

Memory Test - Microbiology - II_Class Test_Foundation_1

Total Mark: 100

Time: 90 Min

<p>1. Candida albicans is</p> <p>A) Gram positive fungi B) Doesn't form germ tube C) Culture grows yeast colonies D) Yeast with large capsule E) Mold with separate hyphae</p> <p>Answer: T, F, T, F, F Discussion: Reference: (Lange 14th414,Box501)</p>	<p>2. CD4 cell count less than 200 associated with risk of developing</p> <p>A) Oropharyngeal candidiasis B) Pneumocystis jirovecii pneumonia C) HIV wasting syndrome D) Disseminated MAC E) Peripheral neuropathy</p> <p>Answer: F, T, T, F, T Discussion: Reference:</p>
<p>3. Clinical features of ebola fever</p> <p>A) Diarrhoea B) ARDS C) Deafness D) Cerebellar signs E) Encephalopathy</p> <p>Answer: T, F, F, F, F Discussion: Reference:</p>	<p>4. Features of Reye's syndrome</p> <p>A) Associated with CMV B) Encephalopathy is seen C) Associated with influenza A D) Causes liver degeneration E) Associated with children having aspirin</p> <p>Answer: F, T, F, T, T Discussion: Reference: (lange 14th294)</p>
<p>5. Hepatobiliary flukes are</p> <p>A) Fasciolis buski B) C.sinensis C) Fasciola hepatica D) S. mansoni E) Opisthorchis sinensis</p> <p>Answer: F, T, T, F, T Discussion: Reference:</p>	<p>6. Immunoglobulins are useful treatment in</p> <p>A) Hepatitis A B) Hepatitis E C) Hepatitis D D) Hepatitis B E) Hepatitis c</p> <p>Answer: T, F, F, T, F Discussion: Reference: (Lange 14th343,Box423)</p>
<p>7. In CMV infection</p> <p>A) Sexual transmission common in adult persons B) Lymphadenopathy more common than hepatomegaly C) All infected women spread CMV To fetes D) Alkaline phosphates level usually raised E) Heterophil antibody test positive</p> <p>Answer: T, F, F, T, F Discussion: TFF (40%chance)TF Reference: Davidson 23rd page 242'243</p>	<p>8. Inincubation period of hepatitis B infection</p> <p>A) HBsAg(+) B) Anti-HBcIgM(—) C) Anti-HBcIgG(—) D) Anti-HBs (+) E) Anti-HBe (+)</p> <p>Answer: T, F, T, F, F Discussion: Reference:</p>

<p>9. Japanese B encephalitis</p> <p>A) Most infections are subclinical in childhood B) No vaccine is available C) Mortality rate with neurologic disease is 100%</p> <p>D) Transmitted by mosquitos E) Neutropenia and hypernatraemia are found</p> <p>Answer: T, F, F, T, F Discussion: Reference:</p>	<p>10. Leishmania donovani</p> <p>A) Life cycle involve sandfly B) Amastigotes differentiates into promastigote</p> <p>C) Increased IgG is highly specific D) Symptoms begin with intermittent fever E) Recovery results in permanent immunity</p> <p>Answer: T, F, F, T, T Discussion: Reference: (Lange 14th447)</p>
<p>11. Regarding ankylostoma</p> <p>A) A. caninum is cat hookworm B) A. braziliensis is dog hookworm C) Albendazole is the treatment of choice D) Ivermectine is usually effective E) Lesions are extremely pruritic</p> <p>Answer: F, F, F, T, T Discussion: Reference: (Lange 14th485)</p>	<p>12. Regarding fungal toxin and allergens</p> <p>A) Amanitin inhibits RNA polymerase B) Aflatoxin causes liver cancer C) IgG mediated delayed hypersensitivity D) Aflatoxin causes mutation of p53 E) Phalloidin is not toxic</p> <p>Answer: T, T, F, T, F Discussion: Reference: (Lange 14th401, pearls)</p>
<p>13. Regarding histoplasma capsulatum</p> <p>A) Is a dimorphic fungus B) Rarely grows in soil C) Inhaled spores are engulfed by macrophages</p> <p>D) Organism spread to liver and spleen E) Disseminated histoplasmosis is rare</p> <p>Answer: T, F, T, T, F Discussion: Reference: (Lange 14th409)</p>	<p>14. Warning signs of dengue</p> <p>A) Persistent vomiting B) Hepatomegaly <2cm C) Rapid fall of hematocrit D) Pleural effusion E) Abdominal pain</p> <p>Answer: T, F, F, T, T Discussion: Reference:</p>
<p>15. Antiviral drugs inhibit replication</p> <p>A) Amantadine B) Maraviroc C) Enfuvirtide D) Ribavirin E) Sofosbuvir</p> <p>Answer: F, F, F, T, T Discussion: Reference: (Lange 14th270, Box351)</p>	<p>16. Chikungunya virus</p> <p>A) Fever may be followed by afebrile phase B) Blood borne virus C) Vesicular rash may develop in children D) Main vector is aedes aegypti mosquito E) Neutrophilia and hyponatraemia are common</p> <p>Answer: T, F, F, T, F Discussion: Reference:</p>
<p>17. Entamoeba</p> <p>A) causes amoebic dysentery and liver abscess B) Has motile cyst C) Removed by filtration of water D) Fecal-oral route is rare E) No animal reservoir</p> <p>Answer: T, F, T, F, T Discussion: Reference: (Lange 14th425)</p>	<p>18. Giardia lamblia</p> <p>A) Fever is very common B) Malabsorption of protein and fat C) IgA deficiency increases symptomatic infection</p> <p>D) Bloody, foul smelling diarrhoea E) String test may be useful</p> <p>Answer: F, T, T, F, T Discussion: Reference: (Lange 14th429)</p>

