IBLS block final exam for #26 batch 4-10-2022

50 MCQ

PHYSIOLOGY

1- what activate Anit- Thrombin III? Heparin

2- What is true about Factor VII? increase production by Vitamin K

3- What of the following increase the prothrombin time?
- Obstruction of bile duct ✓
- Use of cox inhibitor drugs ✗

4- What of the following is secreted by endothelium and inhibit platelet activation ? Prostacyclin

5-what's the mode of transmission of Hemophilia B? sex linked

6- what's Important for platelet adhesion? Collagen

7-what do Thrombin and thrombomodulin activate? protein C

MEDICINE

1- What is the role if INF- gamma in immunity against tumor ? Induce tumor death

2-a 16 year old patient came complaining from anemia , he had anemia when he was younger, he had positive family history , what's the diagnosis ? hereditary anemia

3- How to diagnose AIDS? Less then 200 CD4

4- patient with DVT presented with hemophilia Factor V liedin was found , what is the mechanism? Protein C resistance

PEDIATRIC

1- Delayed falling of umbilical stamp is caused by? LAD

2-A child with bleeding tendency CBC revealed 7000 platelet count , what's the management? IVIG

IMMUNITY

1-In immunodeficiency we give what to stimulate T cell? IL-2

2- which of the following cells is responsible for Antibody body mediated cytotoxicity? NK cell

3- Which of the following is responsible for leukocytes migration from BV to site of injury/infection? Selectin integrin

4- What type of vaccine do we not give pregnant or immune compromised ? Live attenuated

5- How T cytotoxic kill the cell?
- Fas - FasL induce apoptosis ✓
- granzymes induce pores formation ✗

6- a 60 year old male with kidney failure , Had previous kidney transplantation , we did another kidney transplant and he had Hyper acute rejection , we took out the graft, what is the immune basis ?
Preformed Ab because of previous transfusion

7-hapten antigen is ? non immunogenic

8- What of the following make B cell sectete Ab? C3d from alternative

9-what's true about ABO blood grouping? people with A antigen don't have A antibodies

10-antibody that give Passive immunity to fetus? IgG

11- what kind of cell undergoes receptor editing if it's auto reactive? Immature B cell

12- what are the receptors that help phagocytes in opsonization? fc gamaa receptors and comlment receptors

PHARMACOLOGY

1- which of the following is used when anti coagulant therapy is needed for pergnant woman? heparin

2- what if the following drugs used for Lymphoma cassie cardio toxicity? Doxorubucin

3- what of the following is used as adjuvant in vaccines to increase immunogenicity ? aluminum hydroxide

4- why we don't give aminoglucosides antibiotic with cyclosporine ?
- **Nephrotoxicty ✓**
- **Neurotoxicty**

5- Treatment for megaloblastic anemia?
Folic acid 1mg ✓
B12 1 microgram ✗

6-Best drug to use instead of percutaneous coronary angioplasty in emergency treatment?Streptokinase

COMMUNITY

1- What's not right about Stable malaria?
السؤال كانت كل اجاباته صحيحة وتم حذف السؤال

PATHOLOGY

1- A child with mediastinal enlargement and difficulty of breathing , we did CT and it revealed large thymus , it revealed CD1,2,3,5,7 what's the diagnosis? T lymphoblastic leukemia

2- Patient put lotion and 10 hours later he experiences cutaneous necrosis Which type of hypersensitivity? Type IV

3- A patient came with not painful inguinal lymphadenopathy , We took biopsy and it revealed small lymphocytes with some large lymphocyte ? Small lymphocytic Lymphoma

4-Graves' disease is considered ? Hypersensitivity type II

ANATOMY

1- Which prevents downward displacement ?Phrenico colic

2- Where does the thoracic duct empty? Left Subclavian vein and left internal jugular vein

CLINICAL PATHOLOGY

1- What's true about acute myeloid leukemia ? more than 20% blast in bone marrow

2-Pathopysiology of Acute leukemia ? Decreased apoptosis , Lack of differentiation

