

## Chapter 83, Self-Assessment Questions

1. JT is a 25-year-old asthmatic woman who presents with vaginal itching accompanied by curd-like discharge. According to her chart, she was in the clinic 2 weeks ago for uncontrolled asthma for which she was prescribed a course of oral prednisone. She was also, according to her chart, diagnosed with vulvovaginal candidiasis last year. Her reports that her symptoms are similar to those she experienced with that infection. What would you recommend for treating her infection?

- A. An over-the-counter topical azole or a single dose of oral fluconazole 150mg
- B. Long-term suppressive therapy
- C. Candida cultures

2. Referring to the previous question, although JT may have other risk factors that we cannot yet identify, what known risk factor does she have?

- A. Broad-spectrum antibiotic use
- B. Diabetes
- C. Sexual activity
- D. Systemic corticosteroid
- E. Altered vaginal pH

3. CS, a 42-year-old woman, presents with her fifth episode of vulvovaginal candidiasis in a year. To achieve remission, CS should be treated with:

- A. Oral itraconazole
- B. 14 days of boric acid capsules intravaginally
- C. Two doses of oral fluconazole 150 mg dosed 3 days apart

D. One dose of oral fluconazole 150 mg

4. After achieving remission, CS (from previous question) is initiated on long-term suppressive therapy. To improve adherence, the preferred treatment is:

A. Miconazole cream

B. Oral fluconazole

C. Boric acid in gelatin capsules

D. Oral itraconazole

5. RG, a 22-year-old pregnant woman, comes to the clinic complaining of vaginal itching. This is her first pregnancy so she was unsure if this was just a “normal part of pregnancy.” Since she is 7 months pregnant, she is having difficulty seeing past her abdomen so she is seeking help determining the cause of her itching. She eats and cries more than usual. Upon examination, the practitioner notes a non-odorous discharge. Which of the following should be considered as part of her care plan:

A. Amphotericin B

B. Oral fluconazole

C. Miconazole cream x 2 weeks

D. Clotrimazole cream x 3 days

6. HA is a 40-year-old HIV-infected patient who returns to your clinic for follow-up after completing a 7-day course of topical clotrimazole for oropharyngeal candidiasis. HA admits that her symptoms have not resolved. In addition to her previous symptoms, she also has developed retrosternal pain and difficulty swallowing. Which of the following should not be considered as part of her care plan?

A. Endoscopy

- B. Mucosal biopsy and culture
- C. Oral fluconazole
- D. Another week of topical clotrimazole

7. GT is a 28-year-old HIV-infected patient who has repeatedly been treated with fluconazole for recurrent oropharyngeal candidiasis. Despite treatment with a 2-week course of fluconazole, GT's most recent infection did not resolve. Cultures reveal a fluconazole-resistant *Candida albicans* isolate. The practitioner decides to initiate daily itraconazole therapy. Therapy should be continued for:

- A. 2-4 weeks
- B. 3 months
- C. 10 days
- D. 6 months

8. While attending morning rounds, you are asked to make recommendations on two patients who have developed oropharyngeal candidiasis. One patient has leukemia and is currently in a neutropenic phase, while the other patient is status-post kidney transplant. Which patient is at a greater risk of dissemination, therefore, requires more aggressive treatment?

- A. Both patients should be treated aggressively.
- B. The neutropenic patient should be treated more aggressively.
- C. The transplant patient should be treated more aggressively.
- D. Neither patient requires any treatment.

9. Which of the following is a recommended nonpharmacologic prevention or treatment for fungal skin infections:

- A. Wearing tight-fitting clothing and socks
- B. Avoiding soap on infected area
- C. Wearing protective footwear in public areas
- D. Wearing wool clothing

10. True or false. In cases of onychomycosis, mycologic cure is only achieved when the nail looks normal so patients should be advised to continue therapy until the nail returns to its normal appearance.

- A. True
- B. False

11. True or False. When treating tinea corporis, treatment should be stopped immediately upon symptom relief.

- A. True
- B. False

12. True or False. Powders are the treatment of choice for hyperkeratotic lesions.

- A. True
- B. False

13. Which fungal skin infection requires 6 weeks of therapy due to the severity of infection and inflammation?

- A. Tinea pedis
- B. Tinea capitis
- C. Tinea cruris

14. Which fungal skin infection requires treatment with oral antifungal agents?

- A. Tinea pedis

- B. Tinea cruris
- C. Tinea capitis
- D. Tinea corporis

15. TS is a 50-year-old man who presents to your clinic with thick, opaque, and friable toenails. The toenails have begun to separate from the nail bed. TS has a history of hepatic failure. Which is an appropriate treatment option?

- A. Nystatin ointment
- B. Itraconazole 200 mg twice daily for 1 week per month for 2 months
- C. Terbinafine 250 mg daily for 3 months
- D. Ciclopirox nail lacquer for 48 weeks

## Answers

1. A

2. D

3. D

4. B

5. C

6. D

7. A

8. B

9. C

10. B

11. B

12. B

13. B

14. C

15. D