<p>19. HBsAg envelope is present in</p> <p>A) Hepatitis A B) Hepatitis C C) Hepatitis D D) Hepatitis E E) Hepatitis B</p> <p>Answer: F, F, T, F, T Discussion: Reference: (Lange 14th343,Box412)</p>	<p>20. Hepatitis B virus</p> <p>A) DN Adependant DNA polymerase B) Occurs mainly in children C) Cytotoxic T-cells gives immunity D) Transmitted by breast feeding E) 90% infected neonate become chronic carrier</p> <p>Answer: T, F, T, F, T Discussion: Reference: (lange 14th345)</p>
<p>21. Immune-tolerant phase of HBV infection characterised by</p> <p>A) ALT level become raise 4-fold B) Viral load becomes high C) HBsAg become positive D) Liver histology shows minimal necroinflamfmation E) Anti HBeAb become positive</p> <p>Answer: F, T, T, T, F Discussion: F(Normal)TTTTF (Negative) Reference: Davidson 23rd p 874 box 22.37)</p>	<p>22. Incubation period for viral diseases</p> <p>A) Lassa fever: 6-21 days B) Ebola fever: 3-9 days C) Yellow fever: 2-7 days D) Dengue: 3-9 days E) Marburg fever: 5-19 days</p> <p>Answer: T, F, F, F, F Discussion: Reference:</p>
<p>23. Regarding Dengue fever</p> <p>A) Expanded Dengue Syndrome define as dengue with organopathy B) Dengue with encephalitis,judicious use of steroid may be given C) Blood transfusions indicated in refractory shock after fluid 40-60 ml/kg D) Dextran 40 may be given in sign of fluid overload E) Gastroenteritis commonly observed in paediatric dengue pt</p> <p>Answer: T, T, T, T, T Discussion: Reference: (Ref: Dengue management guideline 2019)</p>	<p>24. Regarding rubella virus</p> <p>A) Epidemics occurs every 5 years B) Initial replication in nasopharynx C) Incubation period is 14-21 days D) Rash is due to cell mediated vasculitis E) Surface spikes contain neuraminidase</p> <p>Answer: F, T, T, F, F Discussion: Reference: (lange 14th324)</p>
<p>25. RNA nonenveloped viruses are</p> <p>A) Herpesvirus B) Rabies C) HTLV D) HIV E) Rhinovirus</p> <p>Answer: T, F, F, F, T Discussion: Reference: (lange 14th287)</p>	<p>26. A 42 year old man is reviewed in the hospital complaining of persistent lethargy . Routine blood show altered LFT , so hepatitis screen is sent . The lab show Anti HAV (-) ,HBsAg(-) , Anti HBs(+), Anti HBc (-) ,AntiHCV (+). Which statement is true ?</p> <p>A) Hepatitis B infection B) Hepatitis C infection C) Previous vaccination to hepatitis B and C D) Hepatitis C infection with previous hepatitis B vaccination E) Hepatitis B an C infection</p> <p>Answer: D Discussion: Reference:</p>