3- A 55 year old patient came with stomach pain and when we did physical examinataiton revealed Spleenomegaly , CBC revealed all myeloid series with no anemia and Thrombocytosis, and leucocytsosis over 200k what is the diagnosis ? CML

4- what's Chronic lymphoid leukemia characteristic ? persistent lymphocytosis more than 10k

5-Jak2 gene is postituve in? Polycythemia rubra vera

6-what's HSP called ? small vessel vasculitis syndrome

7- the cause of thrombocyopenia in ITP? accelerated destruction
8-what's given to patient with hemophilia ? fresh frozen plasma

9-a 9 year old patient came suffering form fever repeated infections and UTI, and purpuric rashes , CBC revealed Thrombocytopeina, anemia and leukocyosis and multiple auer rods, Sudan black was positive , what's the diagnosis? AML

10-A child came with lymphadenopathy , epistaxis , pitichea, the diagnostic test revealed TdT positive , And CALLA postitive ? ALL

BIOCHEMISTRY

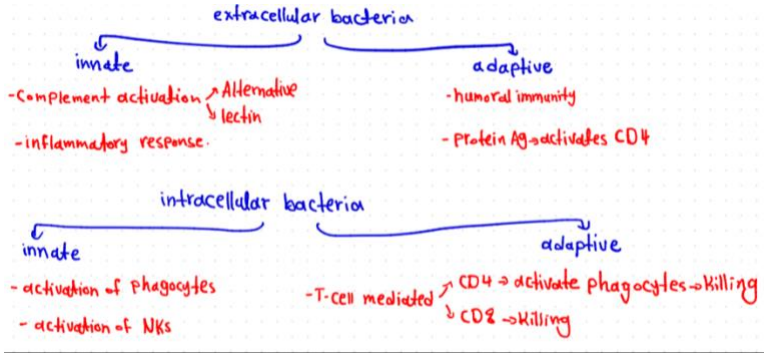
1- Antibody that protects the mucosal tissue ? IgA

2- what gives plasma cells? B cells

5 SAQ

IMMUNITY

1 - List two adaptive and innate mechanisms that immune system use to fight infections ?



2 - What are the reactions that happen in the germinal center in the lymph follicle ?

1- **Ig class switching**
2- **Affinity maturation**
3- **Long lived plasma and memory cells**

PATHOLOGY

1 - give 4 mediators of hypersensitivity type I?

1- **Histamine**
2- **Chemotactic factors**
3- **Enzymes**
4- **PGD2**
5- **Leukotrienes**

CLINICAL PATHOLOGY

1 - give 4 the complication of blood transfusion?

1- **Haemolytic Transfusion Reaction**
2- **Febrile reactions because of white cell antibodies**
3- **Post transfusion purpura**
4- **Anaphylactic reactions**
5- **Transfusion of bacterially contaminated blood**
6- **Iron overload**

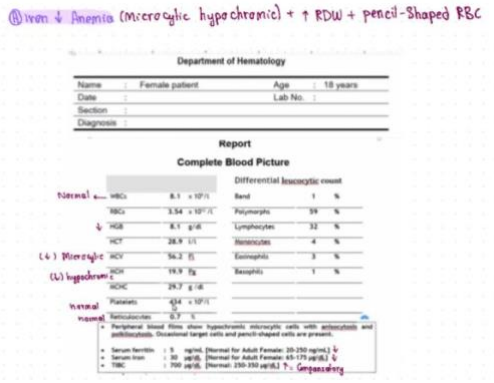
2 - Mention 4 AML types according to FAB with diffention of each one?

