

## CME Infection SAQs

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) 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) F	e) T	e) T	e) F	e) F				