<p>27. An AIDS patient's blood shows vascular endothelial cells with many spindle shaped cell and erythrocytes. The associated disease may be</p> <p>A) Burkitt's lymphoma B) Oral hairy leukoplakia C) Kaposi's sarcoma D) Infectious mononucleosis E) Reye's syndrome</p> <p>Answer: C Discussion: Reference: (Lange 14th299)</p>	<p>28. An intravenous drug user sees his doctor with a history of lethargy. LFT Shows ALT Of 80 IU/L and a bilirubin of 18 micro mol/L. Serological tests for hepatitis viruses show HBsAg positive and anti HepB core IgGAb positive, IgMAB was absent. Which option is most appropriate for serological studies?</p> <p>A) Acute hepatitis B B) Carrier of hepatitis B C) Recovery from past hepatitis B infection D) Requires hepatitis B vaccine E) Vaccinated from hepatitis B</p> <p>Answer: B Discussion: (Explanation: Persistence of surface antigen here indicate chronic hepatitis B / carrier status. IgG core antibody and no IgM core antibody means that primary infection take place some time ago. Reference: Ref: Davidson 23 rd box 22.37, 22.38)</p>
<p>29. Haemorrhagic fever with renal symptoms associated with</p> <p>A) Hantan fever B) Lassa fever C) Ebola virus D) JC virus E) None of them</p> <p>Answer: A Discussion: (Explanation-Hantan fever usually associated with viral haemorrhagic fever and renal failure and ARDS . Lassa fever usually associated with ARDS and Encephalopathy. Ebola virus seen in in central Africa , associated with thrombocytopenia with blood oozing) Reference:</p>	<p>30. The only protozoa can cause 'Infectious Mononeucleosis'</p> <p>A) Trichomonas vaginalis B) Treponemal cruzi C) Toxoplasma gondii D) Giardia intestinalis E) Cryptosporidium sativum</p> <p>Answer: C Discussion: Exp: The organisms causes Infectious Mononeucleosis. EBV, CMV, HHV 6 &7, HIV-1 Primary Infection, Toxoplasma gondii. Among them T gondii is the only protozoa. □□□□□□ Reference:</p>
<p>31. Which one does not produce opportunistic infection?</p> <p>A) Rhizopus B) Sporothrix C) Aspergillus D) Mucor E) Cryptococcus</p> <p>Answer: B Discussion: Reference: (Lange 14th403)</p>	<p>32. Which one is false regarding parvovirus B19?</p> <p>A) Causes hydrops fetalis B) Nonenveloped, single stranded DNA genome C) Transmitted primarily by respiratory route D) Causes slapped cheek syndrome E) Genome is positive stranded DNA</p> <p>Answer: E Discussion: Reference: (Lange 14th308)</p>

<p>33. Which one is false regarding plasmodium? A) Sexual cycle is also called sporogony B) Merozoites infect RBC C) P.falciparum causes high level of parasitemia D) P.malaria is more severe than other plasmodium E) P.vivax infects only reticulocyte Answer: D Discussion: Reference: (Lange 14th434)</p>	<p>34. Which one is false regarding “infectious mononucleosis” A) Absolute lymphocytosis occurs B) Heterophil antibody test is useful in late stage C) Cytotoxic Tcells react against infected cell D) EBV specific antibody tests are diagnostic E) No virus is synthesized in cord lymphocyte Answer: B Discussion: Reference: (Lange 14th298)</p>
<p>35. Which one is lung fluke? A) S.mansoni B) P.westermani C) C.sinensis D) S.japonicum E) S.hematobium Answer: B Discussion: Reference: (Lange 14th463,table 551)</p>	<p>36. Which parasite is transmitted by sexual contact? A) Entamoeba B) Leishmania C) Toxoplasma D) Trichomonas E) Trypanosoma Answer: D Discussion: Reference: (Lange 14th426,table512)</p>
<p>37. Which virus cause perinatal infection through breast feeding A) Hepatitis B B) Parvovirus B19 C) Human papilloma virus D) Herpes simplex E) Cytomegalo Answer: E Discussion: E Reference: (Lange 14th255,table 322)</p>	<p>38. A 25 years old boy presented with chest pain with shortness of breath.on examination in ED , Temp – raised , ECG – T inverted and marked raised Troponin .which organism most likely diagnosis? A) Adenovirus B) HIV C) Chagas’ disease D) Influenza E) Cocksackie Answer: E Discussion: Reference:</p>
<p>39. A 27-year-old man who has recently moved to Bangladesh from AFRICA presents complaining of fatigue and purple skin lesion all over body. On examination he has multiple raised purple lesion on his trunk and arms. Some smaller lesion also in mouth. Recently he started acyclovir for herpes zoster infection. What is most likely diagnosis? A) Kaposi sarcoma B) Dermatofibroma C) Drug reaction to acyclovir D) Psoriasis E) Haemangioma Answer: A Discussion: Reference: (Ref Davidson 23rd page 315)</p>	<p>40. A 40-year-old renal transplant recipient on immunosuppressant, present with fever and fatigue. A blood film shows atypical lymphocyte, abnormal LFT but negative heterophil antibodynegative. Which one is mostly causative? A) Cocksackie virus B) CMV C) PB19 D) JC virus E) Adenovirus Answer: B Discussion: (clue – atypical lymphocyte, heterophilnegative, transplant pt.) Reference:</p>