FRENCH AMERICAN BRITISH(FAB) CLASSIFICATION OF AML:-

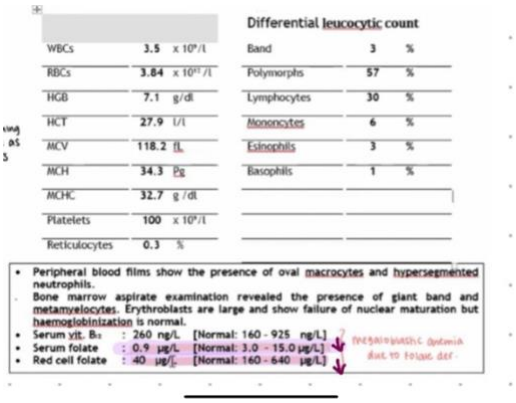
1. **AML – M0** : **Undifferentiated Myelobalastic leukaemia** ; **require cell markers** , we can't tell it's which type of blasts so we have to do **immunophenotyping**
2. **AML – M1**: **Myeloblastic without maturation**; can't be identified by morphology because it lacks granules (Auer Rods) requires **peroxidase stain or Sudan Black B stain ; Cytochemistry**
3. **AML – M2: Myeloblastic with maturation ; Clear by all steps of diagnosis**, Morphology , cytochemistry, Immunophenotyping , Cytogenetics
4. **AML – M3: Acute Promyelocytic Leukaemia**; Hypergranular promyelocytes , We see a lot of promyelocytes in bone marrow
5. AML – M3 VARIENT: Micro or Hypogranular promyelocytes
6. **AML – M4: Acute Myelomoncytic leukaemia**; with both **granulocytic** and **monocytic maturation**
7. **AML – M5: Acute Monoblastic Leukaemia**→Monoblast is affected
8. **AML – M6: Erythroleukaemia ,** affect the erythroid series , in bone marrow erythroid to myeloid ratio will show higher erthroid percentage , instead of 33% we find 70% **abnormal** erythrobalsts
9. **AML – M7**: **Acute megakaryoblastic Leukaemia ,** affect megakaryocyte

بالتوفيق جميعًا

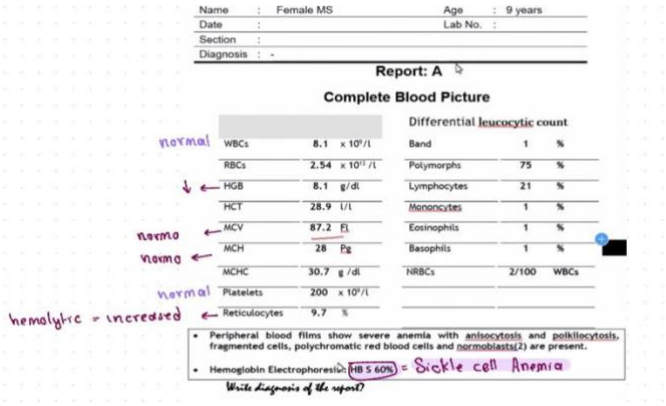
OSCE IBLS (5-10-2022)



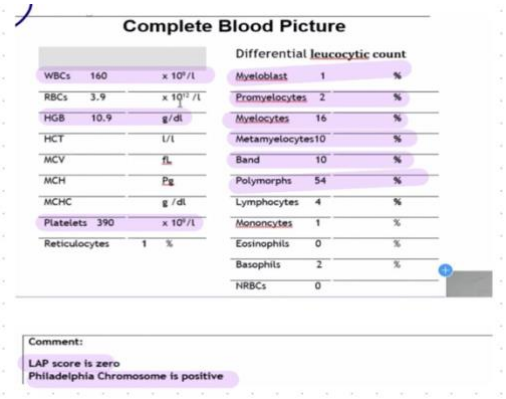
1- What's your diagnosis?
Iron deficiency anemia



