Infection SELF-ASSESSMENT QUESTIONNAIRE

SAQs – and answers – are now ONLINE for RCP Fellows and Collegiate Members

From this volume onwards, the SAQs printed in the CME section can be answered online to achieve External CPD credits

The answering process

1. To access the questions, log on to the Fellows and Members area http://www.rcplondon.ac.uk/Members/SAQ (those who have not yet registered will be automatically directed to the registration pages)
2. Select: **Online learning SAQ**
3. At the top of the SAQ page select the current CME question paper
4. Answer all 10 questions in any order, by indicating true or false
5. Check your answers and change them if you wish to
6. Click on **Submit for final marking**.
   (Note – after submitting your answers NO changes are possible)

The marking process

- You must submit the answers before the closing date shown at the top of the screen
- Answers will be marked automatically on the date displayed for that paper
- You can find your marks with explanations of the answers on the CME page under **My past CME papers**

Registering your External CPD credits

A pass mark of 80% allows you to claim 2 External CPD credits. Thus by answering the SAQs in each issue of *Clinical Medicine* you can achieve 12 external credits in one year.

To claim your credits:

- Online registrants: You can record your credits using the online diary system. All Clinical Medicine SAQs are listed under External Approved CPD
- Manual registrants: You can record your credits using your paper diary sheets. Manual registrants are required to keep evidence of their participation in the SAQ and the score attained.

Please note that past papers will be stored for 12 months.

For those who wish to submit their answers on paper, please see guidance at end of these SAQs

1 A 32-year-old woman presented with a three-day history of profuse, watery, intermittent vomiting and cramping abdominal pain. She blamed a barbecue at a friend's house the night before the diarrhoea began, although she had also attended a cold food buffet party with her boyfriend a couple of days earlier. Her boyfriend had complained of some loose bowel motions three days earlier but this had resolved. Her past medical history included rheumatoid arthritis and gastritis for which she was taking methotrexate, prednisolone and omeprazole. On examination, she appeared dehydrated but was apyrexial, with pulse rate 120/min, blood pressure (BP) 85/65 mmHg and some lower abdominal tenderness. Which of the following statements are true and which false?

(a) The most likely cause of her symptoms is *Clostridium perfringens* food poisoning acquired at the barbecue

(b) An infectious cause is unlikely as no one else has had significant symptoms

(c) Blood cultures are unnecessary as she is apyrexial

(d) Empirical antibiotics (eg ciprofloxacin and metronidazole) should be started once samples for microbiology have been obtained

(e) Intravenous (iv) rehydration is indicated and treatment with loperamide best avoided

2 An 82-year-old woman was admitted from a nursing home with vomiting and abdominal pain for 36 hours and an episode of loose stools. She had been non-specifically unwell for a fortnight, for which the general practitioner (GP) had been consulted and had

prescribed an antibiotic for a presumed chest infection. Her past history included ischaemic heart disease, hypertension, arthritis and a stroke. Regular medication included frusemide, atenolol, ramipril, co-proxamol and aspirin. Other residents at the nursing home were said to be unwell with vomiting and diarrhoea. On examination, she was mildly dehydrated, apyrexial with heart rate 72 bpm, BP 115/80 mmHg and oxygen saturation 96%. Her chest was clear to auscultation, and abdominal examination revealed left iliac fossa tenderness but no rebound. Bowel sounds and rectal examination were normal. Which of the following statements are true and which false?

(a) The most likely cause of her symptoms is *Clostridium difficile* because of the recent course of antibiotics

(b) There is no need to isolate the patient as no significant diarrhoea has been reported

(c) Stool samples should be obtained for *C. difficile* toxin, enzyme immunoassay for norovirus and rotavirus and culture for bacterial pathogens

(d) Antihypertensives and diuretics should be temporarily discontinued

(e) Empiric antibiotic therapy should be started immediately

3 A 26-year-old male aid worker presented with a one-week history of headache and two days of confusion. He had returned to the UK three weeks previously from a three-month tour in Kenya. On examination, his temperature was 39°C. Full blood count was normal and no malarial parasites were seen. Chest X-ray and computed tomography (CT) head scan were normal. Cerebrospinal fluid (CSF) contained three lymphocytes, protein 0.5, glucose 4.3. Which of the following drugs are appropriate in his immediate management and which not?

(a) iv quinine

(b) iv aciclovir

(c) iv cefotaxime

(d) Antiretroviral therapy

(e) Prednisolone

4 A 30-year-old woman presented with fever and a sore throat one month after returning to the UK from a two-week holiday in Kenya. While in Kenya she had swum in fresh water lakes. Examination revealed a temperature of 39°C, pharyngitis and a diffuse erythematous rash. There were one-cm glands in both axillae. Investigations showed haemoglobin 13 g, white blood cell 4,300, neutrophils 3,200, lymphocytes 1,100; no malarial parasites were seen. What is the most likely diagnosis?

(a) Falciparum malaria

(b) Dengue fever

(c) Viral haemorrhagic fever (Lassa fever)

(d) Primary HIV infection

(e) Fever of immune reactivity to schistosomiasis (Katayama fever)

5 A 22-year-old woman presented with fever and a painful, red and swollen ankle joint of 24 hours' duration on returning to the UK from a two-week holiday in Malta. Which of the following statements concerning her management are true and which not?

