

Anti-amoebic drugs

Test your knowledge!

Q1: stool analysis of 7 year old children complaining of frequent abdominal pain and recent infection, the drug of best choice for this infection will be:

- A. Mebendazole**
- B. Metrifonate
- C. Niclosamide
- B. Paracetamol

Q2: What is the best treatment of severe diarrhea with positive for clostridium difficile?

- A. Erythromycin
- B. Clindamycin
- C. Cefaclor
- D. Metronidazole**

Q3: A 20-year-old male college student returns from a trip to India complaining of fever and malaise. A peripheral blood smear confirms the suspicion of malaria. The physician prescribes chloroquine and sends the patient home. What is the problem with this physician's choice of treatment of this patient?

- A. He should have also prescribed a drug to treat yellow fever because these diseases are often transmitted together
- B. He should have prescribed primaquine in addition to chloroquine**
- C. Primaquine is not the drug of choice he should have prescribed albendazole
- D. There is nothing wrong with this prescription

Q4: A 39-year-old woman with recurrent sinusitis has been treated with different antibiotics on several occasions. During the course of one such treatment, she developed a severe diarrhoea and was hospitalized. Sigmoidoscopy revealed colitis, and pseudomembranes were confirmed histologically. Which of the following drug administered orally, is the most likely to be effective in the treatment of colitis caused by clostridium difficile?

- A. Metronidazole**
- B. Piperacillin
- C. Tetracycline
- D. Cefaclor

Q5: After the acute infection, which of the following medications is given to treat the asymptomatic colonization state of E. histolytica?

- A. Chloroquine.
- B. Iodoquinol.**
- C. Metronidazole.
- D. Primaquine.

QA-C: A traveler in a geographical region where chloro-quine-resistant P falciparum is endemic used a drug for prophylaxis but nevertheless developed a severe attack of P vivax malaria.

Q6-A: The drug taken for chemoprophylaxis was probably

- A. Atovaquone
- B. Diloxanide furoate
- C. Mefloquine**
- D. Proguanil

Q7-B: Which drug should be used for oral treatment of the acute attack of P vivax malaria but does not eradicate exoerythro-cytic forms of the parasite?

- A. Chloroquine**
- B. Mefloquine
- C. Primaquine
- D. Pyrimethamine-sulfadoxine

Q8-C: Which drug should be given later to eradicate schizonts and latent hypnozoites in the patient's liver?

- A. Amodiaquine
- B. Halofantrine
- C. Primaquine**
- D. Quinine

Q9: Tenesmus is a disease that cause pain and shreds of mucus during defecation, which stage of ameba causes the disease?

- A. Infective stage (Cyst)
- B. Active stage (trophozoite)**
- C. Latent stage (hypnozoite)
- D. None of the above

QA-C: A male patient presents with lower abdominal discomfort, flatulence, and occasional diarrhea. A diagnosis of intestinal amebiasis is made, and *E histolytica* is identified in his diarrheal stools. An oral drug is prescribed, which reduces his intestinal symptoms. Later he presents with severe dysentery, right upper quadrant pain, weight loss, fever, and an enlarged liver. Amebic liver abscess is diagnosed, and the patient is hospitalized. He has a recent history of drug treatment for a tachyarrhythmia.

Q11-A: The preferred treatment that he should have received for the initial symptoms (which were indicative of mild to moderate disease) is:

- A. Diloxanide furoate
- B. Iodoquinol
- C. Metronidazole

D. Metronidazole plus diloxanide furoate

Q12-B: The drug regimen most likely to be effective in treating severe extraintestinal disease in this patient is

- A. Chloroquine
- B. Diloxanide furoate plus iodoquinol
- C. Emetine plus diloxanide furoate plus chloroquine

D. Tinidazole plus diloxanide furoate

Q13-C: After a backpacking trip in the mountains, a 24-year-old man develops diarrhea. He acknowledges drinking stream water without purification, and you suspect he is showing symptoms of giardiasis. Because you know that laboratory detection of cysts or trophozoites in the feces can be difficult, you decide to treat the patient empirically with

- A. Chloroquine
- B. Emetine
- C. Metronidazole**
- D. Pentamidine

Q14: A 24 year old sexually active woman presents to her primary care physician with vaginal itching and greenish, frothy vaginal discharge. Her boyfriend is asymptomatic. She is prescribed metronidazole for trichomonas vaginalis. Which of the following should be told to avoid while taking metronidazole?

- A. Diloxanide
- B. Tetracycline
- C. Alcohol**
- D. Paromomycin

Q15: 42-year-old woman presents to the emergency department with fever and headache for the past 3 days. The fever is off and on, but is usually at least 102.5°F. Headache usually occurs at the same time as the fever. Splenomegaly is noted on examination. Peripheral blood smear confirmed the presence of *Plasmodium vivax*. What is the most appropriate treatment for the dormant form of the parasite in the liver?

- A. Clindamycin
- B. Metronidazole
- C. Chloroquine
- D. Primaquine**

Q16: A 22 year old African American man who is a college student plans to travel to Africa for a semester of study abroad. A university student health physician prescribed a drug for malaria prophylaxis starting 2 weeks before the trip. Soon after starting the regimen, the patient develops scleral icterus. Which drug was he most likely given?

- A. Amoxicillin
- B. Mefloquine
- C. Chloroquine**
- D. Doxycycline

Q17: Metronidazole is not effective in the treatment of?

