthetic aortic valve is about to undergo dental extraction. She reports anaphylaxis to amoxicillin.

Which of the following should be offered:

- A. Cephalexin 500 mg x 1 prior to procedure
- B. Clindamycin 300 mg x 1 prior to, then 3 additional doses q 8 hrs following the procedure
- C. Doxycycline 200mg x 1 prior to procedure
- D. Clindamycin 600 mg x 1 prior to procedure
- E. Ciprofloxacin 500 mg x 1 prior to procedure

Answer:

- A. Cephalexin 500 mg x 1 prior to procedure
- B. Clindamycin 300 mg x 1 prior to, then 3 additional doses q 8 hrs following the procedure
- C. Doxycycline 200mg x 1 prior to procedure
- D. Clindamycin 600 mg x 1 prior to procedure
- E. Ciprofloxacin 500 mg x 1 prior to procedure

GI Infections

Within a 2 - 3 day time period, multiple patients from an ECF are seen in your ER with severe N/V and non-bloody diarrhea. What is the most likely explanation?

- A. *S. aureus* food poisoning
- B. *B. cereus* food poisoning
- C. *E. coli* 0157 H7 food poisoning
- D. *Shigella* - foodborne or otherwise
- E. Norovirus - foodborne or otherwise

Answer:

- A. *S. aureus* food poisoning
- B. *B. cereus* food poisoning
- C. *E. coli* 0157 H7 food poisoning
- D. *Shigella* - foodborne or otherwise
- E. **Norovirus - foodborne or otherwise**

A colleague's wife presents to your office, ill appearing, w/ severe abdominal pain and bloody diarrhea. Dietary hx is not helpful. What should NOT be offered?

A. sympathy

B. hydration

C. empiric quinolones

D. culture of a stool specimen

Answer:

- A. sympathy
- B. hydration
- C. empiric quinolones
- D. culture of a stool specimen

HIV / AIDS

During the “window phase” of acute HIV infection, individuals:

A. are most always quite ill

B. commonly present w/ “opportunistic” infections

C. should have CD4 and “viral loads” obtained

D. are considered highly infectious

E. need counseling and support

Answer:

- A. are most always quite ill
- B. commonly present w/ “opportunistic” infections
- C. should have CD4 and “viral loads” obtained
- D. **are considered highly infectious**
- E. need counseling and support

Suspecting acute Pneumocystis pneumonia, which is the most important study to immediately order?

A. ABGs

B. CD4 count

C. Viral load

D. Blood cultures

E. Sputum for gm stain, culture, and special studies for pneumocystis

Answer:

A. **ABGs**

B. CD4 count

C. Viral load

D. Blood cultures

E. Sputum for gm stain, culture, and special studies for pneumocystis

When is treatment for HIV contraindicated?

A. concomitant drug abuse

B. pregnancy

C. concomitant active hepatitis B and or C

D. CD4 count above 500

E. pt unwilling and/or non-compliant

Answer:

- A. concomitant drug abuse
- B. pregnancy
- C. concomitant active hepatitis B and or C
- D. CD4 count above 500
- E. pt unwilling and/or non-compliant

Good Luck!