(a) The joint should be observed for a further 24 hours before initiating treatment to allow spontaneous resolution

(b) *Neisseria gonorrhoeae* is not a likely pathogen

(c) An urgent plain radiograph should be performed to diagnose a bone abscess

(d) The development of further swollen joints within the next 72 hours indicates a reactive arthritis

(e) Following aspiration of the joint, empirical treatment with penicillin V is appropriate

6 A 63-year-old woman, known to have insulin-dependent type 2 diabetes, presented with a chronic ulcer over the lateral border of the 5th metatarsal head, together with fever, spreading erythema over the foot and swelling on the sole of the foot. Which of the following statements are true and which false?

(a) The location of this ulcer denotes probable underlying ischaemia

(b) Antibiotics should be delayed until bone biopsy

(c) The ulcer must not be examined until urgent revascularisation has been carried out

(d) There is a possible plantar space abscess; urgent surgical referral is mandatory

(e) If referred to a vascular surgeon, involvement of the local diabetic foot care team is unnecessary

7 A 38-year-old builder presented with a five-hour history of increasingly severe headache, photophobia and myalgia. Two weeks ago he had been seen with a head injury in accident and emergency following a fall from a ladder. On examination, he was febrile and had nuchal rigidity. Blood was taken for culture and other tests. Which of the following statements regarding his management are true and which false?

(a) He should be given iv cefotaxime immediately

(b) He should be given iv dexamethasone immediately

(c) He should have a CT head scan prior to a lumbar puncture to obtain CSF

(d) CSF examination is likely to show a lymphocytic leukocytosis

(e) He may require neurosurgical intervention

8 A 21-year-old student presented to her GP with a seven-day history of swelling over the angle of the left jaw and malaise. Over the last 24 hours she had developed a severe headache. On examination, she had neck stiffness and mild photophobia.

Which of the following statements regarding her further investigation and management are true and which false?

(a) CSF examination is likely to show a leukocytosis, predominantly of polymorphs

(b) Throat swabs are unlikely to be helpful in confirming the diagnosis

(c) Polymerase chain reaction on the CSF should be requested for enterovirus, mumps and meningococcus

(d) She is likely to require antimicrobial chemotherapy

(e) She should be advised to rest and take regular analgesia

9 A 72-year-old man was found to have chronic osteomyelitis due to methicillin-resistant *Staphylococcus aureus* infection. A decision was made to treat him with linezolid for a period of three months at 600 mg twice daily. Which of the following statements regarding his management are true and which false?

(a) The cost of the treatment will be approximately £8,000

(b) He will require hospital admission and drug monitoring throughout the course of treatment

(c) Linezolid has relatively poor bone and tissue penetration

(d) Prolonged use of linezolid is associated with the development of thrombocytopenia, peripheral neuropathy and drug resistance

(e) Weekly monitoring of blood counts is recommended

10 A 56-year-old woman with chronic obstructive pulmonary disease (COPD) and frequent exacerbations was treated with moxifloxacin 400 mg once daily for five days and made a good improvement. A high resolution CT scan showed evidence of emphysema and bronchiectasis. Which of the following statements are true and which false?

(a) Moxifloxacin has improved activity against gram-positive agents compared with ciprofloxacin

(b) A clinical study showed that patients with COPD treated with moxifloxacin had fewer subsequent exacerbations over the next months than with other antibiotics

(c) Moxifloxacin would be useful if she had bronchiectasis and *Pseudomonas aeruginosa* infection

(d) Moxifloxacin and telithromycin are both effective against common atypical pathogens

(e) Diarrhoea is uncommon during treatment with telithromycin

Guidelines on completing the answer sheet

SAQs are best completed online, which has the added advantage that the published answers are accompanied by explanations. For the declining number of those submitting their answers on paper, the guidelines are as follows.

A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 21 January 2005** to: CME Department (SAQs), Royal College of Physicians, 11 St Andrews Place, London NW1 4LE.

Overseas members only can fax their answers to 020 7487 4156

Correct answers will be published in the next issue of *Clinical Medicine*.

*Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

1 Please print your GMC Number firmly and neatly

2 Only write in allocated areas on the form

3 Only use pens with black or dark blue ink

4 For optimum accuracy, ensure printed numbers avoid contact with box edges

5 Please shade circles like this: ● Not like this: ✔

6 Please mark any mistakes made like this: ✘

7 Please do not mark any of the black squares on the corners of each page

8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

CME Nutrition SAQs

Answers to the CME SAQs published in *Clinical Medicine* September/October 2004

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) T	a) T	a) T	a) T	a) T	a) F	a) F	a) T	a) T	a) F
b) F	b) T	b) F	b) F	b) F	b) F	b) T	b) F	b) T	b) F
c) F	c) F	c) F	c) T	c) T	c) T	c) T	c) F	c) T	c) T
d) F	d) T	d) T	d) T	d) T	d) F	d) F	d) F	d) T	d) F
e) T	e) T	e) T	e) T	e) T	e) F	e) T	e) T	e) F	e) F