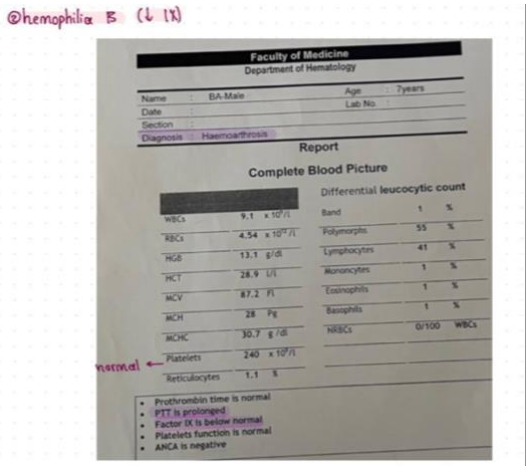
2- What's your diagnosis?
Folic Acid deficiency anemia



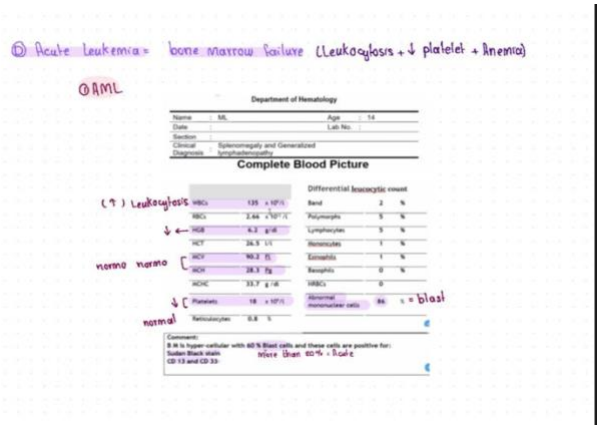
What's your diagnosis?
Sickle cell anemia



What's your diagnosis?
CML

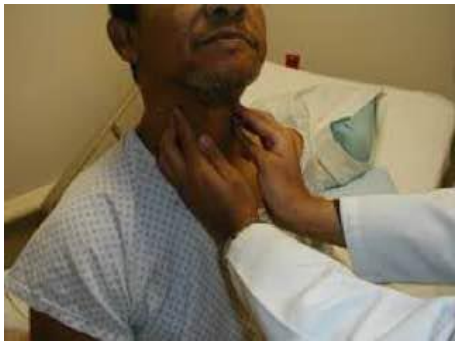


What's your diagnosis?
Hemophilia B



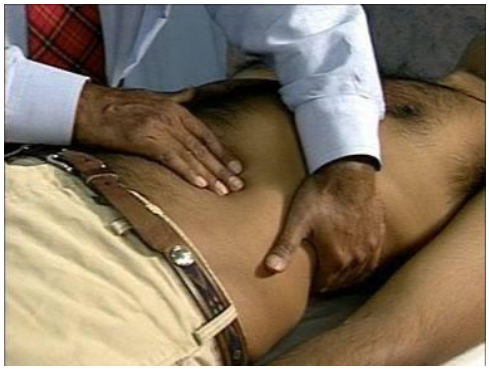
What's your diagnosis?
AML

Pediatrics:-
A 5 year old child came to the clinic with this, write three differential diagnosis ?
ITP , TTP, HSP



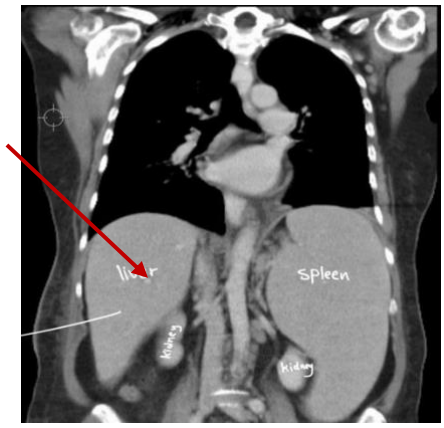
Medicine :-

A. What's the name of this examination ?
   Lymph nodes examination (Anterior cervical)
B. Mention 2 causes?
   Infection – lymphoma - leukemia



