A 25-year-old female who is pregnant has a lesion on her labia. It initially was papular and now is ulcerated. She has been sexually active. She had an RPR 1 month ago and was negative. She has a repeat RPR now and it is positive at 1:64 with a positive FTA. She is given 2.4 million units of benzathine penicillin and 24 hours later has a fever of 101°F with severe myalgia and headache. Labs reveal a WBC of 12,000 with no left shift and minor LFT elevation. Her physical exam is normal. What is a potential complication that may occur in this patient?

A. Acute Hepatitis
B. Sepsis
C. Acute glomerulonephritis
D. Preterm labor
E. Congenital syphilis

A 25-year-old female presents with a diffuse rash on her trunk and extremities that started 3 days ago. She denies new medication and states the rash doesn’t itch. She is sexually active and last had sex 4 weeks ago. She also states she had a sore throat 1 week ago with swollen nodes but it resolved. On physical she has a macular rash on trunk, extremities, palms, and soles. What is the likely etiology of the rash?

A. Coxsackie virus
B. Drug reaction
C. Rheumatic fever
D. Epstein Barr viral infection
E. Syphilis
Labs are done with the results below:
FTA+; VDRL-; EBV titers IgG+; Monospot negative;
Antistreptolysin O titer 1:20.
What is the diagnosis?
A. Rheumatic fever
B. Acute EBV infection
C. Coxsackie virus infection
D. Drug reaction
E. Syphilis with prozone phenomenon

What is the best therapy?
A. Valtrex 1gm b.i.d. x 7 days
B. Penicillin benzathine 2.5 mu IM x 1 day
C. Penicillin benzathine 2.5 mu x 3 (1 week apart)
D. Steroid dose pack
E. Doxycycline 100 mg b.i.d. x 7 days

A 24-year-old female is found to have a labial ulcer and tested positive FTA with a VDRL of 1:32. She is given therapy and 3 months later titer drops to 1:9. 6 months later VDRL is 1:4. What would you do?
A. Observe
B. Retreat with 3 weekly doses of benzathine penicillin 2.5 mu
C. Do a spinal tap for CNS syphilis
D. Doxycycline 100mg b.i.d. x 21 days
E. Test for HIV
F. A and E
A 25-year-old female is admitted for severe shortness of breath, cough and fevers of 1 week duration. She was given trial of Zithromax without response. She is 1st term pregnant. A chest x-ray reveals bilateral interstitial infiltrates and a bronchoscopy is done revealing PCP pneumonia. A test for HIV is positive. Her PO₂ is 60; PCO₂ 25; pH 7.35; G6PD positive.

What therapy should be given?
A. IV Bactrim
B. IV Bactrim plus folic acid
C. IV Bactrim plus folic acid plus prednisone
D. Aerosolized pentamidine plus prednisone
E. Primaquine plus clindamycin plus folic acid

A 25-year-old female from Kenya who is HIV positive presents with cough, fever, night sweats over 2 weeks. She has not responded to Zithromax and Keflex. A PPD was positive 5 years ago but was never given prophylaxis. Her CD4 count is 350 and viral load <20 on Combivir and Kaletra. A chest x-ray has a right apical cavitary lesion and sputum are positive AFB.

What regimen would you initiate?
A. INH, Rifabutin, Pyrazinamide, Ethambutol for 6 months
B. INH, Rifabutin, Ethambutol for 6 months
C. INH, Rifampin, for 9 months
D. INH, Quinolone, Cycloserine, for 6 months
E. INH< Quinolone, Ethionamide for 6 months

If LTBI make sure on HAART, no active disease and consider risk

All of the following cause genital ulcerative disease except
A. Syphilis
B. Herpes simplex
C. Chancroid (Haemophilus ducreyi)
D. Lymphogranuloma venereum (Chlamydia trachomatis serovars L₁, L₂, and L₃)
E. Ureaplasma urealyticum
F. Granuloma inguinale
A patient presents with a labial ulcerative lesion. Her last sexual activity was 2 weeks ago. Which test would indicate a definitive diagnosis of this lesion?

A. VDRL 1:8 and negative FTA
B. VDRL 1:2 and positive FTA
C. VDRL negative and positive FTA
D. RPR negative and positive MHA-TP
E. RPR positive and negative MHA-TP

A 30-year-old pregnant female presents for a visit. She is in her 1st trimester. Her VDRL is 1:8 and positive FTA. She has no lesions on her genitals and doesn’t remember any recently. No history of STD’s. She has an allergy to penicillin with hives. What would you do next?

