I. Read the text and answer 10 questions to it.

Candidiasis

Mucocutaneous infection results in oropharyngeal (thrush) or vaginal or cervical candidiasis; intertriginous lesions of the gluteal folds; paronychia; and onychia. Dysfunction of T lymphocytes, other immunologic disorders are associated with chronic mucocutaneous candidiasis. Chronic or recurrent oral candidiasis can be the presenting sign of HIV infection or primary immunodeficiency. Economy in patients immunodeficiency. Esophageal and laryngeal candidiasis can occur in patients who are immunocompromised. Disseminated or invasive candidiasis occurs in very low birth weight neonates and, in immunocompromised or debilitated hosts, can involve virtually any organ or anatomic site and be rapidly fatal. Like other Candida species, C albicans is present on skin and in the mouth, intestinal tract, and tracing a factor of page 18. intestinal tract, and vagina of immunocompetent people. Vulvovaginal candidiasis is associated with pregnancy, and newborns can acquire the organism in utero, during passage through the vagina, or postnatally. Personto-person transmission occurs rarely. Factors such as extreme prematurity, neutropenia, or treatment with corticosteroids increase the risk of invasive infection. Patients receiving broad-spectrum antimicrobial agents, especially extended-spectrum cephalosporins, carbapenems, and vancomycin have increased susceptibility to infection. Postsurgical patients can be at risk, particularly after cardiothoracic or abdominal procedures. The presumptive diagnosis of mucocutaneous candidiasis or thrush can usually be made clinically, but other organisms or trauma can also cause clinically similar lesions. Yeast cells and pseudohyphae can be found in C albicans-infected tissue and are identifiable by microscopic examination of scrapings. A definitive diagnosis of invasive candidiasis requires isolation of the organism definitive diagnosis of invasive candidiasis requires isolation of the organism from a normally sterile body site (eg, blood, cerebrospinal fluid, bone marrow) or demonstration of organisms in a tissue biopsy specimen.

1. Choose the correct statement.

A. Candidiasis itself is not

dangerous **B.** Candidiasis – is always the symptom of more serious illness.

symptom of more serious illness C. In some cases, candidiasis can lead to death

+ D. Candidiasis occurs only in neonates

2. The patients in the ICU have a high possibility of developing candidiasis.

+ A. True

B. False

C. Not given

3. Candidiasis affects only mucous membranes of the body.

A. True

B. False

C. Not given

4. Candidiasis can indicate a problem with the immune system

+A. True

B. False

C. Not given

- 5. How can a definitive diagnosis of invasive candidiasis be made?
- A. By performing endoscopy
 B. Microscopically
- *C. By finding Candida in the tissue that is normally sterile D. Clinically
- 6. What factors increase the risk of getting candidiasis?
- A. Allergy and neutropenia
- B. Treatment with corticosteroids and NSAIDs
- C. Prematurity, neutropenia, or
- treatment with corticosteroids D. Cytotoxic chemotherapy and
- 7. Oral candidiasis is always a symptom of HIV infection.
- + A. True
 - B. False
 - C. Not given
- 8. What patients have a higher risk of getting infected with candidiasis?
- A. Patients who underwent surgery
- B. Patients who stay in the hospital
- C. Patients who are taking any drugs
- + D. Patients who had contact with the infected person
 - 9. Choose the correct statement.
- A. People who suffer from candidiasis never infect other
- B. Getting infected from contact with an infected person is not very common
- C. People who suffer from
- candidiasis can't infect other people + D. People who suffer from candidiasis often infect other people
 - 10. Choose the correct statement.

- A. Candidiasis cannot happen in pregnant women
- B. Pregnant women often have candidiasis
- C. Newborns often give candidiasis to their mothers
- +D. The onset of vulvovaginal candidiasis happens during the passage of the new-born through the vagina

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