Medicine :-

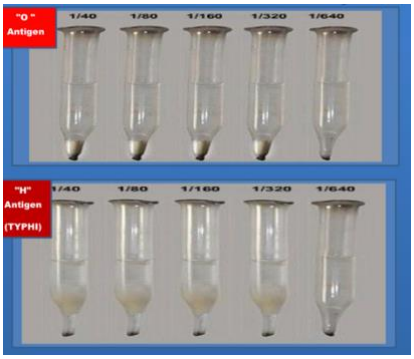
A. What's the name of the technique?
   Two hands technique
B. Mention two infectious causes of spleenomegaly?
   HIV malaria CMV



Radiology :-

A. What's the pointed organ?
   Liver
B. Mention one abnormality in this picture that is usually seen in leukemic pateints?

OSPE IBLS (5-10-2022)



Immune :-

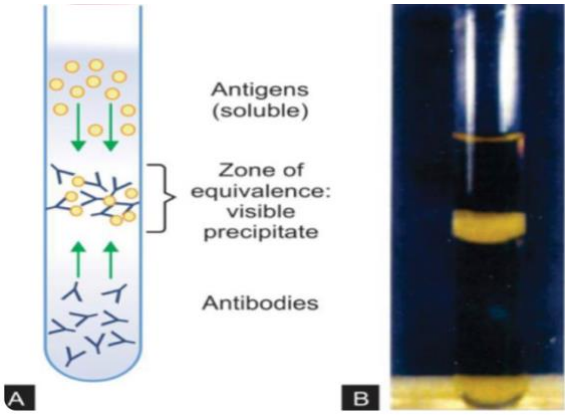
A. Mention the name and type of the test?
Widal test, Direct tube agglutination test

B. Mention universal standard titer value for the widal?
1/80

Immune :-
We did this to test hemolytic anemia

A. Mention the name and type of the test?
Direct coombs test

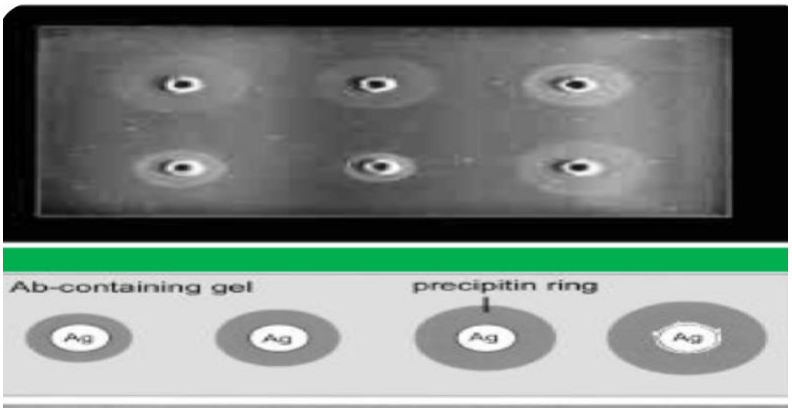
B. Interpret observation and result?
Negative



Immune :-

A. Mention the name and type of the test?
Ascoli ring test

B. Give one example?
Anthrax disease



Immune :-

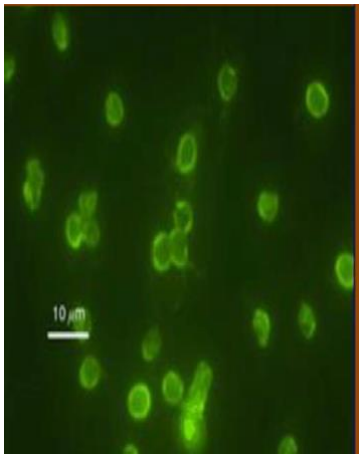
A. Mention the name and type of the test?
Mancini technique- Single diffusion in two dimensions

