

## Memory Test - Infectious disease II\_Class Test\_Online\_Davidson\_Plus\_1

Total Mark: 100

Time: 90 Min

<p><b>1. Cranial nerves affected in leprosy</b></p> <p>A) Facial B) Optic C) Glossopharyngeal D) Trigeminal E) Hypoglossal</p> <p><b>Answer:</b> T, F, T, F, F <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-268]</p>	<p><b>2. Manifestation of typhoid in end of 1st week</b></p> <p>A) Myalgia B) Roth spot C) Abdominal distension D) Constipation E) Cough</p> <p><b>Answer:</b> F, F, T, F, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-260,box-11.62]</p>
<p><b>3. Common causes of meningitis in a 2 years old child are</b></p> <p>A) E coli B) Streptococcus C) Klebsiella D) H. influenzae E) Pneumococcus</p> <p><b>Answer:</b> F, F, F, T, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-1118]</p>	<p><b>4. Complications of measles are</b></p> <p>A) Otitis externa B) Pancreatitis C) Thrombosis D) Transient hepatitis E) Pneumonia</p> <p><b>Answer:</b> F, T, F, T, T <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 236)</p>
<p><b>5. Feature of tuberculoid leprosy</b></p> <p>A) Progressive B) Clear margin C) Shiny smooth surface D) Marked hypopigmentation E) Marked nerve damage</p> <p><b>Answer:</b> F, T, F, F, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-267,box- 13.51]</p>	<p><b>6. Mycoplasma pneumonia is</b></p> <p>A) A small bacteria and has no cell B) Susceptible to penicillin and cephalosporin C) Diagnosed by positive cold agglutination test</p> <p>D) A causative agent of atypical pneumonia E) An obligatory intracellular bacteria</p> <p><b>Answer:</b> T, F, T, T, F <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-583]</p>
<p><b>7. Staphylococcal Toxic shock syndrome</b></p> <p>A) Widespread activation of B cell B) Low grade fever C) Rash resmebles like Idiopathic thrombocytopenic prpura D) Sore throat E) Mortality is around 40%</p> <p><b>Answer:</b> F, F, F, T, F <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-253]</p>	<p><b>8. Structures induce septic shock</b></p> <p>A) Peptidoglycan B) Lipoprotein C) UPS D) Muramic Acid E) Teichoic Acid</p> <p><b>Answer:</b> F, F, T, F, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-196+Robbin's 9th P-44]</p>

<p><b>9. Unpasteurised dairy products may cause</b></p> <p>A) Salmonella B) Abdominal TB C) Brucellosis D) Listeriosis E) Cholera</p> <p><b>Answer:</b> T, T, T, T, F <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 231)</p>	<p><b>10. Which of the following are warning sings of dengue</b></p> <p>A) Pleural effusion B) Shock C) AST &gt; 1000 D) Hematomegaly &gt; 2 cm E) Persistent vomiting</p> <p><b>Answer:</b> T, F, F, T, T <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 244)</p>
<p><b>11. Which of the following viruses causes infectious gastroenteritis?</b></p> <p>A) Dengue virus B) Rotavirus C) Zika virus D) Norovirus E) Mumps</p> <p><b>Answer:</b> F, T, F, T, F <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 228)</p>	<p><b>12. Bacterial agent transmitted by blood</b></p> <p>A) Neisseria B) Coxiella Burnettii C) Treponema pallidum D) Vibrio E) Salmonella</p> <p><b>Answer:</b> F, T, T, F, T <b>Discussion:</b> <b>Reference:</b> [Ref Hoff band P- 403+ Lange review 14th P-33]</p>
<p><b>13. Causes of atypical pneumoniae are</b></p> <p>A) Legionella spp B) Klebsiellapneumoniae C) Mycoplasma spp D) Chlamydia pneumoniae E) Haemophilus influenzae</p> <p><b>Answer:</b> T, F, T, T, F <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-583-584]</p>	<p><b>14. Causes of chronic diarrhoea includes</b></p> <p>A) HIV enteropathy B) Strongyloidiasis C) Toxocariasis D) Filariasis E) Giardia lamblia</p> <p><b>Answer:</b> T, T, F, F, T <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 233)</p>
<p><b>15. Characteristics of endotoxin are</b></p> <p>A) Highly antigenic B) Lipopolysaccharide in nature C) Used as vaccine in toxoid form D) Stable at 100°C for 1 hour E) Secreted from cell</p> <p><b>Answer:</b> F, T, F, T, F <b>Discussion:</b> <b>Reference:</b> [Ref: Lange review 14th P-39+ Davidson's 23rd P-104]</p>	<p><b>16. Congenital malformation caused by</b></p> <p>A) Parvovirus B19 B) Syphilis C) HBV D) HIV E) Zika virus</p> <p><b>Answer:</b> T, T, F, F, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson 23rd P 235 box 11.26]</p>
<p><b>17. False positive MT SEEN In</b></p> <p>A) Infection by Atypical mycobacterium B) BCG vaccination C) Miliary TB D) HIV E) TYPE I Hypersensitivity</p> <p><b>Answer:</b> T, T, F, F, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-594+Lange review]</p>	<p><b>18. In typhoid fever</b></p> <p>A) Transmitted by faeco- oral route B) Abdominal distension may be found in end of first week C) Stool culture positive in 2nd and 3rd week D) Blood culture confirm the diagnosis E) Fluoroquinolol is the drug of choice</p> <p><b>Answer:</b> T, T, T, T, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-260]</p>

