


29 – Daily Question Preview: Day 3


Moderator: Richard Whitley, MD



INFECTIOUS DISEASE BOARD REVIEW
TWENTY TWENTY-ONE
ID BR 2021

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PREVIEW QUESTION

3.1 A pregnant woman living with HIV(CD4 260 cells/mm³; HIV RNA <50 copies/ml) on ART presents with a diffuse rash.

On examination, she has a temperature of 38.3° C and a macular rash on her trunk and extremities including her palms.

Serum RPR is reactive at a titer of 1:2048 and FTA-ABS is reactive


She has a history of severe hives to penicillin but has tolerated cephalosporins.



PREVIEW QUESTION

3.1 Which of the following antibiotics is most appropriate?

- A) Azithromycin
- B) Benzathine penicillin G
- C) Ceftriaxone
- D) Doxycycline




PREVIEW QUESTION

3.2 A 32-year-old man presents complaining of a penile discharge.

Gram's stain of the urethral discharge reveals intracellular Gram-negative diplococci.


He reports an allergy to penicillins and cephalosporins.



PREVIEW QUESTION

3.2 Which of the following regimens does the CDC recommend as the most appropriate therapy?

- A) Azithromycin
- B) Azithromycin plus ceftriaxone
- C) Azithromycin plus gentamicin
- D) Ciprofloxacin
- E) Spectinomycin



PREVIEW QUESTION

3.3 A 22-year-old woman presents complaining of a vaginal discharge.

Her examination is remarkable for a gray homogenous discharge.

A vaginal swab is obtained which reveals a pH>6.0, motile trichomonads, and the presence of 3 Amsel's criteria.

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PREVIEW QUESTION

3.3 Which of the following is the most appropriate antimicrobial regimen for her and her partner?

	Patient	Partner
A	Metronidazole 2g X1	None
B	Metronidazole 2g X1	Metronidazole 2g X1
C	Metronidazole 1 week	None
D	Metronidazole 1 week	Metronidazole 2g X1
E	Metronidazole 1 week	Metronidazole 1 week

PREVIEW QUESTION

3.4 A 30-year-old man with HIV presents with severe pain on defecation and bloody anal discharge.

He had unprotected anal sex one week ago. He experiences pain with DRE.

There are no visible anal ulcers but a bloody mucoid anal discharge is noted.

No diagnostic tests are available.

PREVIEW QUESTION

3.4 Which of the following empiric antibiotic regimens is most appropriate?

A) Ceftriaxone 500mg IM + Azithromycin 1g PO X1

B) Ceftriaxone 500mg IM + Doxycycline 100mg PO BID X 7d

C) Ceftriaxone 500mg IM + Azithromycin 1g PO weekly X 3wks

D) Ceftriaxone 500mg IM + Doxycycline 100mg PO BID X 21d

E) Ceftriaxone 500mg IM + Doxycycline 100mg PO BID X 7d + oral valacyclovir

PREVIEW QUESTION

3.5 A 30 year old heart transplant has received acyclovir for the past 0 days with recurrent cutaneous HSV infection. The lesions are now progressive in spite of high-dose intravenous therapy. The most likely cause for disease progression is a deficiency or alteration of:

A) Ribonucleotide reductase

B) Reverse transcriptase

C) Protease

D) Thymidine kinase

E) DNA polymerase

PREVIEW QUESTION

3.6 An 18-year-old man presents with a history of malaise, low-grade fevers, and new-onset painful genital lesions seen in the picture below. He had unprotected sexual intercourse with a female partner 2 weeks earlier. Neither he nor his partner has traveled outside the United States.



PREVIEW QUESTION

3.6 Which of the following diagnostic tests is most likely to yield the specific diagnosis?

A) Serum RPR

B) Serum FTA-Abs

C) Darkfield microscopy

D) Glycoprotein-G 1 serum antibodies

E) PCR on lesion swab

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PREVIEW QUESTION

3.7 What complication would you be most concerned about?

- A) Facial paralysis
- B) Keratitis
- C) Encephalitis
- D) Optic neuritis
- E) Oculomotor palsies



PREVIEW QUESTION

3.8 A 34-year-old male with a history of injection drug use presents to the emergency room with a 2-day history of progressive muscle weakness and blurry vision.

He also notices some difficulty swallowing.

On examination, vital signs are normal, but the patient is noted to have ptosis and sluggish pupillary responses as well as slurred speech.

PREVIEW QUESTION

3.8 Which of the following treatment(s) are recommended?

- A) Plasmapheresis
- B) Naloxone
- C) Tetanus antitoxin
- D) Botulinum antitoxin

PREVIEW QUESTION

3.9 A 44 year-old male with a history of cirrhosis due to Hepatitis B and alcoholism presents with fever, lethargy and leg swelling. On exam, he is febrile, hypotensive and tachycardic.

Skin exam is as pictured.



Lancet Infect Dis. 2008 Jun;8(6):399.

PREVIEW QUESTION

3.9 The patient's clinical syndrome was most likely caused by which of the following exposures?

- A) Rat bite
- B) Tick bite
- C) Consumption of raw oysters
- D) Consumption of raw egg



Lancet Infect Dis. 2008 Jun;8(6):399.

PREVIEW QUESTION

3.10 A 24-year-old healthy male presents for routine clinic visit. He is not on any medications. He smokes cigarettes.

He is sexually active with both men and women and uses condoms consistently.

