

test questions PharmaCE™

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STRONGYLOIDES STERCORALIS INFECTION

Goal

To review the diagnosis, manifestations, complications, and treatment of *Strongyloides stercoralis* infection.

Objectives

After reviewing this article, the reader should be able to:

1. recite the epidemiology of *Strongyloides* infection;
2. distinguish between uncomplicated disease and hyperinfection;
3. given the case of a patient with uncomplicated strongyloidiasis, develop a treatment plan;
4. given the case of a patient with hyperinfection, determine the best treatment.

Test Questions

1. The prevalence of *Strongyloides* infection in Tennessee is estimated to be up to:
 - (a) 1%.
 - (b) 4%.
 - (c) 8%.
 - (d) 12%.
2. The male-to-female ratio of infection has been reported as:
 - (a) 1:2.
 - (b) 1:3.
 - (c) 2:1.
 - (d) 3:1.
3. Disseminated and hyperinfection complications occur in which of the following percentage of patients with *Strongyloides* infection?
 - (a) 2.5%
 - (b) 5.5%
 - (c) 10.5%
 - (d) 15.5%
4. A 35-year-old man visiting the US from the West Indies presents to a walk-in clinic with a history of diarrhea and abdominal pain over the last 4 weeks. Which diagnostic tests should be obtained to rule out *Strongyloides* infection?
 - (a) 1 stool sample, serology, and complete blood cell count
 - (b) 3 stool samples and serology
 - (c) 1 stool sample and complete blood cell count
 - (d) 3 stool samples and complete blood cell count
5. A 52-year-old man returns from a business trip to Southeast Asia and reports increasing diarrhea in the last 3 weeks. Which diagnostic tests should be obtained to rule out *Strongyloides* infection?
 - (a) 1 stool sample, serology, and complete blood cell count
 - (b) 3 stool samples and serology
 - (c) 3 stool samples, serology, and complete blood cell count
 - (d) 1 stool sample, serology, and complete blood cell count
6. A 39-year-old woman presents with a rash consistent with larva currens. Which diagnostic tests should be obtained to rule out *Strongyloides* infection?
 - (a) none; rash is diagnostic for *Strongyloides* infection
 - (b) 3 stool samples, serology, and complete blood cell count
 - (c) none; rash is indicative of another parasitic infection
 - (d) 1 stool sample, serology, and complete blood cell count
7. A 65-year-old man born in the US has a history of international travel and is now being considered for a bone marrow transplant. The patient will receive steroids as part of the regimen after the transplant. Recommended stool tests show *Strongyloides* infection. What should be done before the patient receives the transplant?
 - (a) *Strongyloides* infection should be confirmed with serology test.
 - (b) He should be treated for *Strongyloides* infection before transplant.
 - (c) He should be treated for *Strongyloides* infection only after transplant.
 - (d) *Strongyloides* infection should be ruled out by eosinophil count.
8. What would be the best treatment?
 - (a) ivermectin 12 mg for 1 day
 - (b) thiabendazole 1.5 g for 2 days
 - (c) thiabendazole 1.5 g for 5 days
 - (d) ivermectin 12 mg for 2 days
9. The patient returns for follow-up 4 weeks later. The diarrhea is gone, a stool test is negative for *Strongyloides*, and the serology titer has not changed. What should be done?
 - (a) The patient responded to therapy; continue monitoring.
 - (b) The patient responded to therapy; no further follow-up is indicated.
 - (c) The patient failed therapy and should be treated with a different drug.
 - (d) The patient failed therapy and should be retreated with the same drug.
10. What treatment should be initiated?
 - (a) ivermectin for 3 days; repeat 2 weeks later
 - (b) ivermectin for 2 days; repeat 2 weeks later
 - (c) thiabendazole for 2 days; repeat 2 weeks later
 - (d) thiabendazole for 3 days; repeat 2 weeks later
11. The patient does not keep follow-up appointments and returns to the emergency department 3 months later with severe diarrhea, shortness of breath, and a high eosinophil count. He is admitted, he needs to be intubated, and an ileus is suspected. What additional diagnostic tests should be performed to rule out *Strongyloides* hyperinfection?
 - (a) 3 stool samples, serology, and stool occult blood test
 - (b) 1 stool sample, serology, and sputum culture
 - (c) stool occult blood test, serology, and sputum culture
 - (d) 3 stool samples, stool occult blood test, and sputum culture
12. *Strongyloides* infection is confirmed. Which of the following would be the best treatment?

Questions 8 and 9 pertain to the following case:

A 44-year-old man with AIDS who is a native of Africa is diagnosed with *Strongyloides* infection based on stool tests. He has positive serology for *Strongyloides* and a normal eosinophil count. The patient weighs 60 kg.

8. What would be the best treatment?

- (a) ivermectin 12 mg for 1 day
- (b) thiabendazole 1.5 g for 2 days
- (c) thiabendazole 1.5 g for 5 days
- (d) ivermectin 12 mg for 2 days

9. The patient returns for follow-up 4 weeks later. The diarrhea is gone, a stool test is negative for *Strongyloides*, and the serology titer has not changed. What should be done?

- (a) The patient responded to therapy; continue monitoring.
- (b) The patient responded to therapy; no further follow-up is indicated.
- (c) The patient failed therapy and should be treated with a different drug.
- (d) The patient failed therapy and should be retreated with the same drug.

Questions 10–12 pertain to the following case:

A 52-year-old man with hypoglobulinemia presents to the clinic with newly diagnosed *Strongyloides* infection based on stool tests.

10. What treatment should be initiated?

- (a) ivermectin for 3 days; repeat 2 weeks later
- (b) ivermectin for 2 days; repeat 2 weeks later
- (c) thiabendazole for 2 days; repeat 2 weeks later
- (d) thiabendazole for 3 days; repeat 2 weeks later

11. The patient does not keep follow-up appointments and returns to the emergency department 3 months later with severe diarrhea, shortness of breath, and a high eosinophil count. He is admitted, he needs to be intubated, and an ileus is suspected. What additional diagnostic tests should be performed to rule out *Strongyloides* hyperinfection?

- (a) 3 stool samples, serology, and stool occult blood test
- (b) 1 stool sample, serology, and sputum culture
- (c) stool occult blood test, serology, and sputum culture
- (d) 3 stool samples, stool occult blood test, and sputum culture

12. *Strongyloides* infection is confirmed. Which of the following would be the best treatment?

- (a) ivermectin subcutaneously
- (b) ivermectin orally
- (c) thiabendazole orally
- (d) thiabendazole intravenously

13. A 65-year-old hospitalized patient is diagnosed with *Strongyloides* disease disseminated to the kidneys. What treatment should be initiated?
- (a) ivermectin for at least 2 weeks
 - (b) ivermectin for 2 days, with repeat course 2 weeks later
 - (c) albendazole for 7 days
 - (d) albendazole for 10 days

14. A 39-year-old patient treated with a 2 day course of ivermectin for documented *Strongyloides* infection returns 2 weeks later with recurrent diarrhea. Which of the following is the best option?

- (a) retreat with ivermectin for 10 days
 - (b) retreat with ivermectin for 2 days
 - (c) treat with albendazole for 7 days
 - (d) no treatment indicated
15. A patient on chronic steroids for lupus for 10 years is diagnosed with *Strongyloides* hyperinfection. The

physician is planning to treat the infection with appropriate therapy and asks for recommendations about steroid therapy. You recommend that:

- (a) steroids be continued at the current dose.
- (b) steroids be discontinued.
- (c) steroids be tapered to discontinuation.
- (d) steroid dose be increased.