**Fever of Unknown Origin Study Guide**

Essential reading: Wright WF, Auwaerter PG. Fever and Fever of Unknown Origin: Review, Recent Advances, and Lingering Dogma. Open Forum Infect Dis. 2020 7:ofaa132.

1. What are the most common infectious causes (top differential diagnosis) of FUO in adults < 65 years (hint slide 19 of lecture) ?
2. What are the most common causes of FUO in adults > 65 years (hint slide 23)?
3. What is the most common cause of FUO in returning travelers?
4. What are the leading causes of FUO (differential diagnosis) of FUO in a hospitalized patient on broad-spectrum antibiotics (hint slide 25)
5. What are the most common causes of FUO in a neutropenic patient (hint slide 31)
6. How do the potential causes of FUO change if a patient has severely suppressed cell-mediated immunity (i.e. receiving prolonged high-dose steroids) vs. neutropenia (hint see slide 35)?
7. If a patient develops fever 24-48 hours after surgery, does this represent infection?
8. If a patient has regular febrile paroxysms a week after returning from a sub-Saharan trip to Africa, what pathogen should be at the top of the differential diagnosis?
9. What fever pattern would be expected in a patient with relapsing Hodgkin’s lymphoma versus cholangitis with cholelithiasis, jaundice and leukocytosis (Charcot’s signs)
10. What is the yield of imaging studies (e.g., computer tomography, magnetic imaging resonance, ultrasound) if a patient does not have localizing symptoms?
11. What are the advantages of FDG-PET CT versus CT imaging?
12. Which patients with FUO should receiving immediate (empiric) antimicrobial treatment (hint: slide 64)