

Mindful Continuing Education

STDs Update: Part Two

Diseases Characterized by Urethritis and Cervicitis

1. Urethritis, as characterized by urethral inflammation, can result from infectious and noninfectious conditions, and may or may not present with symptoms.

- A. True
 - B. False
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Nongonococcal Urethritis (NGU)

2. NGU is a nonspecific diagnosis that can have many infectious etiologies, and all men who have confirmed NGU should be tested for chlamydia and:

- A. HPV
 - B. Syphilis
 - C. Gonorrhea
 - D. HIV
-

Cervicitis-Diagnostic Characteristics

3. Because cervicitis might be a sign of upper-genital-tract infection, women with a new episode of cervicitis should be assessed for signs of Pelvic Inflammatory Disease (PID).

- A. True
 - B. False
-

Chlamydial Infections

4. Chlamydial infection is the most frequently reported infectious disease in the United States, and prevalence is highest in persons 25-30 years old.

- A. True
 - B. False
-

5. Which of the following is an accurate statement about the primary focus of screening men for chlamydia?

- A. It should be routinely done to detect chlamydia**
 - B. Regular screening for men is recommended to prevent complications**
 - C. Screening efforts also encourage partner testing and treatment**
 - D. Target screening in men should be considered when resources permit and prevalence is high**
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Chlamydial Infections Among Neonates

6. C. trachomatis infection in neonates is most frequently recognized by conjunctivitis that develops 5-12 days after birth.

- A. True**
 - B. False**
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Chlamydial Infections Among Infants and Children

7. Sexual abuse must be considered a cause of chlamydial infection in infants and children, although perinatally transmitted C. trachomatis infection of the nasopharynx, urogenital tract and rectum might persist for 2-3 years.

- A. True**
 - B. False**
-

Gonococcal Infections

8. Women are at increased risk for N. gonorrhea infection include those who have a new sex partner, more than one sex partner with concurrent partners, or a sex partner who has an STI, and additional risk factors include:

- A. Inconsistent condom use among persons who are not in mutually monogamous relationships**
 - B. Previous or coexisting sexually transmitted infections**
 - C. Exchanging sex for money or drugs**
 - D. All of the above**
-

Other Management Considerations

9. To maximize adherence with recommend therapies and reduce complications and transmission, medication for gonococcal infection should be provided on site and directly observed.

- A. True**
 - B. False**
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10. A high prevalence of N. gonorrhoeae infection has been observed among men and women previously treated for gonorrhea, which generally indicates treatment failure.

- A. True**
 - B. False**
-

Management of Sex Partners

11. Recent sex partners who have had sexual contact with the infected patient within the _____ preceding onset of symptoms or gonorrhea diagnosis should be referred for evaluation, testing, and presumptive dual treatment.

- A. 30 days**
 - B. 60 days**
 - C. 90 days**
 - D. 120 days**
-

Diseases Characterized by Vaginal Discharge

12. Although bacterial vaginosis (BV), T. vaginalis, and candidiasis can all be associated with vaginal discharge, cervicitis is the most common cause of abnormal discharge.

- A. True**
 - B. False**
-

Treatment

13. Data suggest that douching may help relieve symptoms and enhance treatment for diseases characterized by vaginal discharge.

- A. True**

B. False

Trichomoniasis

14. Trichomoniasis is the most prevalent non-viral sexually transmitted infection in the United States, most infected persons have minimal or no symptoms, and untreated infections might last for months to years.

- A. True**
 - B. False**
-

Other Management Considerations

15. Which of the following is NOT a correct statement about management considerations for individuals with T. vaginalis?

- A. Providers should advise persons infected with T. vaginalis to abstain from sex until they and their sex partners are treated**
 - B. Because of the high rate of reinfection among women treated for trichomoniasis, retesting for T. vaginalis is recommended for all sexually active women within 6 months following initial treatment regardless of whether they believe their sex partners were treated**
 - C. Concurrent treatment of all sex partners is critical for symptomatic relief, microbiologic cure, and prevention of transmission and reinfections**
 - D. Persistent or recurrent infection caused by antimicrobial-resistant T. vaginalis or other causes should be distinguished from the possibility of reinfection from an unprotected sex partner**
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HIV Infection

16. Up to 53% of women with HIV infection are also infected with T. vaginalis, and treatment of trichomoniasis is associated with significant decreases in genital-tract HIV viral load and viral shedding.

- A. True**
 - B. False**
-

Pelvic Inflammatory Disease (PID)

17. Sexually transmitted organisms, especially *N. gonorrhoeae* and *C. trachomatis*, are implicated in many cases of PID, and recent studies suggest that the proportion of PID cases attributable to *N. gonorrhoeae* or *C. trachomatis* is increasing.

- A. True**
 - B. False**
-

Diagnostic Considerations

18. Acute PID is difficult to diagnose because of the wide variation in symptoms and signs associated with this condition, and because many women with PID have subtle or nonspecific symptoms or are asymptomatic.

- A. True**
 - B. False**
-

19. Presumptive treatment for PID should be initiated in sexually active young women and other women at risk for STDs in each the following cases EXCEPT:

- A. If they have a history of PID or chlamydia**
 - B. If they are experiencing pelvic or lower abdominal pain**
 - C. If no cause for the illness other than PID can be identified**
 - D. If they have cervical motion tenderness, uterine tenderness, or adnexal tenderness**
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20. Treatment for PID should be initiated as soon the presumptive diagnosis has been made, because prevention of long-term pathology is dependent on early administration of appropriate antibiotics.

- A. True**
 - B. False**
-

Follow-Up

21. All women who have received a diagnosis of chlamydial or gonococcal PID should be retested 6 weeks after treatment if their partners did not receive treatment and 6 months after initial treatment if partners were treated.

- A. True**
 - B. False**
-

Pregnancy

22. Pregnant women suspected to have PID are at high risk for maternal morbidity and preterm delivery, so they should be hospitalized and treated with intravenous antibiotics.

- A. True**
 - B. False**
-

Epididymitis

23. Which of the following is an accurate statement about epididymitis?

- A. Acute epididymitis is a clinical syndrome consisting of pain, swelling, and inflammation of the epididymis that lasts less than 3 weeks**
 - B. Among sexually active men less than 35 years, acute epididymitis is most frequently caused by Human Papillomavirus Infection (HPV)**
 - C. Chronic epididymitis is characterized by a 6 week or greater history of symptoms of discomfort and/or pain in the scrotum, testicle, or epididymis**
 - D. Chronic infectious epididymitis is most frequently seen in conditions associated with trauma or an autoimmune condition**
-

Treatment

24. Most men with acute epididymitis can be treated on an outpatient basis, but referral to a specialist and hospitalization should be considered when severe pain or fever suggests other diagnoses or when men are unable to comply with an antimicrobial regimen.

- A. True**
 - B. False**
-

Follow-Up

25. Signs and symptoms of epididymitis that do not subside within _____ of treatment require re-evaluation of the diagnosis and therapy.

- A. 5 days**
- B. 3 days**
- C. 48 hours**

D. 24 hours

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