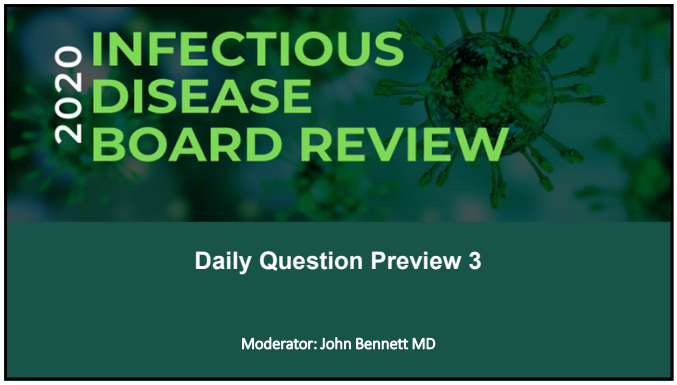
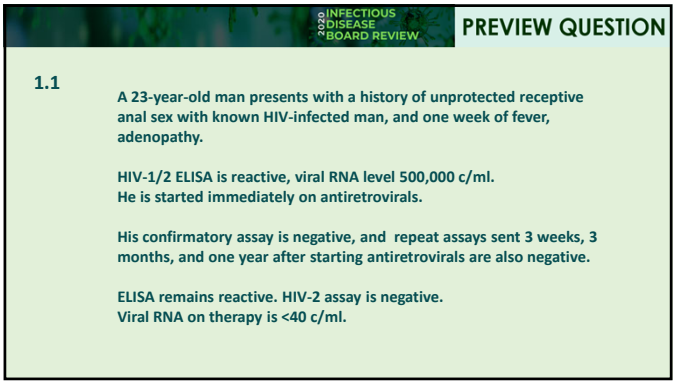
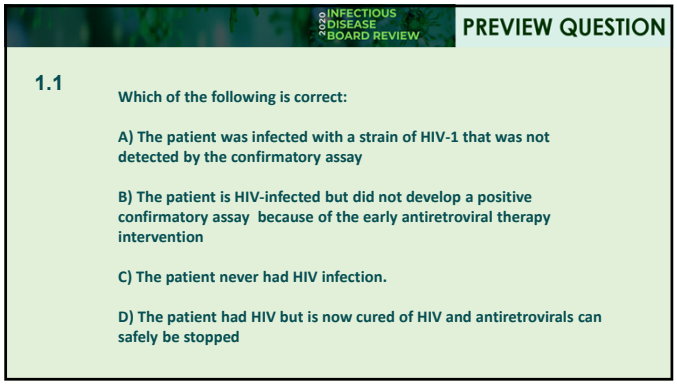
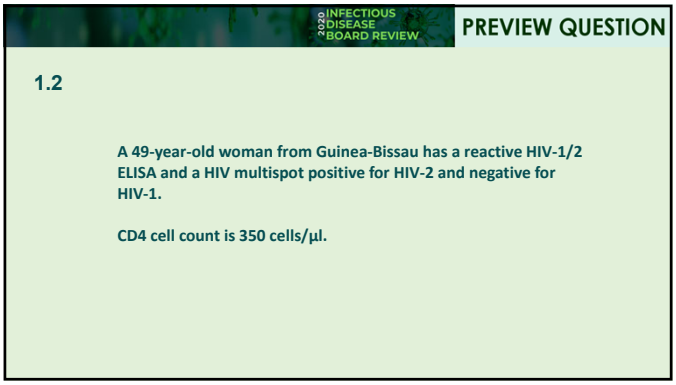
26 – Daily Question Preview 3