<p><b>19. Mycobacterium leprae primarily affects</b></p> <p>A) Oligodendrocytes B) Neuron C) Macrophage D) Schwann cell E) T lymphocytes</p> <p><b>Answer:</b> F, F, T, T, F <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-267]</p>	<p><b>20. Neutropenic fever defined as</b></p> <p>A) Neutrophil count of less than 5000 B) Neutropenic pt prone to develop viral infection  C) Gram + organisms are most common D) Piperacillin -tazobactam preparation most commonly used E) Anti fungal therapy may be used empirically</p> <p><b>Answer:</b> T, F, T, T, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd :P-224]</p>
<p><b>21. Regarding Cutaneous larva migrans</b></p> <p>A) Usually caused by Ancylostoma caninum B) Common site for CLM is elbow C) Has common history of visiting beach area D) Lesion is usually serpiginous, non pruritic  E) Treatment may be done with locally</p> <p><b>Answer:</b> T, F, T, F, T <b>Discussion:</b> TF(Foot)TF(Pruritic)T <b>Reference:</b> [Ref Davidson 23 rd – page 294]</p>	<p><b>22. Regarding leishmaniasis</b></p> <p>A) Visceral leishmaniasis is mainly disease of adult. B) Splenomegaly usually appear early than hepatomegaly C) Monoclonal gammopathy may be seen D) LD bodies in splenic smear show 98% sensitivity E) Infusion related side effects is more in Amphotericin B</p> <p><b>Answer:</b> F, T, F, T, T <b>Discussion:</b> <b>Reference:</b></p>
<p><b>23. Regarding viral vaccine</b></p> <p>A) HPV vaccine is live attenuated B) HBV vaccine is recombinant DNA type C) Yellow fever vaccine is a subunit vaccine D) Varicella vaccine is a live vaccine E) Rubella vaccine is a conjugate vaccine</p> <p><b>Answer:</b> F, T, F, T, F <b>Discussion:</b> Explanation: e. Hib, meningococcal, pneumococcal vaccine are conjugate vaccine <b>Reference:</b> [Ref: lange 14th, P-282, tab( 36.2+ Davidson's 23rd P-115]</p>	<p><b>24. The parasites causing auto-infection are</b></p> <p>A) Cryptosporidium parvum B) Giardia lamblia C) Strongyloides stercoralis D) Ascaris lumbricoides E) Enterobius vermicularis</p> <p><b>Answer:</b> T, F, T, F, T <b>Discussion:</b> Parasites causing auto-infection: Taenia solium, Hymenolepis nana, Strongyloides stercoralis, Enterobius vermicularis, Cryptosporidium parvum <b>Reference:</b></p>
<p><b>25. Tuberculosis of the genital tract</b></p> <p>A) commonly involves the fallopian tubes B) Commonly involves the cervix C) Causes infertility D) is associated with ectopic pregnancy E) is best treated by Surgery</p> <p><b>Answer:</b> T, F, T, T, F <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-591]</p>	<p><b>26. A 10 year old boy presented with fever. He developed a erythematous rash which disappeared within 7days leaving petechial lesions in the antecubital fossa. His tongue is coated, red and swollen. Which of the followings is the culprit organism for his illness?</b></p> <p>A) Klebsiella spp. B) E. coli C) S. pyogenes D) Proteus spp. E) Acinetobacter spp</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-252)</p>