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PREVIEW QUESTION

3.10 Which of the following is correct regarding HPV vaccine?

- A) He should receive 2 doses of HPV-9 spaced 6 months apart
- B) He should receive 3 doses of HPV-9 at 0, 1, and 6 months
- C) He does not need HPV vaccine as he is already sexually active
- D) HPV vaccination is only recommended in males through age 21

PREVIEW QUESTION

3.11 A 65-year-old man with well controlled HIV presents to clinic for routine care.

He received 13-valent conjugate pneumococcal vaccine 3 years ago and 23-valent polysaccharide vaccine 5 years ago.

PREVIEW QUESTION

3.11 Which of the following is most accurate?

- A) He does not need any further vaccination for pneumococcal disease
- B) He needs a PCV13 alone
- C) He needs a PCV13 followed 1 year later by a PPSV23
- D) He needs a PPSV23 alone

PREVIEW QUESTION

3.12 44-year-old woman hospitalized with anemia and thrombocytopenia diagnosed with complement-mediated HUS. Treatment with eculizumab is being considered.

She is told she will need vaccine(s) prior to initiation of therapy.

- A) Give meningococcal conjugate vaccine (MCV4)
- B) Give meningococcal polysaccharide vaccine (MPSV4)
- C) Give meningococcal B vaccine only
- D) Give both MCV4 and meningococcal B vaccines

PREVIEW QUESTION

3.13 42-year-old female has malaise and RUQ pain; she just returned from 2 months working at an IDP camp in north Uganda. She endorses tick and other 'bug' bites and swam in the Nile.

1st HAV vaccine 2 days before departure. Prior HBV vaccine series.

Exam shows no fever, vitals are normal. RUQ tender. Mild icteric. ALT 1245 IU/ml; Hb 13.4 g/dl; TB 3.2 mg/dl; WBC 3.2k nl differential.

PREVIEW QUESTION

3.13 Which test result is most likely positive?

- A) Ebola PCR
- B) IgM anti-HEV
- C) IgM anti-HAV
- D) Schistosomiasis "liver" antigen
- E) 16S RNA for Rickettsial organism

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PREVIEW QUESTION

3.14 38-year-old woman presents with a 2-day history of fever, headache and stiff neck.

Similar episodes have occurred every 3-4 months over several years, with spontaneous abatement after 4-5 days

She is sexually active only with her husband of 8 years, and has 2 children at home (ages 2 and 5 years)

PREVIEW QUESTION

3.14 On exam, T 99.8oF and other vital signs are normal; she has evidence of meningismus, but is alert and oriented and with no focal findings

Laboratory studies are normal

CSF analysis reveals a WBC of 70/mm³ (100% lymphs), glucose of 60 mg/dL, and protein of 100 mg/dL; Gram stain negative

PREVIEW QUESTION

3.14 Which of the following is the most likely etiology of this patient's meningitis?

- A) Coxsackie A virus
- B) Coxsackie B virus
- C) Human immunodeficiency virus
- D) Herpes simplex virus type 2
- E) Human herpesvirus 6

PREVIEW QUESTION

3.15 A 44-year-old, anti-HCV and HCV RNA positive man feels bad after a recent alcohol binge. He has a chronic rash on arms that is worse and elevated ALT and AST.



O'Connor Mayo Clin Proc 1998


PREVIEW QUESTION

3.15 The most likely dx is:

- A) Cirrhosis due to HCV and alcohol
- B) Necrolytic acral erythema
- C) Porphyria cutanea tarda
- D) Essential mixed cryoglobulinemia
- E) Yersinia infection

PREVIEW QUESTION

3.16 A 46-year old-woman HBsAg pos, anti-HCV neg



Chen Rheum 2014

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PREVIEW QUESTION

3.16 The most likely dx is:

- A) Necrolytic acral erythema
- B) Porphyria cutanea tarda
- C) Essential mixed cryoglobulinemia
- D) Polyarteritis nodosa
- E) Secondary syphilis vasculitis

PREVIEW QUESTION

3.17 A 54-year-old man was anti-HCV pos after elevated ALT noted by primary.

Brief IDU when 20-21; moderate ETOH; otherwise well.

HCV RNA 4 million IU/L; Genotype 1a; ALT 42 IU/ml; AST 65 IU/ml; TB 1.6 mg/dl; Alb 3.9 mg/dl; Hb – 13.4 mg/dl; creatinine 1.2 mg/dl; HBsAg pos; anti-HBc pos. HIV neg

PREVIEW QUESTION

3.17 Which of the following is the next appropriate step:

- A) Treat with oral regimen for 8-12 weeks
- B) Check HCV 1a resistance test
- C) Elastography
- D) Confirm HCV antibody test

PREVIEW QUESTION

3.18 You are called about 62-year-old Vietnamese scientist who is in oncology suite where he is about to get R-CHOP for Non Hodgkins lymphoma.

Baseline labs:
Normal AST, ALT, and TBili.
Total HAV detectable; anti-HBc pos; HBsAg neg; anti-HCV neg.

PREVIEW QUESTION

3.18 What do you recommend?

- A) Hold rituximab
- B) Hold prednisone
- C) Entecavir 0.5 mg
- D) HCV PCR
- E) HBV DNA