

HIV

MCQs

- A 28-year-old woman with HIV on antiretroviral therapy complains of abdominal pain in the emergency department. Laboratory data show a creatinine of 3.2 mg/dL; her baseline creatinine is 1.0 mg/dL. Urinalysis shows large numbers of white blood cells and red blood cells without epithelial cells, leukocyte esterase, or nitrites. Which test is indicated to diagnose the cause of her acute renal failure?
 - a. Acid-fast stain of the urine
 - b. Anti-GBM (glomerular base membrane) antibodies
 - c. Renal angiogram
 - d. Renal ultrasound**
 - e. Urine electrolytes
- At what CD4 count are HIV patients at increased risk of developing PCP?
 - a. CD4 count $>500 \times 10^6$
 - b. CD4 count $200-499 \times 10^6$
 - c. CD4 count $<200 \times 10^6$**
 - d. CD4 count $< 500 \times 10^6$
 - e. CD4 count $<100 \times 10^6$
- What is the approximate risk of acquiring HIV following needle prick ?
 - a. 0.003%
 - b. 0.03%
 - c. 0.3%**
 - d. 3%
 - e. 30%
- A 38 year old man known to be infected with HIV presents with a week of fever and tachypnea. Chest x-ray reveals bilateral alveolar infiltrates , Bronchoalveolar lavage is positive for methenamine silver staining material . Which of the following statements is correct concerning the current clinical situation ?
 - a) Transbronchial biopsy should be carried out to confirm the diagnosis
 - b) Glucocorticoids are contraindicated , given the risk of other opportunistic infections
 - c) Pentamidine therapy by the aerosolized route would be appropriate if the patient had a known allergy to sulfa drugs
 - d) TMP/SMZ and pentamidine should be administered in combination
 - e) TMP/SMZ alone should be administered**
- The chief opportunistic infection in HIV patient is? سؤال نبض
 - a. Candidiasis**
 - b. CMV infection
 - c. Toxoplasmosis
 - d. Pneumocystis Jiroveci
 - e. Tuberculosis

- eye complaint and abnormal color perception in HIV pt due to : **Cmv retinitis**
- Pt with HIV on Rx and prophylactic Ab CD4 was 25 If raised to 250 , what to do : **Stop anti- HIV medication**
- HIV patient with dry cough bilateral hilar lymphadenopathy + fever ?
Answer: **Pneumocystis jiroveci**
- Not a complication of HIV:
 - a. Idiopathic pulmonary fibrosis
 - b. Lymphoid interstitial pneumonia
- In a patient with HIV, the worst prognosis is for a patient with: **Ans: C (this is the lowest CD4 and highest viral load)**
- HIV is composed of:**A single strand of RNA**
- Which of the following is least likely to transmit HIV?
 - a. Semen
 - b. Saliva**
 - c. Blood
 - d. CSF
 - e. Transplanted organs
 Answer: B (saliva_) <http://www.cdc.gov/hiv/resources/qa/transmission.htm>
- Which of the following is false about acute HIV disease?
 - a. It occur within 2-6 weeks of infection
 - b. It is best diagnosed by ELISA Wrong (However, the standard third generation enzyme linked immunosorbent assays (ELISAs) used in clinical practice and in blood banks in the United States do not detect antibodies to HIV until three to seven weeks after infection.)**
 - c. It manifess aa flue-like illness Yes
 - d. It is associated with high infectoiu state → Patients with primary HIV infection arehighly contagious to others,
 - e. It occurs in about 70% of patients

- one of the following is not a feature of HIV-associated nephropathy?

A. Small kidneys

B. Normotension

C. Elevated urea and creatinine

D. Proteinuria

E. Focal segmental glomerulosclerosis on renal biopsy

HIV: renal involvement

Renal involvement in HIV patients may occur as a consequence of treatment or the virus itself. Protease inhibitors such as indinavir can precipitate intratubular crystal obstruction

HIV-associated nephropathy (HIVAN) accounts for up to 10% of end-stage renal failure cases in the United States.

Antiretroviral therapy has been shown to alter the course of the disease. There are five key features of