Pyelonephritis

1. Which of the following patients with pyelonephritis can be safely treated as an outpatient?

(A) A 75-year-old diabetic female  
(B) A 20-year-old 20-week pregnant female with mild abdominal cramping  
(C) A 30-year-old female with persistent vomiting and fever

(D) A 33-year-old male with renal calculi  
(E) None of the above can be safely treated as outpatients

2. A 19-year-old male complains of acute onset of scrotal pain. Which of the following procedures is LEAST indicated?

(A) Treat with cefixime and azithromycin and discharge home (B) Radionulide scan of the testes  
(C) Attempt manual detorsion  
(D) Urinalysis

(E) Doppler ultrasound

3. 518 Renal transplant patients should receive all of the following measures to prevent infection EXCEPT (A) measles, mumps, rubella (MMR) vaccine  
(B) nystatin  
(C) pneumococcal vaccine  
(D) hepatitis B vaccine  
(E) prophylaxis for dental procedures

4. A 22-year-old previously healthy male complains of dysuria. Genital examination is normal. Urinalysis shows 5 to 10 white blood cells per high power field. Which of the following antibiotic regimens is MOST appropriate?

(A) Ciprofloxacin, 500 mg orally twice a day for 2 weeks  
(B) Trimethoprim-sulfamethoxazole, two tablets orally twice a day for 3 days (C) Azithromycin, 1 g orally once, and ofloxacin, 400 mg orally once  
(D) Cephfalexin, 500 mg orally for 7 days  
(E) Ciprofloxacin, 500 mg orally once

(E) Staphylococcus saprophyticus

5. Which of the following statements regarding infection in patients with continuous ambulatory peritoneal dialysis (CAPD) is TRUE?

(A) Gram-negative bacteria are responsible for most cases of CAPD peritonitis  
(B) Confirmed peritonitis in a CAPD patient requires admission for parenteral antibiotics (C) Cell count in cases of peritonitis is at least 250 leukocytes  
(D) Infection is the most frequent complication of CAPD  
(E) The peritoneal catheter should be changed at the first sign of peritonitis

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| e | a | a | c | d |

1. The answer is E Young, otherwise healthy, women with uncomplicated acute pyelonephritis may be treated as outpatients. Patients with comorbid diseases, immunosupression, most pregnant women, and patients with unremitting fever or inability to tolerate oral fluids or medications should be admitted. Other risk factors for worse prognosis include old age, diabetes, renal calculi, urinary obstruction, recent hospitalization or instrumentation, and sickle cell anemia. These groups of patients should also be treated as inpatients with parenteral antibiotics. (Chapter 90)

2. The answer is A Testicular torsion is a urologic emergency. It can be difficult to distinguish clinically from torsion of the appendix testis or epididymitis. Urologic consultation for operative exploration should be obtained immediately when testicular torsion is suspected. Radionuclide scans and Doppler ultrasound studies can help confirm the diagnosis, but these are time consuming in a condition for which even a short delay could mean loss of the testicle. Manual detorsion can be attempted in the ED while awaiting surgical consultation. (Chapter 91)

3. The answer is A Renal transplant patients are treated with immunosuppressive agents to prevent graft rejection. Important measures to prevent infection in these patients include pneumococcal vaccine, hepatitis B vaccine, trimethoprim-sulfa prophylaxis for Pneumocystis carinii pneumonia, and nystatin to prevent oral candida. MMR vaccine is an attenuated live vaccine and is potentially virulent in immunosuppressed patients. Cytomegalovirus is the most common infectious agent in transplant patients and may be suppressed with gancylcovir. (Chapter 96)

4. The answer is C Men younger than 35 to 40 years with urinary tract signs and symptoms should be evaluated and treated presumptively for sexually transmitted urethritis. Cultures for Chlamydia and gonorrhea should be sent and empiric treatment for both administered. Appropriate treatment includes coverage of Chlamydia with doxycycline, 100 mg orally for 1 week, or a single dose of 1 g azithromycin. Gonorrhea can be treated with a single dose of ceftriaxone 250 mg intramuscularly, a single dose of cefixime 400 mg orally, ofloxacin 400 mg orally, or ciprofloxacin 500 mg orally. Ciprofloxacin, 500 mg twice a day for 2 weeks, is appropriate treatment for pyelonephritis, and trimethoprim-sulfamethoxazole will treat uncomplicated urinary tract infection in young women. The patient should be advised to have his sexual partners checked and to use condoms. (Chapter 90)

5. The answer is D Infection is the most common complication of CAPD, and the majority of cases of peritonitis are caused by Staphylococcus species. Peritonitis is usually defined as more than 100 leukocytes with more than 50 percent neutrophils. Therapy consists of infusion of antibiotics with the dialysate into the peritoneal cavity. Parenteral antibiotics are only indicated if the patient is bacteremic. The peritoneal catheter needs to be changed when there have been multiple episodes of peritonitis or evidence of tunnel infection or intraabdominal abscess. (Chapter 89)