- A. Amebiasis
- B. Infections due to *Bacteroides fragilis*
- C. Infections due to *Pneumocystis carinii***
- D. Pseudomembranous colitis

Q18: A 31-year-old woman with HIV disease complains of vulvar itching, burning, and vaginal discharge with rancid odor for 2 months. She presents to the ambulatory care clinic for evaluation. She has had unprotected sexual intercourse with multiple male partners during the past several weeks. The vaginal discharge is yellow-green in color, frothy, and has a pH of 7.0. Vulvovaginal examination reveals vulvar edema and erythema and petechia on the cervix. Wet smear reveals large numbers of mature epithelial cells, white blood cells, and a fusiform protozoan organism. What is the most appropriate treatment for this patient?

- A. Amoxicillin
- B. Ciprofloxacin
- C. Metronidazole**
- D. Ofloxacin

Q19: A 28-year-old man presents to the emergency department with diarrhea for the past 2 days. He went on a camping trip 10 days ago. His loose stools are foul smelling and have been associated with abdominal pain and nausea. Stool analysis shows cysts. What is the most appropriate treatment?

- A. Clindamycin
- B. Ivermectin
- C. Metronidazole**
- D. Praziquantel

Q20: A 24-year-old sexually active woman presents with vaginal itching and a greenish, frothy vaginal discharge. Her boyfriend is asymptomatic. She is prescribed with metronidazole for Trichomonas infection. Which of the following is involved in metronidazole's action?

- A. Blocking folic acid synthesis
- B. Disruption of DNA**
- C. Inhibition of PBPs
- D. Inhibition of ribosomes

Q21: In a patient who has an established allergic reaction to metronidazole, what is the most appropriate drug to use for the management of pseudomembranous colitis?

- A. Ampicillin
- B. Clindamycin
- C. Doxycycline
- D. Vancomycin**

Q22: Which one of the following drugs is most likely to be equally effective in the treatment of amoebic dysentery and backpacker's diarrhea?

- A. Diloxanide
- B. Metronidazole**
- C. Ciprofloxacin
- D. Quinacrine

Q23: A group of college students are traveling to a chloroquine-resistant malaria area for a mission trip. Which medication can be used to both prevent and treat malaria in these students?

- A. Pyrimethamine
- B. Artemisinin
- C. Atovaquone-proguanil**
- D. Hydroxychloroquine

Q24: A 42-year-old man returned from a camping trip and is diagnosed with Giardia lamblia. Which medication would be considered the treatment of choice?

- A. Chloroquine
- B. Nifurtimox
- C. Paromomycin
- D. Metronidazole**

Q25: Which statement regarding paromomycin is correct?

- A. Paromomycin is only effective against the luminal forms of E. histolytica.**
- B. The principle adverse effects are optic neuritis and peripheral neuropathy.
- C. Paromomycin is considered a nitroimidazole.
- D. If taken with alcohol, a disulfiram-like reaction may occur.

Q26: Which treatment option is most appropriate for a patient diagnosed with uncomplicated malaria due to P. ovale?

- A. Artesunate plus mefloquine
- B. Doxycycline
- C. Chloroquine
- D. Chloroquine plus primaquine**

Q27: Which antiprotozoal agent is active against Toxoplasma gondii?

- A. Metronidazole
- B. Pyrimethamine**
- C. Leucovorin
- D. Miltefosine

Q28: A 32-year-old pregnant woman is traveling abroad to a malaria-endemic country with known chloroquine resistance. Which prophylactic regimen is most appropriate?

- A. Doxycycline
- B. Mefloquine**
- C. Primaquine
- D. Artemether-lumefantrine

Q29: Which of the following tissue amoebicidal is no longer used in treating Protozoal infections due to cardio-toxic adverse effect and instead used in case of poisoning?

- A. Diloxanide
- B. Iodoquinol
- C. Chloroquine
- D. Dihydroemetine**

Q30: Which of the following can be given to treat *E. histolytica* infection in an pregnant female?

- A. Hydroemetine
- B. Diloxanide
- C. Iodoquinol
- D. Flagyl**

Q31: In case of contraindication or failure of flagyl therapy, which amoebicidal can best be given in the treatment of amoebic liver abscess and hepatitis?

- A. Chloroquine**
- B. Iodoquinol
- C. Diloxanide
- D. Paramomycin

Q32: Fansidar is a combination anti malaria drug for treatment of chloroquine resistant malaria which includes:

- A. Sulphadoxine + Pyremethamine
- B. Phremethamine + Proguanil
- C. Sulphadoxine + Pyrimethamine + mefloquine**
- D. None of the above

Q33: Which of the following anti malarial agent can be given for anti-relapse therapy involving killing of dormant forms of *P. Vivax* and *Ovale* in the liver?

- A. Chloroquine
- B. Proguanil
- C. Fansidar
- D. Primaquine**

Q34: Which of the following is the drug of choice in treatment of acute attack of malaria by acting on the erythrocyte stage of the plasmodium parasite?

- A. Quinine
- B. Primaquine
- C. Chloroquine**
- D. Mefloquine

Q35: What side effect do both chloroquine and primaquine share in common?

- A. Optic neuritis
- B. Cardiac depression
- C. Hemolysis in G6PD deficiency**
- D. Seizures

Q36: Hydroxy-chloroquine is preferred over chloroquine in the treatment of rheumatoid arthritis due to?

- A. More effective
- B. Less likely to cause optic neuritis long term**
- C. More selective
- D. All of the above

Q37: A 32-year-old man who has recently returned from holiday in Africa presents to accident and emergency with a seven day history of fever, sweats, malaise and lethargy. Thick and thin blood films detect plasmodium falciparum. What is the most appropriate treatment?

- A. Primaquine
- B. Mefloquine**
- C. Quinidine
- D. Flucytosine

