**Questions 1-6 for AHD September 5, 2023**

**(1-3) Make sure you know the correct answers to the questions from last week and can reason through the wrong answers!**

1. A 78-year-old man was hospitalized 2 days ago for management of lower back pain that has been worsening over the past 4 weeks and remained uncontrolled with oral pain medications. He reports no radicular symptoms, weakness, or bladder or bowel incontinence. Medical history is notable for benign prostatic hyperplasia treated with tamsulosin.  
     
   On physical examination, the patient appears in distress from pain. Temperature is 37.9 °C (100.2 °F), blood pressure is 155/85 mm Hg, pulse rate is 82/min, and respiration rate is 18/min. Tenderness to palpation is elicited over the lower lumbar spine. Lower extremity strength is normal, with intact sensation and normal reflexes.  
     
   Laboratory studies show a hemoglobin level of 12.2 g/dL (122 g/L) and leukocyte count of 15,600/µL (15.6 × 109/L).  
     
   MRI with contrast reveals evidence of L3-L4 discitis with osteomyelitis involving the contiguous vertebral body end plates at L3 and L4, without evidence of epidural abscess.  
     
   Blood and urine cultures are negative at 48 hours.  
    **Which of the following is the most appropriate management?**
2. Disk space aspiration and biopsy
3. Open bone biopsy
4. Vancomycin
5. Vancomycin and ceftriaxone
6. A 42-year-old woman is evaluated for a 3-week history of increasing pain in the left heel. She sustained a puncture wound from a nail 10 weeks ago. She was evaluated promptly and given a tetanus immunization; a plain radiograph was normal. After initial improvement, the patient experienced progressively increasing pain over the injured area.  
     
   On physical examination, vital signs are normal. Evidence of a healed wound is seen on the left heel. Mild edema is noted with significant tenderness on palpation but without warmth, erythema, or drainage.  
     
   Laboratory studies show an erythrocyte sedimentation rate of 110 mm/h.  
     
   A repeat plain radiograph shows evidence of soft tissue swelling with cortical destruction and accompanying periosteal reaction in the distal calcaneus.  
     
   **Which of the following is the most appropriate management?**
7. Bone biopsy
8. Ciprofloxacin
9. Linezolid
10. MRI with contrast
11. Three-phase nuclear bone scan
12. 21-yr-old woman comes to the emergency department due to fever and headache. The patient began having myalgias 12 hours ago and then rapidly developed fever, progressive headache, nausea and several episodes of vomiting. She has had no cough, dyspnea, diarrhea or dysuria. The patient has no prior medical issues and takes no medications. She is a college student and lives in a dormitory on campus. She has not traveled recently and does not know is she has been exposed to sick contacts. The patient drinks 2-4 beers on weekends and does not use tobacco or illicit drugs.  
    Temperature is 39.2(102.7 F), blood pressure is 106/68 mm Hg, pulse is 115/min and respirations are 20/min. The patient is ill-appearing with scattered petechial skin rash. No sinus tenderness is present and the oropharyngeal mucosa is moist with no lesions.  
      
    Auscultation of the heart and lungs is normal. She has neck rigidity but no other focal neurological deficits. Fundoscopy shows no papilledema.

**Which of the following infection-control measures is most appropriate at the present time for this patient?**

1. Contact isolation precautions
2. Placement in a room with negative air pressure
3. Standard precautions only
4. Strict use of soap and water for hand hygiene
5. Wearing a surgical mask in the vicinity of the patient  
     
    **(4-6) Review articles and LOS for 9/5/2023 AHD. Write out and turn in the answers to the LOs for THIS week.**
6. Describe pseudoaddiction and how it differs from opioid use disorder. (Sickle cell disease).
7. Define factitious thrombocytopenia (also called pseudothrombocytopenia). Describe how the diagnosis is made and its significance. (Thrombocytopenia)
8. Describe the indications for bridging heparin therapy perioperatively in a patient who is **HiGH risk** for thrombosis and is on warfarin in the setting of atrial fibrillation, VTE, and prosthetic heart valve. (Anticoagulation Jeopardy). What are the indications for bridging in patients who are LOW or MODERATE risk?

**Please fill out the following survey for Dr. Alyssa Hummel prior to AHD September 5.**

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