Chapter 74, Self-Assessment Questions

1. Which of the following is least likely to develop IE?

   A. 24-year-old male who has a history of IVDU
   
   B. 63-year-old female with a prosthetic tricuspid valve
   
   C. 32-year-old male with blood cultures positive for *S. aureus* for 4 days
   
   D. 41-year-old female recently discharged for a mastectomy

2. Which of the following statements is false regarding IE?

   A. Coagulase-negative staphylococci are the predominant organism causing PVE.
   
   B. Patients with HACEK organisms present acutely.
   
   C. IVDUs are at an increased risk of developing IE caused by less common organisms.
   
   D. A patient is more likely to present as a culture-negative if recently received antimicrobials.

3. Which of the following peripheral manifestations causes painless plaques when it occurs?

   A. Janeway lesions
   
   B. Osler nodes
   
   C. Petechiae
4. Which of the following signs/symptoms would likely be from a patient presenting with *Streptococcus mitis* IE?

A. Fevers of 102°F (38.9°C) and chills
B. Patient complaints of not feeling well for the past week
C. A weight loss of 15 pounds (6.8 kg) in past month
D. Petechiae on the abdominal wall

5. Which of the following is considered a major criteria in the diagnosis of IE?

A. A preexisting murmur which has now become significantly worse
B. A patient with an endocardial abscess
C. A positive blood culture with *Klebsiella pneumoniae* in two separate blood cultures drawn 12 hours apart
D. A patient who has a history of IV drug abuse for the past 5 years

6. Which of the following statements regarding treatment considerations is true?

A. Combination therapy is needed against all gram-positive bacteria.
B. Antimicrobial efficacy is affected by the amount of bacteria within the vegetation.
C. Surgery is only required in patients who have prosthetic valves.
D. Newer agents should be used in place of older traditional therapy due to better activity.

7. Which of the following antibiotic regimens would be the most appropriate for a patient with viridans group streptococcal IE (penicillin MIC < 0.0125 mcg/mL [0.0125 mg/L]) in a patient reported allergy to penicillin (rash)?

   A. Ampicillin
   
   B. Penicillin G
   
   C. Cefazolin
   
   D. Ceftriaxone

8. Which of the following is the best synergistic combination for treatment of a native-valve enterococcal endocarditis caused by strains susceptible to penicillin, aminoglycosides, and vancomycin?

   A. Ampicillin plus gentamicin
   
   B. Ampicillin plus tobramycin
   
   C. Ampicillin plus rifampin
   
   D. Vancomycin plus rifampin

9. Which of the following is incorrect regarding fungal endocarditis?

   A. It is more common in patients that have received a prolonged course of antibiotics.
B. Chance of survival is approximately 85%.

C. The most commonly associated pathogens are *Candida spp.* and *Aspergillus spp.*

D. High-dose therapy and surgery are required.

10. Which of the following types of IE would not warrant combination therapy?

   A. Native valve *Pseudomonas spp.* IE

   B. Native valve *Enterococcus spp.* IE

   C. Native valve methicillin-resistant *S. aureus* IE

   D. Native valve penicillin-intermediate *S. bovis* IE

11. Which of the following treatments would be the MOST appropriate empiric treatment regimen for a PVE (prosthetic valve endocarditis) with *S. aureus*?

   A. Penicillin G plus gentamicin plus rifampin for 6 weeks

   B. Nafcillin plus gentamicin for 4 weeks plus surgery

   C. Vancomycin plus gentamicin for 4 weeks plus rifampin for 2 weeks

   D. Vancomycin plus rifampin for 6 weeks plus gentamicin for 2 weeks

12. Which of the following treatment regimens would be the most appropriate for a patient with *Kingella kingae* IE?

   A. Penicillin G 3 million units every 4 hours for 4 weeks
B. Cefazolin 1 g every 8 hours for 6 weeks

C. Ceftriaxone 2 g every 24 hours for 4 weeks

D. Ciprofloxacin 400 mg every 12 hours for 2 weeks

13. Which of the following patients should be recommended a prophylactic regimen prior to undergoing a major dental procedure involving manipulation of gingival tissue?

A. A 4-year-old patient with repaired congenital heart defect at age 2

B. A patient with a cardiac pacemaker

C. A patient who recently received coronary artery stents after a heart attack

D. A patient who had streptococcal endocarditis 20 years ago

14. Which of the following would be the most appropriate oral prophylactic antibiotic for a patient who is allergic to penicillin?

A. Amoxicillin

B. Ceftriaxone

C. Clindamycin

D. Vancomycin

15. During follow-up, which of the following should be assessed for eradication of the infection (ie, cure)?
A. Antimicrobial serum concentrations

B. Complete blood count

C. Use of prophylactic antibiotics for appropriate dental procedures

D. Physical exam

Answers

1. D
2. B
3. A
4. C
5. B
6. B
7. D
8. A
9. B
10. C
11. D
12. C
13. D
14. C
15. D