BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

IDBR INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022

Board Review: Day 4

Moderator: Roy Gulick, MD
Faculty: Drs. Bennett, Bloch, Dorman, Maldarelli, Pavia, and Saag

IDBR INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#46 A 32-year-old HIV uninfected woman who has lived in Philadelphia all her life, with no recent travel, presented with acute hepatitis and pending liver failure at 32 weeks of gestation.

She had been in excellent health and had an unremarkable pregnancy until she presented with fever and abdominal pain for 2 days.

She had been followed regularly by her obstetrician and was up to date on all vaccines.

She has no other remarkable exposures and this is her first pregnancy.

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#46 Her physical examination was remarkable for fever, tachycardia, tachypnea, and diffuse abdominal pain.

She had no rash or petechiae.

WBC:15000 /cu mm, Platelets 55,000; Haptoglobin normal; Hg 11g/dl

ALT 350 units/L, AST 500/L, Alkaline phosphatase 170 units/L
Blood and urine cultures negative on multiple occasions the first few days of hospitalization.

Acetaminophen levels were undetectable.

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#46 She had an emergency C section, but during the first 3-4 days postpartum, her transaminases continued to rise to >25 x ULN with a rising bilirubin, she developed shock and respiratory failure and was admitted to the ICU.

A bronchoalveolar lavage including a respiratory panel was unremarkable as were more blood cultures.

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#46 The most likely cause of this fulminant hepatitis is:

A) HELLP (Hemolysis, Elevated Liver enzymes and Low Platelets)
B) CMV
C) EBV
D) HSV
E) VZV

IDBR INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#47 A 68-year-old man underwent heart transplant and is maintained on mycophenolate mofetil, tacrolimus, and prednisone, as well as valganciclovir, atovaquone and nystatin swish + swallow.

He had a low white blood cell count and his valganciclovir was stopped early; he developed active CMV viremia for which he is started on treatment with valganciclovir.

He previously was diagnosed with invasive pulmonary aspergillosis. At the time of diagnosis, blood and BAL galactomannan were positive/above the upper limit of the assay, and 1,3 beta-D-glucan was >500 pg/ml positive.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#47 His pulmonary lesions improved and he became afebrile on voriconazole.

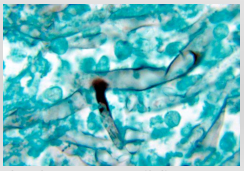
Three months later, while he was still on voriconazole, he became febrile and a large new pulmonary lesion appeared on CT in a different location. The earlier lesion had nearly resolved.

1,3 Beta D glucan had fallen to 216 pg/ml. His serum galactomannan is negative.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#47 His bronchoalveolar lavage was not diagnostic: the BAL galactomannan was negative.

His is new lesion is shown below on chest CT. A biopsy is performed.



Grocott-Gömöri methenamine silver (GMS) 400x

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#47 What is the most likely pathogen?

A) Cryptococcus neoformans
B) Aspergillus terreus
C) Scedosporium apiospermum
D) Cunninghamella bertholletiae
E) Fusarium solani

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#48 A 24-year-old-man who moved from Cambodia is found to have HIV infection.

Initial lab work-up reveals HIV RNA 12,560, CD4 cell count 327/mm^3, and HLA -B5701 negative and he is started on abacavir, lamivudine and dolutegravir which he is tolerating well.

Further work-up reveals an interferon gamma release assay (IGRA) is positive.

He is asymptomatic and has a negative CXR.

BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#48 How would you manage the positive IGRA?

A) Repeat IGRA testing

B) Repeat IGRA testing

C) Start treatment for latent TB infection with daily INH + B6 X 6-9 months

D) Start treatment for latent TB infection with weekly INH + rifapentine + B6 X 12 weeks

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#49 A 26-year-old woman living with HIV previously experienced virologic failure on an efavirenz-containing regimen (no old genotype available), but has been virally suppressed on tenofovir alafenamide (TAF)/emtricitabine + dolutegravir for 2 years and is interested in the new injectable regimen, cabotegravir/rilpivirine.

What do you advise?

A) Cabotegravir/rilpivirine is a reasonable choice for her

B) Cabotegravir/rilpivirine is not FDA approved for women

C) Cabotegravir/rilpivirine should not be given with a history of virologic failure on an NNRTI-containing regimen

D) Cabotegravir/rilpivirine is associated with neural tube defects, so she must commit to using contraception

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#50 A 54-year-old man on tenofovir alafenamide (TAF)/emtricitabine/bictegravir has difficulty refilling his medications and decides to take them every other day.

At his next follow-up visit, 3 months later, his HIV RNA is 2320 copies/ml.

A repeat viral load is 4544 copies/ml and a genotype shows reverse transcriptase M184V and integrase G140S and G148H substitutions.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#50 What do you recommend?

A) Continue present ART regimen

B) Obtain integrase phenotype

C) Change bictegravir to darunavir/ritonavir

D) Add darunavir/ritonavir to current regimen

E) Double the bictegravir dose

BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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E) Double the bictegravir dose

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#51 A man from Cameroon West Africa now living in the U.S. is referred to you for evaluation.