A. Observe since she has no lesions
B. Treat with benzathine penicillin 2.5 mu IM x 1
C. Treat with benzathine penicillin 2.5 mu IM weekly x 3
D. Treat with doxycycline 100mg b.i.d. x 21 days
E. Do a skin test to penicillin and desensitize if positive

Pick the correct statement regarding Herpes Simplex infections

A. Asymptomatic transmission is uncommon
B. Risk of transmission to neonate with near term acquisition is 30-50%
C. Risk of transmission to neonate with recurrent disease is 50-60%
D. Risk of transmission to neonate is higher with HSV2 vs. HSV 1
E. Diagnosis with Tzanck smear is sensitive
A 23-year-old female presents with lesions on her vulvar area. She states she noticed small ulcers that were tender and now they are healing. She is sexually active. On exam she has several shallow ulcers on her vulvar area. Her RPR and FTA were negative. Which test would give you the best sensitivity and specificity for the diagnosis of these ulcers?

A. Tzanck prep
B. Herpes culture
C. Direct antigen and DNA amplification
D. HSV serology IgG
E. HSV serology IgM

A 25-year-old female who is in her 3rd trimester of pregnancy presents with an outbreak of herpes on her vagina. She has no prior history. How would you treat her?

A. No therapy until after delivery
B. Valacyclovir 1gm po b.i.d. for 7 days
C. Acyclovir 400mg b.i.d for 3 days
D. Famciclovir 250mg q.d. for 10 days
E. IV Acyclovir 500mg t.i.d. for 7 days

Which statement is true regarding chancroid?

A. It is caused by chlamydia trachomatis serovars L1, L2, and L3
B. There is usually a single deep painless genital ulcer without associated adenopathy
C. Definitive diagnosis requires identification of H. ducreyi on special culture media
D. Therapy is Ciprofloxacin 500mg b.i.d. for 14 days
E. Therapy for pregnant female is Erythromycin 500mg b.i.d. for 3 days
Which statement is false regarding lymphogranuloma venereum?
A. Caused by chlamydia trachomatis serovars L1, L2, and L3
B. Painless genital ulcer with significant inguinal adenopathy (groove sign)
C. Serology with elevated complement fixation is used for diagnosis
D. Therapy with Doxycycline 100mg b.i.d. x 10 days
E. Therapy with Erythromycin 500mg q.i.d. x 21 days

Pick the false statement regarding Granuloma Inguinale (Donovanosis)
A. Causative agent is Calymmatobacterium granulomatis
B. Painless anogenital ulcers which heal with fibrosis and scarring with no regional adenopathy
C. Diagnosis with Donovan bacillus seen on biopsy
D. Therapy Bactrim DS b.i.d. x 21 days
E. Doxycycline 100mg b.i.d. x 7 days

A 25-year-old male presents with mucopurulent discharge from his penis over the past 2 days. All are possible causes except
A. Neisseria gonorrhoeae
B. Chlamydia trachomatis
C. Mycoplasma genitalium
D. Ureaplasma urealyticum
E. Trichomonas vaginalis
F. HSV-1
G. Candida albicans
A 25-year-old pregnant female presents with cervical discharge of mucopurulent material. She has a NAAT test of urine positive for gonorrhea but there was not one done for chlamydia.

What is the most appropriate therapy?
A. Ceftriaxone IM x 1 dose
B. Levofloxacin 250mg p.o. x 7 days
C. Ceftriaxone IM x 1 dose plus Azithromycin 1gm x 1 dose
D. Doxycycline 100mg b.i.d. x 7 days
E. Erythromycin 500mg q.i.d. for 7 days

Which statement is false regarding Chlamydia trachomatis cervicitis?
A. Annual screening is suggested for sexually active females 25 years or younger
B. Rescreening should occur 3-4 months after screening
C. Diagnosis is best done with serology
D. Therapy with Doxycycline 100mg b.i.d. x 7 days
E. Therapy with Azithromycin 1gm x 1 dose

Causes of pelvic inflammatory disease include all of the following except
A. N. gonorrhoea, C. trachomatis
B. Mycoplasma trachomatis
C. Streptococcus agalactiae
D. Anaerobes
E. Staphylococcus aureus
F. Gardnerella vaginalis
What is a potential complication of pelvic inflammatory disease?
A. Ruptured bowel
B. Renal abscess
C. Septic shock
D. Tubo ovarian abscess
E. Bacterial peritonitis

All of the following are long term complications of PID except
A. Ectopic pregnancy
B. Tubal infertility
C. Chronic pelvic pain
D. Recurrent infection
E. Chronic renal failure

What would be the best therapy for PID?
A. Cefotetan 2gm b.i.d. plus Erythromycin
B. Cefotetan 2gm b.i.d. plus Doxycycline
C. Ciprofloxacin 500mg q.d.
D. Ceftriaxone 250mg IM
E. Clindamycin plus Doxycycline
A female patient presents with a vaginal discharge that is thick. She also has pruritus. On exam she has vaginal erythema and a pH of vaginal fluid is 4.0. A KOH test is positive.

