



Clinical challenge

Questions for this month's clinical challenge are based on theme articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month.

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SINGLE COMPLETION ITEMS

DIRECTIONS

Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Wei Sin

Wei Sin is a 21 year old medical student whose boyfriend has developed warts on his penis. She is appalled and asks for information about the human papillomavirus (HPV).

Question 1

Which of the following statements is incorrect?

- A. there are more than 200 types of HPV
- B. HPV can cause a spectrum of disease from skin lesions to cancer
- C. visible warts on the penis cause cervical cancer
- D. up to 80% of people are infected with genital forms of HPV at some stage of their lives
- E. approximately 25% of people are infected with HPV during their first 10 years of sexual activity.

Question 2

Wei remains dubious and is reluctant to accept your offer of performing her first Pap smear. In talking with her, which of the following is incorrect?

- A. cervical cancer is a rare outcome of infection with HPV

- B. 99.7% of cervical cancers demonstrate HPV DNA
- C. cervical cancer is the second commonest cancer in Australian women
- D. smoking is a cofactor in the development of cervical cancer
- E. Australia's Pap screening program has resulted in a significant drop in incidence of cervical cancer.

Question 3

She is a little more convinced and decides to test out your knowledge of histopathology. The commonest form of cervical cancer is:

- A. squamous cell carcinoma
- B. basal cell carcinoma
- C. columnar cell carcinoma
- D. endometrial cell carcinoma
- E. adenocarcinoma.

Wei finally relaxes and, with an air of relief, requests a full sexually transmitted infection (STI) check up for herself and her partner

Question 4

Reasons for requesting an STI checkup include:

- A. sexual dysfunction
- B. sexual assault
- C. commencing a new relationship
- D. suspected partner infidelity
- E. all of the above.

Case 2 – Larry Tate

Larry Tate is a 24 year old man who tells you that he had an unexpected sexual encounter while on a business trip to New Zealand last week.

Question 1

In taking a sexual history, which of the following questions is most appropriate?

- A. do you prefer male or female partners?
- B. have you ever had sex with another man?
- C. are you homosexual?
- D. are you gay?
- E. are you bisexual?

Question 2

Larry tells you that he has never had sexual intercourse with a man but he is very keen to have 'an AIDS test and full work up'. Would you:

- A. arrange for him to be tested, after gaining informed consent
- B. advise against testing for fear of jeopardising future life insurance policies
- C. reassure him that he is at negligible risk and does not need the test
- D. arrange testing if he can demonstrate significant risk
- E. confront him on his sexuality.

Question 3

Larry then asks you what tests you would recommend for a man who has anal sex with other men on a regular basis. Which of the following is least useful?

- A. HIV antibodies
- B. syphilis serology
- C. hepatitis A antibodies
- D. hepatitis B antibodies
- E. hepatitis C antibodies.

Question 4

Larry now reveals that this encounter (and others) involved insertive anal intercourse. He should be offered screening for chlamydia infection:

- A. only if he did not use condoms
- B. only if he has dysuria or a penile discharge
- C. using cell culture rather than PCR
- D. only if he also has sex with women
- E. regardless of his sexual history.

Case 3 – Carol Post

Carol Post is a 24 year old mother of two who is considering an intrauterine contraceptive device (IUD). She is worried about the risk of pelvic inflammatory disease (PID) following insertion.

Question 1

Which of the following will reduce her risk?

- A. vaginal douching
- B. annual replacement of the IUD
- C. insertion during menses
- D. screening for chlamydia before insertion
- E. all of the above.

Question 2

Carol asks which of the following methods of contraception increase the chance of PID. Which of the following may increase the risk of PID:

- A. condoms
- B. progesterone implants
- C. combined oral contraceptive pills
- D. IUDs
- E. diaphragms.

Carol decides against an IUD but returns to see you three months later with moderate lower abdominal pains. She has had four sexual partners since you last saw her.

Question 3

Your probability diagnosis is PID, but your differential diagnoses include:

- A. endometriosis
- B. ruptured ovarian cyst
- C. dysmenorrhoea
- D. ectopic pregnancy
- E. all of the above.

Question 4

Carol has fever and tenderness on palpating her lower abdomen and rocking her cervix. Your presumptive diagnosis is PID. Your drug regimen is:

- A. azithromycin 1 g immediately
- B. azithromycin 1 g immediately and doxycycline 100 mg twice per day for seven days
- C. azithromycin 1 g immediately and doxycycline 100 mg twice per day for 14 days
- D. azithromycin 1 g immediately and doxycycline 100 mg twice per day for 14 days and metronidazole 400 mg twice per day for 14 days
- E. doxycycline 100 mg twice per day for 14 days and metronidazole 400 mg twice per day for 14 days and azithromycin 1 g immediately (if compliance is an issue).

Case 4 – Roger Healy

Roger Healy has recently embarked on a pattern of very risky sexual behaviours since the end of a long standing relationship. He tells you he has been engaging in a sexual practice of which you have never heard.

Question 1

The best question would be:

- A. is that a normal sexual practice?
- B. why are you doing that?
- C. could you explain that to me?
- D. is that a risky behaviour?
- E. are you doing it safely?

Question 2

The following January, Roger returns with a flu-like illness. Which of the following symptoms is most reliable in indicating acute HIV infection?

- A. headache
- B. oral ulcers
- C. fever
- D. night sweats
- E. dysuria.

Question 3

In managing people who are infected with HIV, GPs can provide:

- A. information and education
- B. antiretroviral treatments
- C. haematological monitoring
- D. counselling
- E. all of the above.

Question 4

Postexposure prophylaxis (PEP) following exposure to HIV is:

- A. ineffective in most cases
- B. only available through one clinic in each state
- C. often poorly tolerated
- D. only indicated following occupational exposure
- E. administered as single daily dose over seven days.