B. What is the use?
Measure IgA, IgM, IgG

Immune :-
We wanted to detect serum antibodies

A. Mention the name and type of the test?
Indirect ELISA plate

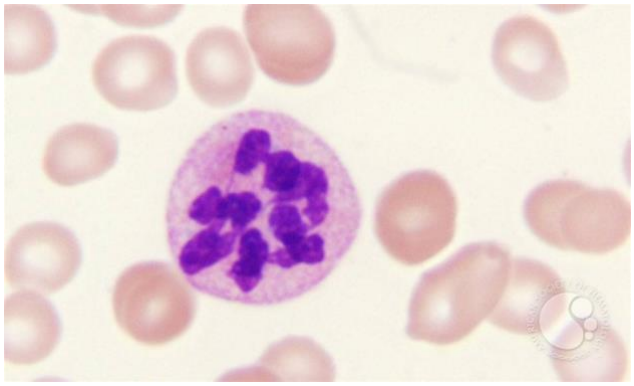
B. How do we know it's positive? Color intensity



Immune :-
We wanted to detect serum Ab

A. Mention the name and type of the test?
Indirect immunofluorescein test

B. What is the dye used?
Fluorescein dye

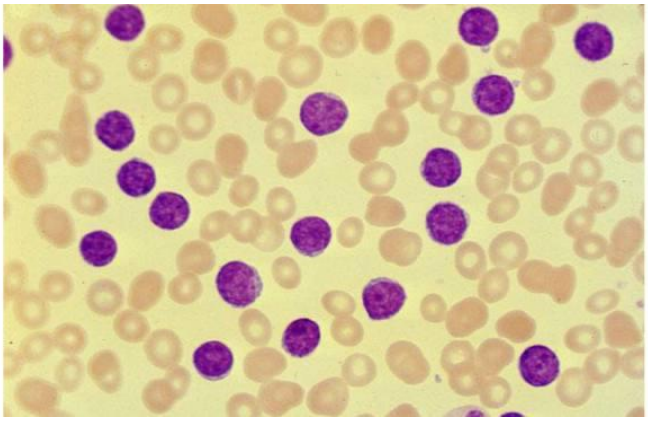


Clinical pathology :-

A. What is the name of this cell?
   Hypersegmented neutrophil
B. What causes increase in this cell number?
   Megaloplastic anemia

Clinical pathology :-

A. What is the name of this tube and what is the content?
   Green cap, Heparin
B. What is it used for?
   Biochemical tests

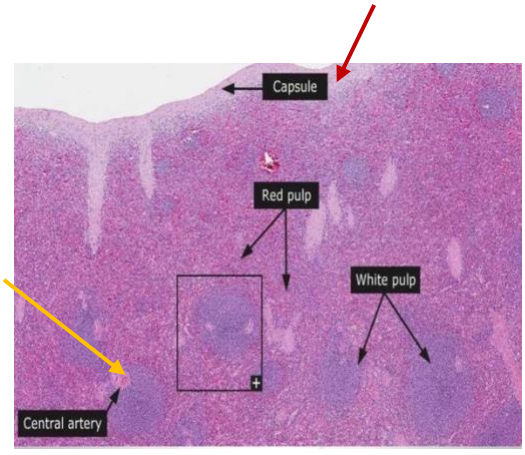


Clinical pathology :-
A 60 year old patient showed this blood film , what is your diagnosis?
CLL

Clinical pathology :-

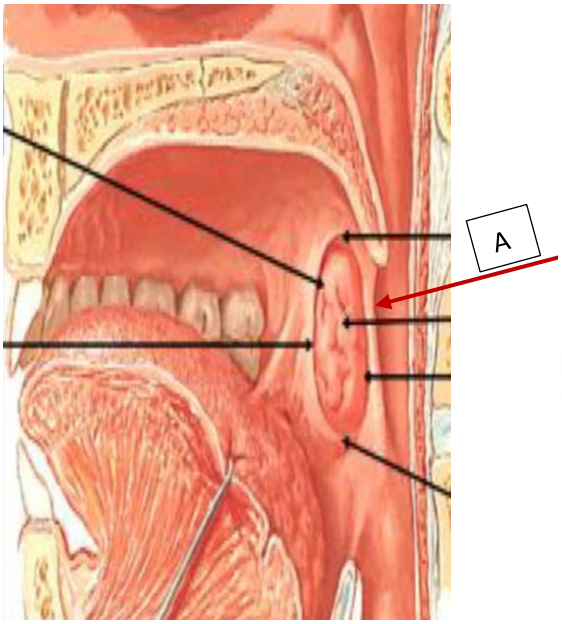
A. Identify?
   Blood bag
B. Mention 4 tests done to the donor written on the blood bag?
   - ABO blood group
   - Rh D antigen
   - Rh EeCc antigen
   - Kell antigen
   - Serology and NAT
   - Malaria

