

AFP Clinical Answers

Otalgia, Preeclampsia, Latent Tuberculosis, Pityriasis Rosea, Extremity Pain

What are some key diagnostic considerations in patients with otalgia?

Patients 50 years and older with otalgia and a normal ear examination should be evaluated for temporal arteritis. Imaging and referral for nasolaryngoscopy are recommended in the setting of otalgia with normal ear examination findings and symptoms of or risk factors for tumor. Laboratory evaluation with a complete blood count and erythrocyte sedimentation rate can be helpful.

<https://www.aafp.org/afp/2018/0101/p20.html>

What does the USPSTF recommend regarding screening for preeclampsia in pregnancy?

According to the U.S. Preventive Services Task Force (USPSTF), blood pressure measurements should be obtained during each prenatal care visit throughout pregnancy in all women. The criteria for the diagnosis of preeclampsia include elevated blood pressure (140/90 mm Hg or greater on two occasions four hours apart, after 20 weeks' gestation) and either proteinuria (300 mg per dL or greater on a 24-hour urine protein test, urine protein-to-creatinine ratio of 0.3 or greater, or urine protein dipstick reading greater than 1 if quantitative analysis is not available) or in the absence of proteinuria, findings of thrombocytopenia, renal insufficiency, impaired liver function, pulmonary edema, or cerebral or visual symptoms.

<https://www.aafp.org/afp/2018/0115/od1.html>

When is IGRA the preferred test over the TST in evaluating for latent tuberculosis infection?

An interferon-gamma release assay (IGRA) is recommended over a tuberculin skin test (TST) in persons at least five years of age who are likely to have *Mycobacterium tuberculosis* infection;

who are at low or moderate risk of the disease progressing; in whom it has been determined that latent tuberculosis infection testing is necessary; and in those who have been vaccinated against bacillus Calmette-Guérin or are not likely to return for follow-up after a TST.

<https://www.aafp.org/afp/2018/0101/p56.html>

How should pityriasis rosea be managed?

Symptoms of pityriasis rosea can be managed with oral or topical corticosteroids or oral antihistamines. Macrolide antibiotics have no benefit in the management of pityriasis rosea. Acyclovir may be considered in severe cases.

<https://www.aafp.org/afp/2018/0101/p38.html>

Which oral analgesic combinations are effective for reducing pain of an acute extremity injury in adults in the ED?

In a study of adults presenting to the emergency department (ED) with acute extremity pain severe enough to warrant radiologic investigation, ibuprofen plus acetaminophen was equally effective in reducing pain intensity at two hours compared with three different opioid and acetaminophen combination analgesics. In a similar study, naproxen alone was as effective as naproxen plus oxycodone/acetaminophen or naproxen plus cyclobenzaprine (Flexeril) for reducing pain from acute musculoskeletal low back pain.

<https://www.aafp.org/afp/2018/0301/p348.html>

Tip for Using AFP at the Point of Care

Are you looking for a Practice Guideline? You can find AFP's collection of guideline summaries at <https://www.aafp.org/afp/practguide>. All department collections are accessible from the AFP home page at <https://www.aafp.org/afp>.