

VAGINITIS TEST QUESTIONS

- Which of the following statements is true about the vaginal ecosystem?
 - The normal vaginal flora is made up mostly of *Gardnerella*.
 - Normal vaginal discharge is colorless, odorless, and has a low viscosity.
 - Lactobacilli convert glucose to ascorbic acid.
 - Lactobacilli may produce hydrogen peroxide that inhibits bacterial growth.
- Which of the following types of vaginitis occurs most frequently?
 - Bacterial vaginosis
 - Candidiasis
 - Trichomoniasis
 - Atrophic vaginitis
- The diagnosis of vaginitis requires which of the following?
 - Patient history
 - Visual inspection of vaginal discharge
 - Collection of specimen of vaginal discharge for microscopic examination
 - All of the above
- The normal vaginal pH is:
 - 3.8–4.2
 - 5.0–6.0
 - 6.0–7.0
 - 2.5–3.5
- Which of the following best describes the signs and symptoms of trichomoniasis in women?
 - Foul fishy odor, and thick clumpy white vaginal discharge
 - Malodorous, frothy yellow-green vaginal discharge
 - Dysuria, and thin milky-white vaginal discharge
 - None, the condition is asymptomatic in women.
- Which of the following statements is **NOT** true about *Trichomonas vaginalis*?
 - Fomite transmission is frequent.
 - Sexual transmission is frequent.
 - Sex partners should be treated.
 - Patients are considered cured when patients and partners have been treated and are asymptomatic.
- The most common method of trichomoniasis diagnosis is:
 - Vaginal pH
 - KOH “whiff” test
 - Motile trichomonads seen on a saline wet mount
 - Pap smear
- The CDC-recommended treatment for trichomoniasis in nonpregnant women and in men is:
 - Miconazole 100 mg vaginal suppository, 1 suppository for 7 days
 - Metronidazole 2 g orally as a one-time single dose
 - Metronidazole 500 mg orally twice a day for 7 days

- d) Clindamycin 300 mg orally twice a day for 7 days
9. The CDC recommends that pregnant women with trichomoniasis be treated with:
- Miconazole 100 mg vaginal suppository, 1 suppository for 7 days
 - Metronidazole 2 g orally as a one-time single dose
 - Metronidazole 500 mg orally as twice a day for 7 days
 - Clindamycin 300 mg orally twice a day for 7 days
10. When should sex partners resume sexual intercourse after treatment for trichomoniasis?
- When they are both cured (when therapy has been completed and both are asymptomatic).
 - Six months after both have completed therapy and the microbial tests are negative.
 - Partners may continue sexual practices as long as both are being treated and they use appropriate barrier methods.
11. Most cases of candidiasis are caused by:
- C. albicans*
 - C. glabrata*
 - C. parapsilosis*
 - T. vaginalis*
12. Which of the following best describes the signs and symptoms of candidiasis in women?
- External dysuria, pruritis, and thick, clumpy white vaginal discharge
 - Foul fishy odor, frothy yellow-green vaginal discharge
 - Malodorous and thin milky-white vaginal discharge
 - None, the condition is asymptomatic in women.
13. The preferred method for candidiasis diagnosis is:
- KOH "whiff" test
 - Culture
 - KOH wet mount
 - Pap smear
14. Which of the following is recommended for the treatment of uncomplicated vulvovaginal candidiasis?
- Any azole treatment regimen including single- or multiple-dose vaginally or single-dose orally
 - Fluconazole 150 mg oral tablet repeated in 72 hours
 - Itraconazole 100 mg daily for 3 days
 - Ketoconazole 100 mg daily for 3 days
15. Which of the following is true about treatment of male partners of women with candidiasis?
- A majority of male partners have balanitis and should be treated.
 - Treatment of male partners should be topical.
 - Treatment of male partners is not recommended.
 - Oral regimens are more effective in men.
16. Complicated VVC can be characterized by which of the following?
- Sporadic and non-recurrent

- b) Nonimmunocompromised
- c) Recurrent
- d) Mild to moderate symptoms

17. What is the recommended treatment for uncomplicated vulvovaginal candidiasis in pregnancy?

- a) Fluconazole 150 mg in a single dose
- b) Topical agents only
- c) Itraconazole 100 mg in a single dose
- d) Ketoconazole 100 mg in a single dose

18. Bacterial vaginosis may occur when there is a loss of protective:

- a) Antibodies
- b) Lactobacilli
- c) Mucus
- d) Antigens

19. Which of the following best describes the signs and symptoms of bacterial vaginosis in women?

- a) External dysuria, discomfort, and thick clumpy white vaginal discharge
- b) Malodorous, frothy yellow-green vaginal discharge
- c) Foul fishy odor and thin milky-white vaginal discharge
- d) None, the condition is asymptomatic in women.

20. Bacterial vaginosis has been associated with which of the following?

- a) PID
- b) Premature rupture of membranes
- c) Acquisition of HIV
- d) All of the above

21. The following statements are true for which type of vaginitis: "Less than 25% of the time it is accompanied by a malodorous vaginal discharge; has a high recurrence rate; symptoms, if present, are more noticeable after sexual intercourse."

- a) Trichomoniasis
- b) Bacterial vaginosis
- c) Candidiasis
- d) Chlamydia

22. What is a recommended treatment for bacterial vaginosis in pregnant women?

- a) Metronidazole 2 g orally in a single dose
- b) Metronidazole 500 mg orally 2 times a day for 14 days
- c) Clindamycin ovules 100 mg intravaginally at bedtime for 3 days
- d) Metronidazole 250 mg 3 times a day for 7 days

23. What is the most likely vaginitis diagnosis based on the following criteria: pH 5.0; clue cells > 20% per HPF; KOH "whiff test" positive; and homogenous discharge?

- a) Trichomoniasis
- b) Candidiasis
- c) Bacterial vaginosis

d) Chlamydia

24. The Amsel criteria used in the diagnosis of bacterial vaginosis includes all of the following except:

- a) Vaginal pH >4.5
- b) Presence of clue cells on wet mount
- c) Positive "whiff" test
- d) Numerous WBCs

25. Risk reduction messages for women with bacterial vaginosis would include which of the following?

- a) Avoid douching
- b) Treatment of all sexual partners
- c) Abstain from sex
- d) Annual screening of all women