<p>41. A 70 years old HIV pt presented with altered mental status. On MRI finding -non enhancing white matter lesion without surrounding oedema. which is most likely diagnosis?</p> <p>A) JC virus B) CMV C) Tuberculoma D) Cryptococcal infection E) Human polyoma virus 4</p> <p>Answer: A</p> <p>Discussion: (Diagnosis is PML caused by JC virus (human polyoma virus 2))</p> <p>Reference: [ref Davidson 23rd page 320 fig 12.12]</p>	<p>42. A child of play group was found in the back bench of a school with abnormal movement with frothy discharge from mouth. Immediately the baby was shifted to A/E of nearby hospital where a CT brain done that shows periventricular cystic lesion in the parietal lobe with surrounding oedema. Which of the following organism may cause this?</p> <p>A) Taenia solium B) Echinococcus granulosus C) Hymenolepis diminuta D) Diphylobothrium latum E) Strongyloides stercoralis</p> <p>Answer: A</p> <p>Discussion: Exp: It is case of Cysticercosis. Taenia solium usually cause this, Tsaginata may also cause cysticercosis.</p> <p>Reference:</p>
<p>43. A dengue patient presented in ED with shortness of breath. On examination findings BP – 60/40, pulse – feeble, on occultation – crepitation present. which is next best Mx?</p> <p>A) IV crystalloid fluid B) IV colloidal fluid C) FFP D) Whole blood E) Crystalloid+ FFP</p> <p>Answer: B</p> <p>Discussion:</p> <p>Reference: (Ref – pocket guideline Dengue 2019, MOH& FW Page 17)</p>	<p>44. A patient admitted to Dhaka Medical College Hospital with H/O SOB, sore throat, cough & sneezing. His X-ray showed bilateral fluffy or wolen appearance. Nasal swab sent to IEDCR. Which of the following organism responsible for the condition?</p> <p>A) SARS B) COVID-19 C) SARS CoV-2 D) MERS CoV-2 E) H5N1</p> <p>Answer: C</p> <p>Discussion: Exp: Virus is SARS CoV-2, COVID-19 (Corona Viral Disease-2019) is the disease.</p> <p>Reference:</p>
<p>45. A patient of 60 years old presented to Medicine OPD fever with night sweat & weight loss for 3 months, abdominal CT shows bilateral adrenal gland enlargement. What will be the option to do to next? .</p> <p>A) Abdominal MRI with contrast B) Contrast CT Abdomen C) Schirmer Test D) Adrenal Biopsy E) AFB staining</p> <p>Answer: D</p> <p>Discussion: Exp: PUO+ Night Sweat +Weight loss + BL Adrenal Swelling on CT Abdomen are the typical finding of Adrenal TB, Lymphoma, Histoplasmosis. To distinguish them Adrenal Biopsy is the next investigation of choice</p> <p>Reference:</p>	<p>46. Regarding chikungunya, which is not associated with disease?</p> <p>A) Transmitted by Aedes mosquito B) Incubation period usually 2-14 days C) Afebrile and recrudescence present in fever cycle D) Usually affect large joint E) Chronicity associated with HLA B 27</p> <p>Answer: D</p> <p>Discussion:</p> <p>Reference: (Ref Davidson 23 page 250)</p>

<p>47. Which of the following fungi causes ringworm?</p> <p>A) Malassezia B) Mucor C) Coccidioides D) Aspergillus E) Trichophyton</p> <p>Answer: E Discussion: Reference: (Lange 14th403, table 481)</p>	<p>48. Which of the following investigation shows highest specificity to diagnose COVID-19?</p> <p>A) RT-PCR B) Cell Culture C) ELISA D) CFT E) IFT</p> <p>Answer: A Discussion: Exp: RT-PCR is the highest specific test for COVID-19. Reference:</p>
<p>49. Which one is true regarding hepatitis A?</p> <p>A) Children are rarely affected B) Frequently transmitted via blood C) Replicative cycle is different than other enterovirus D) Human are the reservoir of HAV E) Also known as enterovirus 72</p> <p>Answer: D Discussion: Reference: (Lange 14th343)</p>	<p>50. Which statement false regarding dengue with warning sign?</p> <p>A) Abdominal pain B) Leukopenia C) Pleural effusion D) Ascites E) Rapid increase Hct</p> <p>Answer: B Discussion: Reference: (Ref Davidson 23rd page 244)</p>