What is the diagnosis?
A. Trichomoniasis
B. Bacterial vaginosis
C. Candida vaginitis
D. Chlamydia trachomatis
E. Ureaplasma urealyticum

Does the partner need treatment?
A. Yes
B. No

A female patient presents with a vaginal discharge that is thin and adherent to vaginal walls. It has a malodorous discharge. A vaginal exam reveals a thin discharge with odor. Vaginal pH is 5.5 and amine test is positive.

What is the diagnosis?
A. Trichomonas vaginalis
B. Bacterial vaginosis
C. Candida vaginitis
D. Chlamydia trachomatis
E. Ureaplasma urealyticum

Does the partner need treatment?
A. Yes
B. No

A 20-year-old female presents with vaginal discharge. She states the discharge is thick with an odor. An exam reveals vulvovaginal erythema with a discharge with odor. Vaginal fluid pH is 6.0. A wet prep was positive for motile organism.

What is the diagnosis?
A. Candida vaginitis
B. Trichomonas vaginalis
C. Bacterial vaginosis
D. Chlamydia trachomatis
E. Mycoplasma genitalium

Does her partner need treatment?
A. Yes
B. No
Which patient is a candidate for the quadrivalent HPV vaccine?
A. 12-year-old female
B. 14-year-old female
C. 22-year-old female with a past history of cervical condyloma
D. A 25-year-old male with a history of anal condyloma
E. 21-year-old HIV female with a CD4 of 650 and no prior HPV vaccine
F. A and B
G. All of the above

A 23-year-old pregnant female presents in her 3rd trimester with fever, tachycardia, and malodorous amniotic fluid. She is due within the next week and had a good pregnancy. On exam temperature is 102°F. She is alert but heart rate is 110/min, BP 110/70. Exam reveals uterine tenderness. Fetal heart rate is tachycardic. Amniotic fluid is sampled and glucose is 8mg/dL. Leukocyte esterase positive and gram stain reveals WBC and few gram positive cocci in chains. She is admitted to the hospital.

What would you do now?
A. Observe until cultures come back
B. Start Ceftriaxone plus Tetracycline
C. Start Cefotetan plus Tetracycline
D. Start Gentamicin, Ampicillin
E. Start Levofoxacin

The etiology of this condition can include all of the following except
A. E. coli
B. Group B streptococcus
C. Enterococcus
D. Bacteroides species
E. Staphylococcus aureus
Which statement is true regarding syphilis and pregnancy?
A. The risk for fetal infection at delivery is highest with the tertiary stage of disease
B. For women at high risk for syphilis, they should be tested at 28-32 weeks gestation and again at delivery
C. A positive treponemal test with negative RPR in a pregnant patient without history of syphilis is a false positive
D. A pregnant female with a history of treated syphilis usually will have a negative FTA Ab
E. An RPR and VDRL test can be used interchangeably to follow response

A 23-year-old pregnant woman presents with a positive FTA Ab but a negative RPR. She is sexually active but has no history of syphilis. Another treponemal test is done by EIA and is found positive also.

What should be done?
A. Nothing as is false positive
B. Give treatment for syphilis with penicillin
C. Repeat the FTA and RPR after delivery
D. Do an ANA to rule out autoimmune disorder
E. Repeat the RPR and if still negative do nothing

A 23-year-old pregnant patient presents with a history of being diagnosed with late latent syphilis 6 weeks ago and was given benzathine penicillin injections for 2 weeks but she missed the 3rd week.

What should be done now?
A. Give her one more dose of penicillin
B. Repeat the 3 weekly doses of penicillin
C. Do nothing as she probably received enough
D. Give her erythromycin 500 mg qid for 7 days
E. Repeat the RPR to see if has a titer change
Which statement is true regarding genital herpes and pregnancy?

Patients testing for HSV should all be put on suppressive therapy during pregnancy.

Doing HSV serology at 25-32 weeks gestation is recommended.

In a pregnant female with active lesions at delivery IV acyclovir should be given along with vaginal delivery.

Suppressive acyclovir therapy during late pregnancy reduces frequency of C-section in those who have recurrent genital herpes infection.

In HSV sero-negative pregnant patient orogenital sex is safe with a known HSV positive male.

A 35-year-old male presents with a week long history of painful ulcer on his penis with bilateral tender inguinal adenopathy. He is sexually active. He has a negative FTA Ab RPR and HSV PCR on the lesion.