He had an episode of pneumocystis pneumonia and was successfully treated. The hospital documented that the patient had the following:

- HIV Elisa Positive for HIV1-2
- Routine Viral Load: <50 copies/ml
- CD4 Count: 125 cells/uL
- CBC and Chem 12: Unremarkable

The HIV Elisa was confirmed as positive for HIV 1/2 at another commercial laboratory. This laboratory confirmed the routine viral load <50 copies/ml.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#51 How would you interpret these results and manage the patient?

A) The patient is not infected with HIV-1 or HIV-2

B) The patient is infected with HIV-2 but has low-level viremia and needs no therapy at this time

C) The patient should be started on tenofovir DF-3TC-efavirenz

D) The patient should be started on emtricabine-tenofovir DF and darunavir-ritonavir

E) The patient is infected with HIV-1 but does not need therapy because he is a long-term non progressor

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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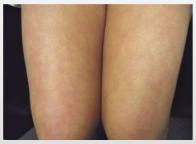
INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#52 A 23-year-old nurse, 8 weeks pregnant, sought advice from her obstetrician.



For the past two weeks she has been taking care of a hospitalized child with sickle cell disease and aplastic crisis.

For the past five days she has had low grade fever, headache, the mildly pruritic rash shown here and aching joints with stiffness in her hands and feet.

She had all the usual childhood vaccinations, was taking no medications, lived alone with her husband, and had no pets.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#52 The major concern for her unborn infant would be which of the following:

A) deafness

B) hydrops fetalis

C) thrombocytopenia

D) congenital heart disease

E) developmental delay

BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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B) hydrops fetalis ***
C) thrombocytopenia
D) congenital heart disease
E) developmental delay

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#53 A 33-year-old woman is referred to you for "her third episode of cellulitis of the left ear."

- Her first episode was 17 months ago.
- The second episode was 8 months ago.
- The most recent began four days ago and is still clinically evident.

The two earlier episodes seemed to respond very slowly to antibiotic treatment.

She has had pierced ears since childhood and no history of specific ear trauma.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#53 She was raised in the Philippines but has lived in the United States since age 7.

She has always enjoyed excellent health, although she has had a problem of chronic nasal stuffiness for a few years.

On exam she is afebrile.

The left pinna is diffusely red and tender except for the lobe. The pinna seems to be slightly bent forward compared with the right side. There is a saddle-nose deformity.

The rest of the exam is normal.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#53 Which of the following is the most likely diagnosis?

A) Recurrent streptococcal cellulitis
B) Relapsing polychondritis
C) Syphilis
D) Granulomatosis with polyangiitis
E) Leprosy

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#54 A 40-year-old HIV-uninfected male returns from a State Department assignment in India where he was well other than occasional episodes of self-limited diarrhea.

He was PPD negative when he departed.

He is PPD positive upon return, with 20 mm of induration. He has no symptoms and a chest radiograph is normal.

Baseline laboratory values are normal including liver function tests. He has been vaccinated for HBV and HAV and is HCV seronegative.

BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#54 He is started on a regimen of INH 300 mg per day plus pyridoxine 25 mg since his physician is more comfortable with that regimen than newer, CDC recommended regimens.

He returns after 4 weeks of taking INH and pyridoxine. He is asymptomatic and reports taking his drugs daily with very few missed doses.

Upon routine lab testing his ALT = 65 IU/L (ULN=33) and his AST =90 units (ULN=48 IU/L). Total bilirubin is 0.6 mg/dl.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#54 The best option for management at this point is:

A) Continue his current regimen with the patient told to report any symptoms immediately and recheck enzymes in 2-4 weeks

B) Continue current regimen but measure acetylation rate to determine safety of continuation

C) Double the dose of pyridoxine but continue the INH

D) Perform an IGRA (Interferon-Gamma Release Assays (IGRA) to determine if prophylaxis is really needed

E) Abandon plan to provide TB prophylaxis and monitor patient closely for symptoms and obtain Chest x-ray q6 months x 3 years

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#55 A 35-year-old sexually active heterosexual man with multiple weekly contacts wants to reduce his risk of HIV and asks about taking HIV pre-exposure prophylaxis (PrEP) "only when needed".

Which do you recommend?

A) None: PrEP is not recommended for this heterosexual male.

B) Daily tenofovir disoproxil fumarate (TDF)/emtricitabine

C) TDF/emtricitabine "on demand" (2 pills 24 hours before sex, then one 24 hours later and one 48 hours later)

D) TAF/emtricitabine "on demand"

E) Cabotegravir "on demand"

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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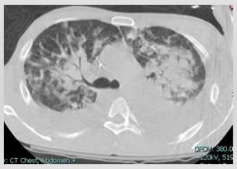
INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#56 A 27-year-old male presented with two (2) months of progressive dyspnea. He had noted the appearance of purple indurated lesions over his anterior chest.

