Pelvic Inflammatory Disease
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1. The diagnosis of pelvic inflammatory disease is established on the basis of:

   A. Laboratory findings
   B. Culture results
   C. Physical examination
   D. Sonographic findings
   E. Laparoscopic examination
2. A potentially life-threatening complication of pelvic inflammatory disease is:

   A. Recurrent abortion
   B. Parametritis
   C. Endocervicitis
   D. Endometritis
   E. Ruptured tuboovarian abscess

3. Long-term morbidity is most commonly associated with:

   A. Vaginitis
   B. Cervicitis
   C. Endometritis
   D. Parametritis
   E. Salpingitis

4. In a patient with suspected pelvic inflammatory disease, the absence of cervical abnormalities and no white blood cells present in vaginal secretions suggest that:

   A. Only upper tract disease is present
   B. Pelvic infection has occurred by hematogenous spread
   C. *Mycoplasma genitalium* is the cause of the pelvic infection
   D. The infection is older than 72 hours
   E. An alternative diagnosis should be considered

5. The peripheral white blood count in women with pelvic inflammatory disease is most commonly:

   A. One-half of normal
   B. Normal
   C. Slightly above the normal range
   D. Two-fold higher than normal
   E. Three- or more-fold above normal
6. Resistance by *Neisseria gonorrhoeae* is now common to which antibiotic(s)?

A. Cefexime  
B. Azithromycin  
C. Metronidazole  
D. Fluoroquinolones  
E. Tetracyclines

7. Women with visually confirmed salpingitis have an increased risk of ectopic pregnancy that is approximately:

A. 2-fold higher than controls  
B. 3-fold higher than controls  
C. 5-fold higher than controls  
D. 7-fold higher than controls  
E. 9-fold higher than controls

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