<p>27. A 20 year old man has history of rodent bite , presented with fever ,tender lymphadenopathy .on gram stain show safety pin appearance .which is most likely?</p> <p>A) H.ducrey B) Yersinia pestis C) Vibrio parahemolyticus D) Chlamydia infection E) Bordetella</p> <p><b>Answer:</b> B <b>Discussion:</b> abc show safety pin appearance .but history favours yersinia Lange page 179 <b>Reference:</b></p>	<p>28. A 25-year-old man from mymensingh presented with a three-month history of weight loss and intermittent fevers. On examination, the patient was emaciated, febrile (39°C) and pale and hepatosplenomegaly was present. Investigations revealed: Haemoglobin 72 g/L (115-165) White cell count <math>2.4 \times 10^9 /L</math> (4-11) Platelet count <math>117 \times 10^9 /L</math> (150-400) Thick and thin films no parasites identified. CXR normal. What is the most likely diagnosis?</p> <p>A) HIV infection B) Infectious mononucleosis C) Malaria D) Miliary tuberculosis E) Visceral leishmaniasis</p> <p><b>Answer:</b> E <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-282)</p>
<p>29. A 25-year-old woman is admitted to a local hospital with 26 weeks pregnancy. For the last 3-4 days she has been feeling generally unwell with fever, lethargy and vomiting. On examination, she is icteric. Blood report shows the following: Bilirubin 102 <math>\mu\text{mol/L}</math> ALP 256 <math>\text{u/L}</math> ALT 1200 <math>\text{u/L}</math> GGT 445 <math>\text{u/L}</math> Albumin 30 <math>\text{gm/L}</math> What is the most likely cause of her deterioration?</p> <p>A) Hepatitis A B) Hepatitis B C) Hepatitis E D) Malaria E) Amoebiasis</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b></p>	<p>30. A 2 months aged baby present to you with microcephaly seizures, deafness, jaundice &amp; hepatosplenomegaly. On laboratory inv. You've found owl's eye intranuclear inclusion body of CMV. You will use Gancyclovir to prevent;</p> <p>A) Deafness B) Blindness C) Cardiac arrhythmia D) Seizure E) Mental retardation</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> [Ref: Lange 15th /P- 288+Davidson's 23rd P-242-243]</p>
<p>31. A 30-year-old renal transplant recipient presented with post-transplant lymphoproliferative disorder (PTLD). Which virus is most likely to be of aetiological significance?</p> <p>A) Adenovirus B) Cytomegalovirus C) Epstein-Barr virus D) Herpes simplex type 1 E) Varicella</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-225)</p>	<p>32. A 33 year old women was unwell one week previously with a pyrexial illness associated with red rash on her cheek. What is most likely cause ?</p> <p>A) Measles B) Coxsackie C) HHV 8 D) PB19 E) Rubella</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> Ref: Davidson 23rd P- 237]</p>

<p>33. A 54 years old man who is an inpatient on the infectious diseases ward and has become acutely unwell . On examination, he is tachycardic and flushed , with a temp of 38.3 c .He tells you that he received his first dose of antibiotic treatment a few hours before .You suspect that this may be Jarisch-Herxheimer reaction .which one of the following conditions is most likely complicated by this reaction?</p> <p>A) Brucellosis B) Dengue fever C) Leishmaniasis D) Lyme diseases E) Typhoid</p> <p><b>Answer:</b> D <b>Discussion:</b> Exp: JH reaction is seen mainly in spirochete infection. JH reaction may also occur in Q fever, bartonellosis, trypanosomiasis . <b>Reference:</b></p>	<p>34. A staff nurse at local hospital undergoes vaccination against HBV, Following result are obtained 1 yr after completion of the primary cause .What should be full action (Anti HBs<math>\geq</math>50 MIV/L)</p> <p>A) Repeat full cause B) Repeat anti HBs three month later C) Give a HBIG D) Give one booster dose E) Do HIV test</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> (Anti HBs-10-100 further booster dose)</p>
<p>35. A-18 year young women using tampon Frequently develop UTI. Which is the most possible organism responsible for UTI of this women</p> <p>A) E coli B) Proteus C) HSV-II D) Stap. aureus E) Stap. saprophyticus</p> <p><b>Answer:</b> A <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-427+ Lange review 14th P-153]</p>	<p>36. First nerve damaged in leprosy</p> <p>A) Radial B) Femoral C) Ulnar D) Median E) Radial cutaneous nerve</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-268]</p>
<p>37. Following are the features of severe dengue except</p> <p>A) Shock B) Rapid increase in Hct level with fall of platelets C) ALT more than 1000 D) Sign of fluid accumulation E) Low GCS level</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> Ref: Davidson's 23rd P-244 ,box-11.35]</p>	<p>38. Following statement true regarding Measles virus</p> <p>A) Measles doesn't cause congenital malformation B) Natural infection doesn't produce life-long immunity C) Vitamin A has no role in measles infection D) Generalised lymphadenopathy is uncommon E) SSPE is rare early complication</p> <p><b>Answer:</b> A <b>Discussion:</b> <b>Reference:</b> [ Ref Davidson 23rd page 236]</p>

