Week 3 Quiz….

WEEK 3 QUIZ

1. A 25-year-old male presents with “bleeding in my eye” for 1 day. He awoke this morning with a dark area of redness in his eye. He has no visual loss or changes. He denies constitutional symptoms, pruritus, drainage, or recent trauma. The redness presents on physical exam as a dark red area in the patient’s sclera of the right eye only and takes up less than 50% of the eye. The patient’s remaining sclera is clear and white. He also notes he was drinking alcohol last night and vomited afterward.

What is the best treatment?

A. Cold compresses and frequent handwashing.
B. Sending the patient to the emergency department for immediate ophthalmology consult.
C. Reassurance that this lesion will resolve without any treatment in 2 to 4 weeks.
D. Topical steroids and close follow-up with an ophthalmologist.

This is the classic presentation of a subconjunctival hemorrhage. It will resolve without treatment in 2 to 4 weeks. Vomiting probably caused his hemorrhage.

2. A 27-year-old female comes in to your primary care office complaining of a perioral rash. The patient noticed burning around her lips a couple days ago that quickly went away. She awoke from sleep yesterday and noticed a group of vesicles with erythematous bases where the burning had been before. There is no burning today. She is afebrile and has no difficulty eating or swallowing. What test would confirm her diagnosis?

A. Sterile culture sent for aerobic and anaerobic bacteria.
B. Tzanck smear.
C. Potassium hydroxide (KOH) prep.
D. Exam under a Wood lamp.

This would show giant cells consistent with herpes simplex virus. KOH and wood's lamp are used to diagnose fungal infections. Cultures can be sent to diagnose bacterial infections but it will not detect HSV

3. Mary, age 82, presents with several eye problems. She states that her eyes are always dry and look “sunken in.” What do you suspect?

A. Normal age-related changes.
B. A detached retina.
C. Hypothyroidism.
D. Cushing syndrome.

Dryness of the eyes and the appearance of “sunken” eyes are normal age-related changes.

4. A 20-year-old male presents to your office in the summer complaining of chest discoloration. He is a lifeguard and has been out in the sun without a shirt on for long periods of time. His physical exam shows small, flat, circular, hypopigmented macules on his chest that he states are mildly pruritic. What is the treatment of choice for this diagnosis?

A. Hydrocortisone cream 1%.
B. Oral fluconazole.
C. Selenium sulfide shampoo.
D. Ketoconazole shampoo.

Selenium sulfide shampoo is the treatment of choice for tinea versicolor. Ketaconozole is not the treatment for tinea versicolor but it can be used for recurrence prevention in resolved cases. Oral fluconazole is only the treatment in severe cases that are resistant to topical treatments.

5. A 22-year-old college student presents to your urgent care clinic complaining of a rash. She was recently on spring break and spent every night in the hot tub at her hotel. On physical exam, she has multiple small areas of 1- to 2-mm erythematous pustules that are present mostly where her bathing suit covered her buttocks. What is the most likely pathogen causing these lesions?

A. Pseudomonas aeruginosa.
B. Klebsiella.
C. Staphylococcus aureus.