Chest CT found nodular perihilar lung lesions, prominent interlobular septae, and pleural effusions. (Fig)



BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#56 He was remarkably hypoxemic with room air pO_2=59mmHg.

Bronchoscopy revealed some purple lesions in the bronchus; bronchoalveolar lavage revealed no pathogens on special stains; cytology was unremarkable.

BAL CMV PCR was positive at 2000 copies/mL (log_{10} 4.40IU/ml.)

Skin biopsy found endothelial cells with nuclei that stained positive for HHV8 on immunocytochemistry.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#56 He was found to be HIV positive with a CD4 of 8 cells/uL and a viral load of 80,000 copies/uL. Pleural fluid was bloody but cytology did not show malignant cells.

Blood PCR results: CMV 5000 copies/uL (log_{10} 4.82 IU/ml); EBV 4500 copies/mL (log_{10} 2.40 IU/ml); HHV 8 = 200 copies/mL; HHV6 = 500 copies/mL.

Antiretroviral therapy was begun following usual guideline recommendations.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#56 The most useful additional drug for treatment of his diffuse pulmonary disease would be which of the following:

A) Cidofovir
B) Ganciclovir
C) Foscarnet
D) Liposomal doxorubicin
E) Cyclophosphamide

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#57 An 18-year-old man in excellent prior health presents with hypotension, and shortness of breath.

He has had abdominal pain and worsening fever for 3 days with occasional diarrhea.

Physical examination reveals an acutely ill young man with conjunctival injection, tachycardia to 120, fever of 38.7 and mild abdominal tenderness.

Four weeks ago he was diagnosed with COVID-19 after several cases occurred on his basketball team. He had mild illness and recovered, although he hasn't started to workout with his team yet.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#57

- His chest x-ray is normal except for mild cardiomegaly and perihilar infiltrates.
- CRP is elevated at 29 mg/L, WBC is 7.0 with 75% neutrophils, platelets are 110,000/ul, hemoglobin is 12 gm/dL.
- His d-dimer is elevated, ferritin is midrange elevated at 850 ug/L, BNP and troponin-I are mildly elevated.
- EKG is normal except for sinus tachycardia.

BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#57

- Echocardiogram shows global decrease in contractility.
- Multiplex viral testing is positive for rhinovirus/enterovirus and SARS-CoV-2.
- A test for serum antibody to SARS-CoV-2 nucleocapsid protein is positive.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#57 The most likely explanation for his illness is:

A) Enterovirus
B) TTP (Thrombotic thrombocytopenic purpura)
C) Immune response to his recent COVID-19 illness
D) Active viral replication of SARS-CoV-2
E) Adenovirus

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#58 A 37-year-old woman from New Jersey undergoes routine HIV testing with the following results:

- HIV 4th generation test: Reactive (antibody positive + p24 antigen negative)
- HIV-1/2 Supplemental Assay: HIV-1 antibody negative, HIV-2 antibody negative
- HIV-1 RNA: <20 copies/ml

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#58 What is the most likely interpretation of the results?

A) She is a long-term non-progressor
B) She has acute HIV-1 infection
C) She has acute HIV-2 infection
D) She has a false negative viral test
E) She has a false positive 4th generation test

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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BR4 – Board Review: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#59 A 68-year-old man with metabolic syndrome is hospitalized for same-day surgery to repair an inguinal hernia.

Six hours post-op, he develops fever and ankle pain. His medications are an oral hypoglycemic, a statin, and a thiazide diuretic.

He has had no recent travel. He has a new kitten that frequently scratches him.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#59 On exam, he is obese, in pain, and has a temperature of 101.4°F.

He has scratches on both hands without evidence of infection. His right ankle is swollen, warm and red, and painful on active and passive motion.

His white blood cell count is 13,350 (90% polys). His uric acid is normal.

An ankle joint fluid aspirate has a WBC count of 51,400 (90% polys). Gram stain of the joint fluid shows many WBCs but no organisms.

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#59 The most likely diagnosis in this patient is which one of the following?

A) *Bartonella henselae* arthritis
B) *Pasteurella multocida* arthritis
C) Gout
D) Pseudogout
E) *Staphylococcus aureus* arthritis

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

#60 A 37-year-old male lab tech presents 60 minutes after exposure to a needlestick from an HIV+ man undergoing routine blood draw.

The patient whose blood was being drawn takes abacavir/lamivudine + darunavir/ritonavir with his last HIV RNA 62 copies/ml and CD4 553.

What do you recommend as initial management?

A) No post-exposure prophylaxis (PEP)
B) Start tenofovir DF/emtricitabine/efavirenz X 4 weeks
C) Start tenofovir DF/emtricitabine + atazanavir/ritonavir X 4 weeks
D) Start tenofovir DF/emtricitabine + dolutegravir X 4 weeks

INFECTIOUS DISEASE BOARD REVIEW AUGUST 20-24 2022 BOARD REVIEW DAY 4

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