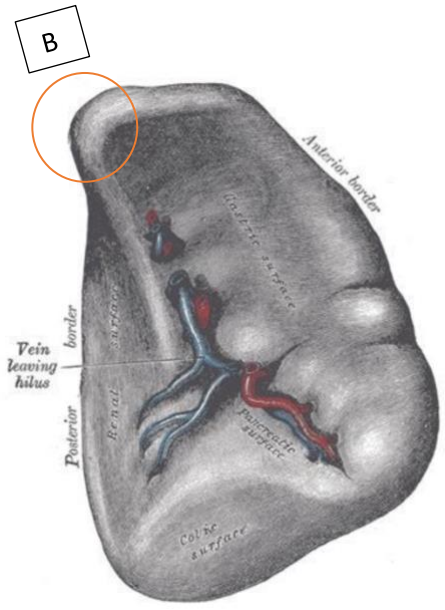
Clinical pathology :-
Identify blood group?
B negative



Histology :-

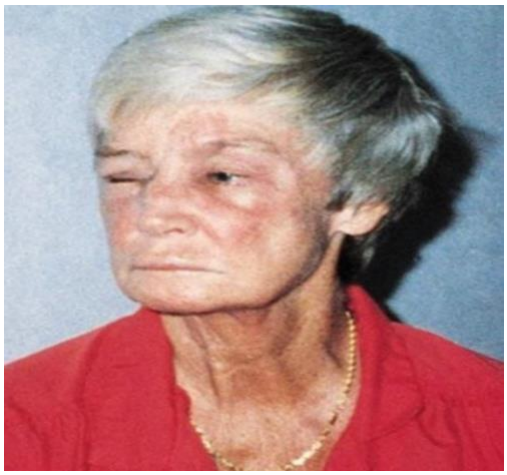
A. Identify the red pointed structure ?
   capsule
B. Identify the yellow pointed structure?
   Central Artery





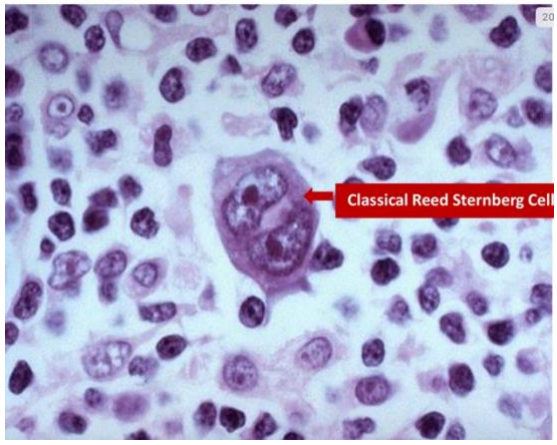
Anatomy:-

A. Identify A? Palatopharyngeal fold
B. Identify B? Posteriomedial pole



Pathology

A. What is this case called?
   Angioedema
B. What's the antibody responsible for this case?
   IgE



Pathology

A. Identify this lesion?
   Hodgekin lymphoma mixed cellularity
B. Describe microscopic pic?
   Loss of normal pattern replaced by heterogeneous cellular infiltrate, which includes lymphocytes, eosinophils, plasma cells, and macrophages admixed with Reed-Sternberg cells,mainly classic(owl eye cell) and mononuclear variants .