What is the most likely diagnosis?

A. Chancroid
B. Herpes simplex
C. Donovanosis
D. Mycoplasma genitalium
E. Chlamydia trachomatis

What would be the best way to diagnose this condition?

A. IgM, IgG serology
B. Direct fluorescent antibody testing of lesion
C. PCR testing of the lesion
D. Culture on special media
E. Gram stain of the ulcer
What is the best therapy?
A. Acyclovir 400 mg tid for 7-10 days
B. Benzathine penicillin 2.4 million units IM
C. Ceftriaxone 250 mg IM
D. Ciprofloxacin 500 mg bid for 10 days
E. Bactrim DS bid x 14 days

A 35-year-old female presents to you with 6 episodes of symptomatic vulvovaginal candidiasis within the past year. Which statement is true regarding this condition?
A. Vaginal cultures should be obtained to define the species
B. Many are caused by c. glabrata and other non-albicans candida
C. May require non-fluconazole azole regimen
D. Look for underlying immunocompromised state
E. All of the above

A 23-year-old female presents to you and is pregnant. She asks you about information on t. vaginalis. Which statement is true?
A. She should be routinely screened if she is HIV positive
B. Her partner would also need therapy
C. There is a risk of premature rupture of membranes, premature delivery, and delivery of low birth weight infant
D. Metronidazole is the treatment
E. All of the above
An infant is born and is noted to have microcephaly as well as a rash, conjunctivitis, and hepatosplenomegaly. Blood work reveals thrombocytopenia. What condition is he most likely to have?

A. Group B sepsis
B. HIV infection
C. Listeria monocytogenes infection
D. TORCH infections
E. Hepatitis C infection

An infant is born and on exam the baby has microcephaly with maculopapular rash, chorioretinitis. On further studies, he has intracranial calcifications as well as anemia. On questioning the mother, it was noted that she had no travel history, but did have 3 outdoor cats that she took care of. What is the likely cause of his abnormalities?

A. Group B streptococcus
B. Varicella zoster
C. Herpes simplex
D. Toxoplasmosis
E. Congenital syphilis

How would you diagnose this condition?

A. IgM and PCR testing
B. Isolation of organism from placenta, serum
C. Histology of placenta
D. Cultures and gram stain
E. Direct fluorescent antibody testing
What is the definitive therapy?
A. Benzathine penicillin
B. Acyclovir
C. Pyrimethamine and sulfadiazine
D. Ganciclovir
E. Gentamicin plus penicillin

A pregnant female at term delivers a female infant. After delivery it is noted that the baby has a “blueberry type rash” over her face and trunk. She is also noted to have bilateral cataracts with a “salt and pepper” retinopathy. She had a loud heart murmur and appeared jaundiced. What is the likely cause of these findings?
A. Herpes simplex
B. Toxoplasmosis
C. CMV
D. Rubella
E. Measles

A 23-year-old pregnant female presents in labor and delivers a new born male. There were no difficulties at the time of birth. At about 3 months it was noted on exam that the baby had microcephaly and a hearing loss. There was also hepatosplenomegaly as well as jaundice noted. The child appeared hypotonic with poor suck reflex and lethargic. A CT of the brain revealed periventricular calcification. The mother reported that during her 2nd trimester of pregnancy that she had a mono-like illness with sore throat, adenopathy, and fatigue lasting 1.5 weeks. Her mono spot test was negative, but she had atypical lymphocytes on peripheral smear.
What is the likely diagnosis?
A. HIV
B. Toxoplasmosis
C. Rubella
D. CMV
E. Herpes simplex

How would you diagnose this?
A. Culture urine or pharyngeal secretions
B. PCR of blood
C. Tissue biopsy
D. IgG serology with titers
E. 4th generation serology testing
F. A and B

What therapy could be given?
A. Penicillin
B. Sulfadiazine and pyrimethamine
C. Acyclovir
D. Ganciclovir
E. HAART therapy
A 25-year-old pregnant female presents with contractions and ruptured membranes. She states she had an uneventful pregnancy, but did recall having some burning and itching on her vagina about 3 days ago. On exam she had some small ulcers on vaginal mucosa. The baby was delivered and the newborn had multiple ulcerative, as well as vesicular lesions on mouth, palate. The baby also had keratoconjunctivitis as well as lethargy and irritability.

What is the likely diagnosis?
A. Toxoplasmosis  
B. Group B strep  
C. Herpes simplex  
D. CMV  
E. Rubella

What is the best therapy?
A. Pyrimethamine and sulfadiazine  
B. Acyclovir  
C. Ganciclovir  
D. Penicillin  
E. Immunoglobulin