

**Memory Test - Infectious disease I\_Update\_Class**  
**Test Online\_Davidson\_Plus\_1**

Total Mark: 100

Time: 90 Min

<p><b>1. Antibiotic acts on 50 s subunit</b></p> <p>A) Erythromycin B) Clarithromycin C) Tetracycline D) Daptomycin E) Linezolid</p> <p><b>Answer:</b> T, T, F, F, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-120-122]</p>	<p><b>2. CD4 cell count less than 200 associated with risk of developing</b></p> <p>A) Oropharyngeal candidiasis B) Pneumocystis jirovecii pneumonia C) HIV wasting syndrome D) Disseminated MAC E) Peripheral neuropathy</p> <p><b>Answer:</b> F, T, T, F, T <b>Discussion:</b> <b>Reference:</b></p>
<p><b>3. Gray baby syndrome includes</b></p> <p>A) Hypertension B) Cyanosis C) Collapse D) Consolidation E) Hypotension</p> <p><b>Answer:</b> F, T, T, F, T <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson 23rd /Page-120)</p>	<p><b>4. Human papilloma virus related cancer includes-</b></p> <p>A) Vulvar cancer B) Rectal cancer C) Cervical cancer D) Anal cancer E) Penile cancer</p> <p><b>Answer:</b> T, F, T, T, T <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 323)</p>
<p><b>5. Intracellular bacteria</b></p> <p>A) H.Capsulatum B) B.burgoderfei C) Salmonella D) L.monocytogenes E) M.tb</p> <p><b>Answer:</b> F, F, T, T, T <b>Discussion:</b> <b>Reference:</b> (Chlamydia,rickettsia)</p>	<p><b>6. Live attenuated can't given is which conditions</b></p> <p>A) HIV Pt B) Asthma C) Pregnant woman D) Acute infection E) Chr. inflammation</p> <p><b>Answer:</b> T, F, T, T, F <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson 23rd /Page-115)</p>
<p><b>7. Bacteria which do not follow Koch,s postulate</b></p> <p>A) M.tuberculosis B) M.leprae C) T.pallidum D) Chlamydia E) Neisseria gonorrhea</p> <p><b>Answer:</b> F, T, T, T, T <b>Discussion:</b> <b>Reference:</b></p>	<p><b>8. Antibicrobial that are contraindicated in pregnancy</b></p> <p>A) Fluconazole B) Cephalosporin C) Linezolid D) Tetracycline E) Quinolone</p> <p><b>Answer:</b> T, F, T, T, T <b>Discussion:</b> <b>Reference:</b> [REF: Davidson's 23rd P-120)</p>

