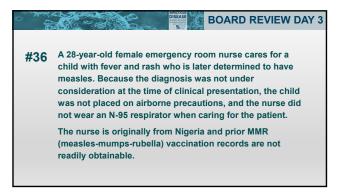
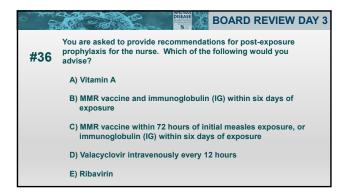
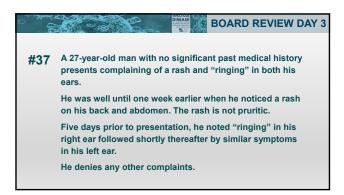


Speaker: Drs. Whitley (Moderator), Kotton, Dhanireddy, Ghanem, Rose, Thomas, and Tunkel





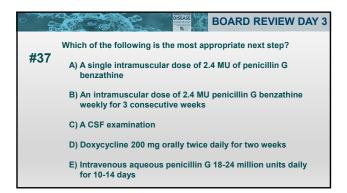




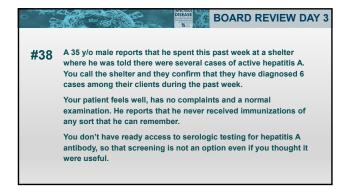
#37 Physical examination reveals a macular non-blanching rash limited to his abdomen and back.

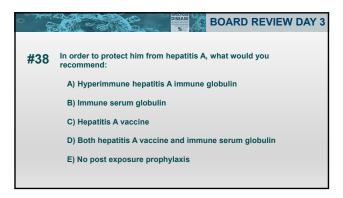
Anogenital and neurological examinations are unremarkable. There is no obvious hearing loss on examination.

However, an immediate evaluation by an otolaryngologist found bilateral sensorineural hearing loss. Abnormal laboratory results include a reactive serum treponemal CIA and a reactive serum RPR with a titer of 1:512.



Speaker: Drs. Whitley (Moderator), Kotton, Dhanireddy, Ghanem, Rose, Thomas, and Tunkel





#39
A 48-year-old with rheumatoid arthritis on TNF- alpha inhibitors presents in the Fall of 2016 for routine follow-up.
He states he NEVER gets the influenza vaccine because he develops severe hives if he eats eggs and is immunosuppressed.
On further questioning he states he can eat baked goods cooked with eggs and has no allergic sequelae.

#39 What would you advise this patient about influenza vaccination:

A) He should be given the Live Attenuated Influenza Vaccine

B) He may safely receive Inactivated trivalent or quadrivalent Influenza Vaccine

C) He should not receive any influenza vaccine due to his egg allergy

D) The only safe option is to receive Flucelvax (cclIV), the mammalian Cell Culture Inactivated Influenza Vaccine or Flublok (rIIV), the Recombinant Influenza Vaccine

#40 You are consulted to see a 31-year-old woman on the neurology service who was admitted yesterday after an apparent transient ischemic episode.

She was febrile on admission and reported having had fever for more than a week along with night sweats.

On review of systems, she noted a five-pound weight loss in the last week along with pain in both calf muscles after walking about a half mile.

She works in a shelter for homeless people.

#40 On exam, she has a temperature of 101.6°F; pulse 100; BP 84/66. There is no rash and no murmur.

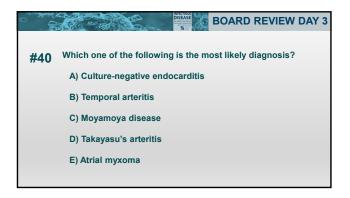
She is tender bilaterally over her carotid arteries and has diminished peripheral pulses throughout.

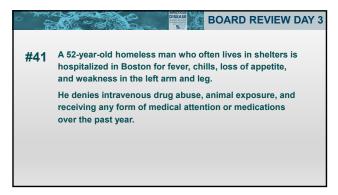
Her neurological exam is normal.

Blood cultures from admission are negative at 24 hours.

Chest x-ray and routine labs are normal except for a WBC count of 12,300 with 77% polymorphonuclear neutrophils.

Speaker: Drs. Whitley (Moderator), Kotton, Dhanireddy, Ghanem, Rose, Thomas, and Tunkel





#41 Physical examination reveals a pale disheveled man with a temperature of 38.3 °C, several conjunctival petechiae, a small hemorrhagic lesion in the right retina, a grade 2/6 systolic ejection murmur, and a grade 2/6 diastolic decrescendo murmur heard along the left sternal border.

The spleen tip is palpable.

There are no skin lesions, but a nurse found some lice in his clothing.

Motor strength in the left arm and leg is diminished and the Babinski response is positive on the left.

#41 A trans-thoracic echocardiogram reveals an oscillating mass on the non-coronary cusp of the aortic valve.

Three sets of blood cultures, each with 10 mL of blood for aerobic and anaerobic culture were drawn on the first and second hospital days and remain negative after 7 and 6 days of incubation, respectively.

