THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[MBBS 0223] **FEBRUARY 2023** **Sub. Code : 6063**

M.B.B.S. DEGREE EXAMINATION
(For the candidates admitted from the Academic Year 2019-2020)

SECOND YEAR – (CBME)
PAPER V – PATHOLOGY – I
Q.P. Code: 526063

Time: 30 Minutes **Maximum : 20 Marks**

Answer All Questions

Choose one correct answer in the box provided in the Answer Script. No overwriting should be done. Choice should be given in Capital Letters.

III. Multiple Choice Questions: **(20 x 1 = 20)**

1. Which of the following is true about intravascular hemolysis?
   A) Increased haptoglobin levels B) Splenomegaly
   C) Hemosiderinuria D) Seen in thalassemia

2. One of the following is an example of genomic imprinting
   A) Angelman syndrome B) Hurler syndrome
   C) Tay sachs disease D) Fragile X syndrome

3. All of the following are examples of C-C chemokines except
   A) Monocyte chemoattractant protein B) Eotaxin
   C) Macrophage inflammatory protein D) Lymphotactin

4. Which one of the following cytokines is involved in tissue repair and fibrosis?
   A) Tumour necrosis factor B) Transforming growth factor β
   C) Interleukin 1 D) Interferon

5. Myasthenia gravis is an example of which of the following type of hypersensitivity?
   A) Type IV B) Type III C) Type II D) Type I

6. The major fibril protein associated with hemodialysis associated amyloidosis is
   A) AA B) AL C) $A\beta_2m$ D) ATTR

7. Which tumour suppressor gene is called as Governor of proliferation?
   A) TP53 B) CDKN2A C) APC D) Rb gene

8. Consider the following statements and choose the best answer:
   (i) Microcytic hypochromic red blood cells are seen in iron deficiency anemia and in Thalassemia
   (ii) Bone marrow iron levels are high in both iron deficiency anemia and Thalassemia
   (iii) Total iron binding capacity is increased in iron deficiency anemia and Thalassemia
   (iv) Fetal haemoglobin level is normal in iron deficiency anemia and increased in Thalassemia
   A) All of the above are true B) i, ii and iii are true
   C) i and ii are true D) i,iii and iv are true

9. The pathognomonic feature common in Anorexia nervosa seen in the bone marrow is
   A) Gelatinous transformation B) Hypercellular marrow
   C) Marrow fibrosis D) Depleted marrow

10. Immune hydrops is due to
   A) Parvovirus B19 B) Turner syndrome
   C) Monozygous Twin pregnancies D) ABO incompatibility

11. Which of the following syndromes is not associated with Wilms tumour?
   A) Beckwith Wiedemann syndrome B) WAGR syndrome
   C) Turner syndrome D) Denys drash syndrome

12. Which of the following is not seen in myelodysplastic syndrome?
   A) Dutcher bodies B) Pawn ball megakaryocytes
   C) Ringed sideroblasts D) Pseudo pelger huet cells

13. JAK 2 mutations is seen in
   A) CML B) Polycythemia vera
   C) Burkitts lymphoma D) Acute myeloid leukemia

14. All of the following are functional disorders of platelets except
   A) Immune thrombocytopenic purpura B) Von willebrand disease
   C) Glanzmann thromboasthenia D) Bernard soulier syndrome

15. Anti apoptotic gene are all except
   A) Bcl- 2 B) Bcl X C) Bax D) MCL 1

16. Initiators of inflammation in sepsis are signalling pathways which lie downstream of
   A) TNFα B) TNFβ C) Toll like receptors D) IFN-γ

17. Maltese cross appearance in RBC is seen in
   A) Plasmodium falciparum B) Wuchereria bancrofti
   C) Taenia solium D) Babesia microti

18. All of the following are manifestations in the eye due to vitamin A deficiency except
   A) Bitots spots B) Central cataract C) Keratomalacia D) Corneal ulcer

19. Libman Sacks endocarditis is seen in
   A) SLE B) Staphylococcus septicaemia
   C) Systemic sclerosis D) Carcinoid heart disease

20. Zika virus is transmitted through
   A) Culex B) Aedes C) Anopheles D) Mansonia.

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