<p><b>39. Most efficient test for leishmaniasis?</b></p> <p>A) ELISA B) DAT C) K39 D) Splenic biopsy E) Bone marrow biopsy</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P- 284]</p>	<p><b>40. Transplacental transmission of all of the following organisms is a recognised cause of fetal malformations and disease except which of the following?</b></p> <p>A) Cytomegalovirus B) Mumps C) Rubella D) Toxoplasma gondii E) Zika virus</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-240)</p>
<p><b>41. Which of the following is not associated with prior EBV infection?</b></p> <p>A) Hodgkin lymphoma B) Adult T-cell leukemia C) Burkitt lymphoma D) Nasopharyngeal carcinoma E) Hairy leukoplakia</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-241)</p>	<p><b>42. Which of the following is true regarding giardiasis?</b></p> <p>A) Stool culture is diagnostic B) Causes steatorrhea C) Eradicated by mebendazole D) Is often symptomatic E) Spread by contaminated meat</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P- 287]</p>
<p><b>43. Which of the following is true regarding varicella zoster infection?</b></p> <p>A) Associated pneumonitis is equally common in smokers and non-smokers B) Causes self-limiting cerebellar ataxia and encephalitis C) Causes urinary incontinence D) Gamma interferon is an effective treatment E) Produces latent infection within the anterior horn cells</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-239)</p>	<p><b>44. Which one is not a feature of congenital rubella syndrome?</b></p> <p>A) Patent ductus arteriosus B) Down's syndrome C) Cataracts D) Mental retardation E) Deafness</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-237)</p>
<p><b>45. Which statement is not compatible with Mumps virus?</b></p> <p>A) Incubation period 15 – 24 days B) Parotid enlargement usually unilateral C) Epididymo-orchitis more common than oophoritis D) Encephalitis is a rare complication E) Meningitis more common than encephalitis</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> Davidson 23rd page 240</p>	<p><b>46. A 35 year old man has recently travelled from Amati presents to emergency dept with fever, myalgia, headache. He is suspected to have malaria, which test is most likely to allow for accurate speciation of malaria parasites?</b></p> <p>A) Thick blood film B) Quantitative buffy coat analysis C) Blood culture D) Thin blood film E) Point of care malaria test</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-274)</p>

<p>47. A 4-year-old child was brought to the emergency department with fever, hypotension, erythema and neck stiffness. Which of the following toxins is most likely to be responsible for this child's condition?</p> <p>A) Botulinum toxin B) Endotoxin C) Erythrogenic toxin D) Exotoxin E) Neurotoxin</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> Endotoxin(Davidson/23rd/P-252)</p>	<p>48. A 50-year-old man comes to you for his risk of infection. Twenty years ago he had been involved in a road traffic accident and had sustained a splenic laceration, requiring an emergency splenectomy. Which of the following options offers the best advice?</p> <p>A) He does not need prophylactic antibiotics due to the amount of time that has elapsed since his surgery B) He has no increased risk of acquiring malaria when travelling to an endemic region C) He has no increased risk of infection since he has been well for 20 years following surgery D) He should receive pneumococcal vaccine E) There is no increased risk of infection in patients who undergo splenectomy due to trauma</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-948)</p>
<p>49. The larvae of certain nematode migrates through the lungs and causes pneumonitis. Which one is mostly cause of this condition?</p> <p>A) Ascaris lumbricoides B) Trichinella spiralis C) Anisakis simplex D) Trichuris trichuria E) E.vermicularis</p> <p><b>Answer:</b> A <b>Discussion:</b> <b>Reference:</b> [Ref: Lange 14th page 474+ Davidson's 23rd P- 289]</p>	<p>50. Which of the following is the most common cause of traveller's diarrhoea?</p> <p>A) Entamoeba histolytica B) Escherichia coli C) Giardia lamblia D) Shigella flexneri E) Yersinia enterocolitica</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> (Davidson/23rd/P-232)</p>