

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. IVDU 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

- D. Splinter hemorrhage
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