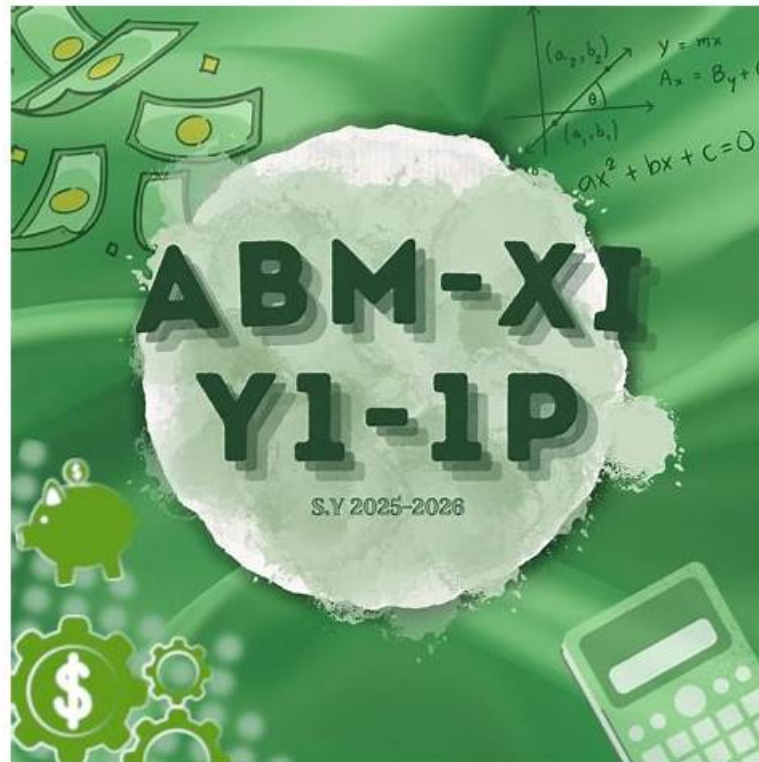


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American Society of Microbiology ABMM Sample Questions (Q99-Q104):

NEW QUESTION # 99

A clinical laboratory performs a cefoxitin disk diffusion test on a *Staphylococcus aureus* isolate from a wound culture. The zone of inhibition measures 18 mm. According to current CLSI M100 guidelines, how should this result be interpreted regarding

oxacillin/methicillin susceptibility?

- A. Indeterminate (requires mecA gene testing)
- B. Susceptible (report oxacillin as susceptible)
- **C. Resistant (report oxacillin as resistant; infer MRSA)**
- D. Intermediate (requires MIC testing)

Answer: C

NEW QUESTION # 100

A patient with HIV infection and a CD4⁺ T-cell count below 50 cells/ μ L develops a progressive neurological illness characterized by confusion, motor deficits, and seizures. Brain MRI reveals multiple white matter lesions without mass effect. PCR of the CSF is positive for JC virus. The pathogenesis of this condition, progressive multifocal leukoencephalopathy (PML), involves:

- **A. Lytic infection of oligodendrocytes by JC virus, leading to demyelination.**
- B. Direct cytopathic effect of JC virus on neurons.
- C. Inflammatory demyelination triggered by JC virus infection of astrocytes.
- D. Opportunistic infection by JC virus due to impaired cell-mediated immunity.

Answer: A

NEW QUESTION # 101

A patient with a history of recurrent sinusitis and bronchitis is diagnosed with cystic fibrosis. Sputum cultures repeatedly grow a Gram-negative rod that is oxidase-positive and produces a blue-green pigment. This organism's chronic colonization of the respiratory tract in cystic fibrosis patients is primarily due to its ability to:

- A. Evade phagocytosis by alveolar macrophages through capsule production.
- **B. Form a biofilm that protects it from host defenses and antibiotics.**
- C. Produce potent exotoxins that damage the ciliated epithelium.
- D. Exhibit rapid intracellular replication within respiratory epithelial cells.

Answer: B

NEW QUESTION # 102

A *Klebsiella pneumoniae* isolate from a bloodstream infection shows the following susceptibility profile:

Meropenem (MIC = 8 μ g/mL, R), Imipenem (MIC = 16 μ g/mL, R), Ertapenem (MIC = 4 μ g/mL, R), Ceftazidime/avibactam (MIC = 1 μ g/mL, S), Aztreonam (MIC = 32 μ g/mL, R). Which resistance mechanism is most strongly suggested by this pattern?

- **A. *Klebsiella pneumoniae* Carbapenemase (KPC) production**
- B. AmpC beta-lactamase hyperproduction coupled with porin loss
- C. Metallo-beta-lactamase (MBL) production
- D. Extended-Spectrum Beta-Lactamase (ESBL) production alone

Answer: A

NEW QUESTION # 103

A patient who received a solid organ transplant develops a pneumonia. Bronchoalveolar lavage fluid is positive for a single-stranded RNA virus that can cause giant cell formation with intranuclear and intracytoplasmic inclusions. The MOST likely causative agent is:

- **A. Parainfluenza virus**
- B. Respiratory syncytial virus (RSV)
- C. Human metapneumovirus
- D. Adenovirus

Answer: A

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