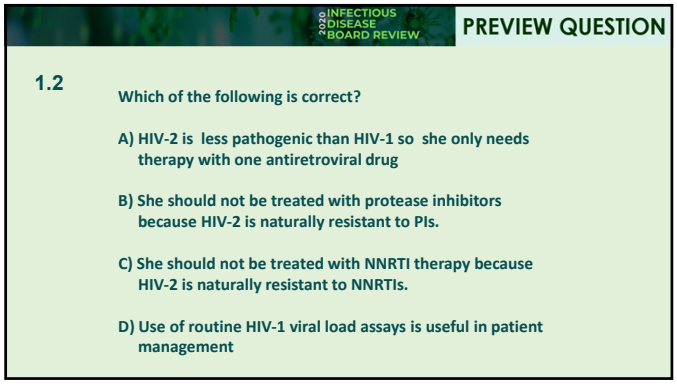
Speaker: John Bennett, MD

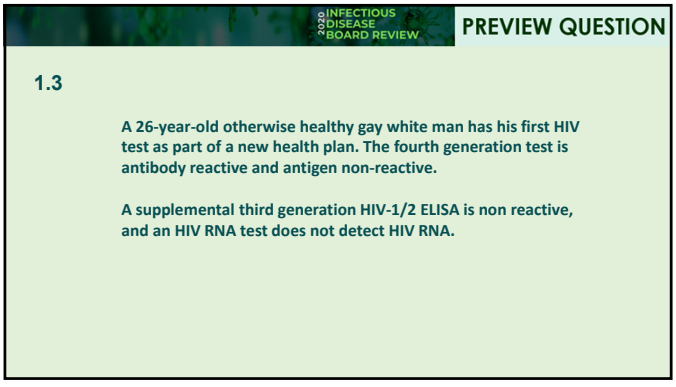












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PREVIEW QUESTION

1.3

The most likely explanation for these results is

A) This person HIV infected and is an elite non-controller

B) This person is HIV infected but is in the window period for HIV infection

C)This person is infected with an HIV variant that is not detected by the supplemental test

D) This person is not HIV infected

PREVIEW QUESTION

1.4

A 27-year-old female commercial sex worker working in Washington, DC, visits your clinic and requests PrEP.

She shows you her home HIV test, which she took yesterday, and which is non-reactive. She has normal laboratory results and a negative pregnancy test.

PREVIEW QUESTION

1.4

Which of the following is most appropriate next step?

A) She can immediately initiate PrEP with tenofovir-FTC with no additional testing

B) She requires additional testing with fourth generation Ag/Ab HIV test to determine whether she is infected with a non-B subtype of HIV-1 that is not detected by the home HIV test.

C) She requires additional testing with fourth generation HIV test to determine whether she has early HIV infection not detected by the home HIV test.

D) She should not initiate PrEP because PrEP does not work well in women

PREVIEW QUESTION

1.5

83-Year-Old Man with Bloody Diarrhea Develops Renal Failure.
He has a one week history of diarrhea with stools containing blood; he undergoes colonoscopy which looks like ischemic colitis

As his diarrhea improves his urine output decreases

Serum creatinine is 9, platelet count of 50,000, hematocrit 20 and LDH 1,000.

Stool culture on Sorbitol MacConkey Agar grows no sorbitol-negative E. coli and stool sample is positive for Shiga toxin 2 by EIA

He is treated with Eculizumab, a humanized monoclonal antibody inhibits the terminal sequence of complement

PREVIEW QUESTION

1.5

Colonoscopy Shows "Ischemic Colitis"

Peripheral Smear Shows Red Cell Fragments

PREVIEW QUESTION

1.5

What is the likely cause of dysentery and renal failure in the elderly man?

A) Ischemic bowel disease

B) Non-O157 Shigatoxin producing E. coli (STEC)

C) O157:H7 strain of STEC

D) Shigella dysenteriae 1 (Shiga bacillus)

E) Campylobacter jejuni

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Speaker: John Bennett, MD

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.6

A patient develops numbness of lips, burning and tingling of his extremities, and abdominal pain and vomiting 30 minutes after a meal in Jamaica, progressing to respiratory failure.

What is the likely diagnosis?

A) Scombroid

B) Paralytic shellfish poisoning

C) Ciguatera

D) Neurotoxic shellfish poisoning

E) Monosodium glutamate toxicity

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.7

A 35-year-old woman develops diarrhea, cramps and is passing bloody stools with fever while snorkeling with her family in Cozumel, Mexico.

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.7

What is the preferred treatment for this patient With dysenteric traveler's diarrhea?

A) Azithromycin 1,000 mg

B) Ciprofloxacin 500 mg twice daily X 3 days

C) Levofloxacin 500 mg

D) Rifaximin 200 mg three times/d for 3 days

E) Oral fluids only

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.8

A 43-year-old HIV+ man has CD4 900-1200 and HIV RNA consistently <200 copies over the last 11 years.

Do you recommend starting ART?

A) Yes, all current guidelines recommend starting.

B) No, he's a long-term non-progresser and doesn't need ART.

C) No, he should wait until his viral load level is confirmed >200 copies/ml.

D) No, he should wait until CD4 is confirmed <500.

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.9

You have been monitoring a 36 year old HIV+ man with CD4 ~350, VL 636,000 who is now ready to start ART, but wants the "simplest regimen possible."

Which of these regimens do you recommend?

A) zidovudine/lamivudine + darunavir (boosted)

B) tenofovir/emtricitabine/rilpivirine

C) abacavir/lamivudine + efavirenz

D) lamivudine/dolutegravir

E) tenofovir/emtricitabine + dolutegravir

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.10

A 52-year-old woman is admitted for progressive SOB, is intubated, undergoes BAL and is found to have PCP. HIV Ab test is positive, CD4 103, HIV RNA 135,000 copies/ml. She is day 4 of IV trimethoprim-sulfa and corticosteroids and still intubated.

When should she start ART?

