

# Campylobacter jejuni Infections

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This month's quiz is based on the article "Campylobacter jejuni Infections: Update on Presentation, Diagnosis, and Management," which begins on page 9 of this issue. Choose the single best answer for each question.

- 1. A 64-year-old man presents to the clinic with 2 weeks of diarrhea after travel to South Asia. Although he had no illness during his trip, he developed small-volume, bloody diarrhea immediately upon his return. He experienced marked abdominal cramping and moderate fever (38.3°C) and self-medicated with ciprofloxacin 500 mg orally twice daily for 3 days, without resolution of symptoms. Stool cultures on selective media demonstrated heavy growth of Campylobacter jejuni, with antibiotic resistance to fluoroquinolone antibiotics. What is the best antibiotic option for this patient?**

  - Azithromycin 500 mg/day orally for 3 days
  - Azithromycin 500 mg/day orally for 3 days; perform blood cultures and HIV testing
  - Ciprofloxacin 750 mg orally twice daily for 7 days
  - No antibiotic treatment; check human leukocyte antigen (HLA)-B27
  - No antibiotic treatment, symptoms should resolve spontaneously
- 2. Which of the following most increases a person's risk for developing Campylobacter infection?**

  - Consumption of undercooked poultry
  - Consumption of other meats (nonpoultry) in a restaurant
  - Contact with farm animals
  - Drinking unpasteurized (raw) milk
  - Drinking water from a stream, river, or lake
- 3. Which factor most increases an individual's chance of having postinfectious reactive arthritis following Campylobacter infection?**

  - Absence of antibiotic therapy
  - Duration of symptoms
  - History of irritable bowel syndrome
  - Presence of the HLA-B27 antigen
  - Prior history of arthritis
- 4. Which of the following best describes a typical case of acute C. jejuni infection?**

  - Afebrile patient with abdominal cramping and frequent small-volume watery stools
  - Afebrile patient with large-volume watery stools
  - Febrile patient with abdominal cramping and frequent small- or large-volume stools, which may contain blood or mucous
  - Febrile patient with abdominal cramping, rigors, hypotension, and large joint arthritis
  - Febrile patient with abdominal cramps, small-volume bloody stools, and acute flaccid paralysis
- 5. Which of the following medications is a first-line agent for treatment of Campylobacter infections?**

  - Ciprofloxacin
  - Ertapenem
  - Erythromycin
  - Tetracycline
  - Trimethoprim-sulfamethoxazole
- 6. Which of the following statements regarding the development of Guillain-Barré syndrome after Campylobacter infection is true?**

  - Guillain-Barré syndrome occurs in approximately 1 in every 500 cases of Campylobacter infection
  - The majority of patients with Guillain-Barré syndrome have a prior history of Campylobacter infection
  - Persons with Guillain-Barré syndrome and antibodies to GQ1b are at increased risk for cranial nerve involvement (Miller-Fisher variant of Guillain-Barré syndrome)
  - The risk of Guillain-Barré syndrome is increased if the patient is HLA-B27 antigen-positive

For answers, see page 51.

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## Answers to Clinical Review Quiz

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Answers to the Clinical Review Quiz, which appears on page 42. The article on *Campylobacter jejuni* infections begins on page 9.

1. (A) Azithromycin 500 mg orally daily for 3 days
2. (C) Contact with farm animals
3. (D) Presence of the HLA-B27 antigen
4. (C) Febrile patient with abdominal cramping and frequent small- or large-volume stools, which may contain blood or mucous
5. (C) Erythromycin
6. (C) Persons with Guillain-Barré syndrome and antibodies to GQ1b are at increased risk for cranial nerve involvement (Miller-Fisher variant of Guillain-Barré syndrome)

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