<p><b>9. Causes of meningitis in HIV patient are-</b></p> <p>A) Cryptococcal meningitis B) Tuberculous meningitis C) Pneumococcal meningitis D) CMV meningitis E) Toxoplasma meningitis</p> <p><b>Answer:</b> T, T, T, F, F <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson, 23rd/ Page- 319)</p>	<p><b>10. Coagulase positive staphylococcus</b></p> <p>A) S.Aureus B) S.saprophyticus C) S.intermedius D) S. epidermidis E) S. Sanguinus</p> <p><b>Answer:</b> T, F, T, F, F <b>Discussion:</b> <b>Reference:</b> [Ref: Lange review 14th P-33+Davidson's 23rd P-251]</p>
<p><b>11. Earlier detection of HIV done with</b></p> <p>A) P24 antigen B) Anti P24 Ab C) HIV RNA by PCR D) Flow cytometry E) All of above</p> <p><b>Answer:</b> T, T, T, F, F <b>Discussion:</b> <b>Reference:</b> [Ref- Lange P 384]</p>	<p><b>12. Essential structure of Bacteria</b></p> <p>A) Capsule B) Nucleoid C) Periplasm D) Spore E) Plasmid</p> <p><b>Answer:</b> F, T, T, F, F <b>Discussion:</b> F(NE)TTF(NE)F(NE) <b>Reference:</b> [Ref- Lange p 6]</p>
<p><b>13. Following are B-lactam antibiotic</b></p> <p>A) Flucloxacillin B) Monobactam C) Cefixim D) Meropenam E) Ceftaroline</p> <p><b>Answer:</b> T, T, T, T, T <b>Discussion:</b> <b>Reference:</b> Davidson's 23rd P-121)</p>	<p><b>14. Following statements are true regarding HIV testing</b></p> <p>A) CD4 count used to monitor immune system function B) Nucleic acid testing used for vertical transmission diagnosis C) Viral load Is not diagnostic test D) P 24 antigen test recognised window period E) CD4 &lt;200 is a criteria of defining AIDS</p> <p><b>Answer:</b> T, T, T, T, T <b>Discussion:</b> <b>Reference:</b> [Reference- Oxford 10th page 399]</p>
<p><b>15. Fungal cell wall contain</b></p> <p>A) Sterol B) Chitin C) Mannoproteins D) Ergosterol E) <math>\beta</math>; 1-3-0-glucan</p> <p><b>Answer:</b> F, T, T, F, T <b>Discussion:</b> <b>Reference:</b> (Ref: Davidson 23rd /Page-102)</p>	<p><b>16. In actinomycetes</b></p> <p>A) Usually caused by actinomyces Israeli B) Predominantly found in oral cavity C) Infection associated with IUCD users D) Histologically sulphur granule is found E) Long term treatment is usually needed</p> <p><b>Answer:</b> T, T, T, T, T <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-261]</p>
<p><b>17. Latent period of HIV characterised by</b></p> <p>A) Viral load is high B) CD4 cell count decrease gradually C) Generalised lymphadenopathy D) Anti p 24 Ab positive E) HIV RNA copies high</p> <p><b>Answer:</b> F, T, T, T, F <b>Discussion:</b> F (Low)TTTF (Low) <b>Reference:</b> [Ref: Lange p 383 fig 45-5]</p>	<p><b>18. Oncogenic viruses are</b></p> <p>A) Human papilloma virus B) Adeno virus C) Paramyxovirus D) Hepatitis B virus E) Epstein Barr virus</p> <p><b>Answer:</b> T, F, F, T, T <b>Discussion:</b> <b>Reference:</b> [Ref: Lange 14th P-367, tab( 43.7)+ Davidson's 23rd P-249,342]</p>

<p><b>19. Primary HIV infection</b>  A) ASymtomatic in more than 50% case  B) Meningo encephalitis is a primary infection  C) Thrombocytosis is common  D) Early detection by p24 antigenaemia  E) Endemic mycosis is common in primary infection  <b>Answer:</b> F, T, F, T, F  <b>Discussion:</b>  <b>Reference:</b> [ Ref: Davidson 23rd page 311 ]</p>	<p><b>20. Recombinant vaccines are</b>  A) Oral polio vaccine  B) HBV  C) HPV  D) Measles  E) Tetanus  <b>Answer:</b> F, T, T, F, F  <b>Discussion:</b>  <b>Reference:</b> [Ref: Davidson's 23rd P-115,Box-6.13]</p>
<p><b>21. Regarding Endotoxin</b>  A) Lipopolysaccharide in nature  B) Heat stable for 60 °C for 1hour  C) Location of gene present in bacterial chromosome  D) causes more septic shock than exotoxin  E) Produce toxoid  <b>Answer:</b> T, F, T, F, F  <b>Discussion:</b>  <b>Reference:</b> [Ref :Lange p 39 table 7-9]</p>	<p><b>22. Secondary syphilis may be characterised by</b>  A) Snail track ulcer  B) Clinical manifestation will resolve with treatment  C) Generalised non-tender lymphadenopathy  D) Condylomata Alta  E) Relapse not occur  <b>Answer:</b> T, F, T, T, F  <b>Discussion:</b> TF(Requires Rx)TTF(may occur)  <b>Reference:</b> [Ref: Davidson 23 p 337 Rt column]</p>
<p><b>23. The following statements are true for viruses</b>  A) Contain both DNA and RNA  B) May have an envelope  C) Have their own metabolism  D) May contain a cell wall  E) May contain enzymes for replication  <b>Answer:</b> F, T, F, F, T  <b>Discussion:</b>  <b>Reference:</b> [Ref: Lange 14th P-225, 228+ Davidson's 23rd P-101]</p>	<p><b>24. The opportunistic fungi are</b>  A) Candida albicans  B) Cryptococcus neoformans  C) Histoplasma capsulatum  D) Trichophyton rubrum  E) Pneumocystis jirovecii  <b>Answer:</b> T, T, F, F, T  <b>Discussion:</b>  <b>Reference:</b></p>
<p><b>25. Treatment reaction seen in syphilis</b>  A) Anaphylaxis  B) Vancomycin reaction  C) Jarisch-Herxheimer reaction  D) Procaine reaction  E) Anti syphilitic treatment Can be started after disappearance of reaction  <b>Answer:</b> T, F, T, T, T  <b>Discussion:</b>  <b>Reference:</b> [Ref: Davidson's 23rd P-339 rt column]</p>	<p><b>26. A 42 years old man presented in emergency dept with history of 3 weeks retrosternal discomfort after swallowing. He has been HIV positive for ten years. On endoscopy shows areas of ulceration throughout the oesophagus. What is the most likely diagnosis?</b>  A) Staph.aureas  B) C.parvum  C) Candida albicans  D) P. Jiroveci  E) Cryptococcosis  <b>Answer:</b> C  <b>Discussion:</b> Explanation —fungal infection that may colonise in oesophagus of HIV infected patient and causing dysphagia, retrosternal discomfort. Others not colonise usually in oesophagus. HSV 1 causes temporal lobe epilepsy (Grand Mal Epilepsy)  <b>Reference:</b> [Ref: Lange 14th P- 302 .Q7]</p>