A) Immediately

B) In the next 2 weeks

C) After completing 21 days of trimethoprim-sulfa

D) At her first outpatient clinic visit

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INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.11

A 55-year-old treatment-naïve man with HIV disease, CD4 320 and HIV RNA 67,000 cps/ml

Lab testing reveals: toxoplasma Ab+; CMV Ab+; HAV total Ab+; HBV surface Ag+, core Ab+, surface Ab-; HCV Ab-; RPR NR

Of the following, which ART regimen would you recommend?

A) abacavir/lamivudine/dolutegravir

B) abacavir/lamivudine + atazanavir (boosted)

C) tenofovir (TAF or TDF)/emtricitabine + zidovudine

D) tenofovir (TAF or TDF)/emtricitabine + darunavir (boosted)

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.12

A 34-year-old HIV-negative nurse sustains a needlestick from an HIV-positive patient who has not taken ART for 2 years.

Which of these post-exposure (PEP) regimens do you recommend?

A) tenofovir (TDF)/emtricitabine

B) tenofovir (TDF)/emtricitabine + integrase inhibitor

C) tenofovir (TAF)/emtricitabine + integrase inhibitor

D) tenofovir (TDF)/emtricitabine + protease inhibitor

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.13

A hospitalized patient with nosocomial Influenza A was treated promptly with oseltamivir.

She should be placed on:

A) Standard Precautions in any room

B) Standard Precautions in a private room

C) Contact Precautions

D) Droplet Precautions

E) Airborne Precautions

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.14

A 47-year-old male with acute myeloid leukemia and an neutrophil count below 100/mcl for the past three weeks has been febrile for 10 days, first treated with piperacillin-tazobactam

Had been on prophylactic micafungin but a blood culture is growing a yeast on Gram stain.

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.14

The most likely echinocandin-resistant yeast is which of the following:

A) Candida parapsilosis

B) Candida glabrata

C) Candida auris

D) Trichosporon asahii

E) Candida krusei

INFECTIOUS DISEASE BOARD REVIEW 2020

PREVIEW QUESTION

1.15

45 year-old male 6 weeks post stem cell transplant for myelodysplasia, with a history of chronic hepatitis C was discharged home to Florida on cyclosporine, mycophenylate, prednisone, Bactrim (tmp/smz), citalopram and voriconazole.

Diffuse nonpruritic erythema developed over his sun exposed skin.

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Speaker: John Bennett, MD

INFECTIOUS DISEASE 2020 BOARD REVIEW

PREVIEW QUESTION

1.15

The most probable cause was:

A) Porphyria cutanea tarda

B) Graft versus host disease

C) Drug interaction

D) Voriconazole

E) Bactrim allergy

INFECTIOUS DISEASE 2020 BOARD REVIEW

PREVIEW QUESTION

1.16

A 55-year-old man presents with R hip pain

H/o COPD requiring steroids frequently
HIV diagnosed 17 years ago

On TDF / FTC / EFV for 10 years; originally on IND / AZT / 3TC
Initial HIV RNA 340,000; CD4 43 cells/ul
Now HIV RNA < 50 c/ml; CD4 385 cells/ul

Electrolytes NL; Creat 1.3; Phos 3.5 Ca 8.5
Mg 2.1, alk phos 130; U/A neg
R Hip film unremarkable

INFECTIOUS DISEASE 2020 BOARD REVIEW

PREVIEW QUESTION

1.16

Which if the following is the most likely underlying cause of his hip pain?

A) Osteonecrosis of Femoral Head

B) Fanconi's syndrome

C) Vitamin D deficiency

D) Tenofovir bone disease

E) Hypogonadism

INFECTIOUS DISEASE 2020 BOARD REVIEW

PREVIEW QUESTION

1.17

A 55-year-old man presents with complaints of crushing chest pain

HIV diagnosed 10 years ago
Initial HIV RNA 340,000; CD4 43 cells/ul
Now HIV RNA < 50 c/ml; CD4 385 cells/ul

Initally Rx with ZDV/3TC / EFV;
Now on ABC/3TC/ EFV

On no other medications / smoker
ECG shows acute myocardial infarction

INFECTIOUS DISEASE 2020 BOARD REVIEW

PREVIEW QUESTION

1.17

Which of the following is the highest relative risk for his Acute MI?

A) Cigarette smoking

B) Lipid levels (LDL level of 180 / HDL 30)

C) Abacavir use

D) Lack of use of aspirin
E) HIV infection

INFECTIOUS DISEASE 2020 BOARD REVIEW

PREVIEW QUESTION

1.18

A 25-year-old black woman presents with fatigue

History of IV Heroin use; intermittently takes TDF/FTC PreP
Exam no edema
Work up in ER shows creatinine 8.4
BUN 79; mild anemia; mild acidemia

In ER 10 weeks earlier; normal renal function
U/A high grade proteinuria
US of kidneys: Normal to increase size; no obstruction
Rapid HIV test positive

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