

## Chapter 77, Self-Assessment Questions

1. Which of the following would be considered a primary intra-abdominal infection?
  - A. A patient with small bowel obstruction and peritonitis after receiving chemotherapy
  - B. A patient who was knifed in the abdomen with rupture of the intestine
  - C. Peritonitis in a patient undergoing peritoneal dialysis
  - D. A patient who presents with a perforated GI ulcer
2. With the phenomenon of third spacing in initial intra-abdominal infections, effective circulating blood volume increases in response to a decrease in cardiac output. In primary peritonitis, bacteria enter the abdomen via the bloodstream, lymphatic system by which of the following mechanisms?
  - A. Via a peritoneal dialysis catheter
  - B. Via perforation of the GI tracts
  - C. Via fallopian tube transfer
  - D. All of the above
3. In patients with secondary peritonitis, bacteria may enter the abdomen via which of the following:
  - A. Through a hemodialysis catheter
  - B. Through the damage done to the GI tract by blunt trauma
  - C. Through the bloodstream when there is damage to the GI tract
  - D. Through a peritoneal dialysis catheter
4. Community-acquired complicated intra-abdominal infections can be treated with the following agent(s) for a high-severity infection:
  - A. Ampicillin-sulbactam
  - B. Ticarcillin-clavulanate
  - C. Amoxicillin-clavulanate
  - D. Piperacillin-tazobactam
5. A patient has been undergoing continuous ambulatory peritoneal dialysis (CAPD) and presents with cloudy dialysate, an intermittent, mild fever, and an elevated WBC. The most important factor(s) to consider when selecting an initial antimicrobial agent is (are):
  - A. The dialysis centers and the patient's history of infecting organisms and their sensitivities
  - B. How long the patient has undergone CAPD and the time interval since their last infection
  - C. The extent of the patient's residual renal function
  - D. The modality of dialysis (CAPD or APD)
6. A 46-year-old immunocompromised man is diagnosed with a perforated peptic ulcer. What is the first-line treatment for this patient?
  - A. Clindamycin
  - B. Metronidazole

- C. Cefepime
  - D. Cefazolin
7. What is the most efficacious treatment for an IAI in a cirrhotic patient who is found to have a primary bacterial peritonitis?
    - A. Source control with appropriate drainage
    - B. Correct antimicrobial agent
    - C. Fluid therapy
    - D. None of the above
  8. An acceptable initial IP empiric antimicrobial therapy for a 35-year-old with spontaneous bacterial peritonitis and a history of rash with cephalexin is:
    - A. Cefazolin plus ceftazidime (LD 500 mg/L, MD 125 mg/L for each)
    - B. Tobramycin (LD 8 mg/L, MD 4 mg/L)
    - C. Vancomycin (LD 1000 mg/L, MD 25 mg/L)
    - D. Imipenem-cilastatin (LD 250 mg/L, MD 50 mg/L)
  9. Penetrating abdominal trauma resulting in acute bacterial peritonitis can be treated with oral antimicrobial therapy with the following:
    - A. Levofloxacin plus metronidazole
    - B. Ciprofloxacin
    - C. Levofloxacin plus amoxicillin-clavulanate
    - D. Moxifloxacin
  10. The appropriate duration of treatment for most secondary intra-abdominal infections of mild to moderate severity is:
    - A. 24 hours
    - B. 10 days
    - C. 3 days
    - D. 4 to 7 days
  11. The main consideration for not adding an aminoglycoside in a patient with an IAI is the following adverse effect?
    - A. Hepatotoxicity
    - B. Neurotoxicity
    - C. Cardiotoxicity
    - D. Nephrotoxicity
  12. In a patient that requires treatment for acute cholangitis who is allergic to penicillin, the most appropriate agent is:
    - A. Aminoglycoside with clindamycin
    - B. Aminoglycoside with ampicillin
    - C. Aminoglycoside with vancomycin
    - D. Aminoglycoside with metronidazole
  13. A 70-year-old is undergoing peritoneal dialysis for chronic renal failure. His urine output is 500 mL/24 hours. He has developed mild abdominal cramping with slight fevers. What is the best empiric regimen for this patient?
    - A. Vancomycin (loading dose [LD] 1000 mg/L, maintenance dose [MD] 250 mg/L)
    - B. Cefepime [LD 250 mg/L, MD 125 mg/L]
    - C. Ceftazidime [LD 500 mg/L, MD 125 mg/L] plus cefazolin [LD 500 mg/L, MD 250 mg/L]
    - D. Gentamicin [LD 8 mg/L, MD 4 mg/L] plus cefazolin [LD 500 mg/L, MD 125 mg/L]

14. Drug XY is being reviewed for addition to your hospital formulary. What is the most important consideration in its indication for IAIs as you review and vote?
- A. Its endorsement from national/international guideline expert reviewers
  - B. Its resistance patterns
  - C. Its cost and adverse effect profile
  - D. Its spectrum of microbiological activity
15. One microorganism not covered by tigecycline's spectrum of activity is:
- A. *E. coli*
  - B. *Proteus spp.*
  - C. *Pseudomonas*
  - D. *Klebsiella*

## Answers

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