

PART 3

# Infectious disease pop quiz: Clinical challenges for the ObGyn

Concise Q&As to hone your skills in infectious disease symptoms, diagnostic tests, and treatment in pregnant and nonpregnant women

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**IN THIS  
ARTICLE**

Penicillin allergy,  
chorioamnionitis  
this page

In this question-and-answer article (the third in a series), our objective is to reinforce for the clinician several practical points of management for common infectious diseases. The principal references for the answers to the questions are 2 textbook chapters written by Dr. Duff.<sup>1,2</sup> Other pertinent references are included in the text.

**21. What prophylactic antibiotic should be administered intrapartum to a pregnant woman who is colonized with group B streptococci but who has a mild allergy to penicillin?**

In this situation, the drug of choice is intravenous cefazolin, 2 g initially then 1 g every 8 hours until delivery. For patients with a severe allergy to penicillin, the drugs of choice are either clindamycin, 900 mg intravenously every 8 hours (if sensitivity of the organism is confirmed), or vancomycin,

20 mg/kg intravenously every 8 hours (maximum of 2 g per single dose).

**22. In a pregnant woman who has a life-threatening allergy to penicillin, what is the most appropriate treatment for syphilis?**

This patient should be admitted to the hospital and rapidly desensitized to penicillin. She then can be treated with the appropriate dose of penicillin, given her stage of syphilis. Of note, in the future, the patient's allergy to penicillin will return, despite the brief period of desensitization.

**23. What are the most common organisms that cause chorioamnionitis and puerperal endometritis?**

Chorioamnionitis and puerperal endometritis are polymicrobial, mixed aerobic-anaerobic infections. The dominant organisms are anaerobic gram-negative bacilli (*Bacteroides* and *Prevotella* species); anaerobic gram-positive cocci (*Peptococcus* species and *Peptostreptococcus* species); aerobic gram-negative bacilli (principally, *Escherichia coli*, *Klebsiella pneumoniae*, and *Proteus* species); and aerobic gram-positive cocci (enterococci, staphylococci, and group B streptococci). ●



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The authors report no financial relationships relevant to this article.

doi: 10.12788/obgm.0186

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