<p><b>27. .Most common cause of CV line infection</b>  A) Staph. Aureus  B) Candida  C) Strep. Pneumonia  D) Coagulate negative staphylococcus  E) Gram negative bacilli  <b>Answer:</b> D  <b>Discussion:</b>  <b>Reference:</b> true .Ref Davidson 23rd page 225</p>	<p><b>28. A 18-year-old homosexual male developed progressive pneumonia not responding to antibiotics. Methenamine silver staining of the sputum showed small circular cyst and Giemsa staining demonstrated the small, punctate nuclei of the trophozoites and intracystic sporozoite. Which is the most likely organism?</b>  A) Cryptococcus neoformans  B) Leishmania donovani  C) Pneumocystis jirovecii  D) Toxoplasma gondii  E) Trypanosoma cruzi  <b>Answer:</b> C  <b>Discussion:</b>  <b>Reference:</b> (Davidson/23rd/P-281)</p>
<p><b>29. A 20 year old man developed fever, dyspnoea . He has recently devolved ulcer in upper lip.which organism may likely cause infection?</b>  A) Strep. Pneumoniae  B) Stap.aureus  C) Klebsella  D) Legionella pneumoniae  E) Mycoplasma pneumoniae  <b>Answer:</b> A  <b>Discussion:</b> Explanation :Strep.pneumoniae associated Herpes labialis( cold sore )  Stap.aureus common after influenzae  <b>Reference:</b> [ Ref: Davidson's 23rd P- 583.]</p>	<p><b>30. A 23 yr old male presents with a purulent urethral discharge .A sample of the discharge is shown to be gram negative diplococcus .What is the most appropriate antimicrobial therapy</b>  A) Oral ciprofloxacin for 7 days  B) Oral penicillin V for 7days  C) Oral doxycycline for 7 days  D) Oral azithromycin stat dose  E) I/M cefrizon stat dose +oral azithromycin stat  <b>Answer:</b> E  <b>Discussion:</b>  <b>Reference:</b> [Ref: Davidson's 23rd P-340]</p>
<p><b>31. A 30 year old man who has HIV antibody positive with CD4 count 100. He has ulcerated lesion on tongue. Biopsy revealed yeast found in macrophage. Diagnosis is histoplasmosis. What is treatment of choice?</b>  A) Amphotericin B  B) Caspofungin  C) Clotrimazole  D) Flucytosin  E) Terbinafine  <b>Answer:</b> A  <b>Discussion:</b>  <b>Reference:</b> [Ref: Lange page 410 treatment topics]</p>	<p><b>32. A 31 yr old woman with three year H/o ulcerative colitis&amp; is on azathioprine to prevent relapse. Which VACCINE must be avoided when she is on treatment</b>  A) Yellow fever  B) Rabies  C) Perfusis  D) Diphtheria  E) Tetanus  <b>Answer:</b> A  <b>Discussion:</b> ( Live Vaccine  □BCG,MMR,OPV,YELLOW fever ,oral typhoid )  <b>Reference:</b></p>

<p>33. A 40 years old male diagnosed with HIV presented with altered mental status. MRI show space occupying lesion. Histopathology of the lesion reveal Grocott's silver stain show encapsulated yeast which is likely causes infection?</p> <p>A) Candida albicans B) Histoplasma capsulatum C) Primary CNS lymphoma D) Cryptococcal infection E) Cryptosporidium infection</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> true ref Davidson 23rd page 302 fig 11.60</p>	<p>34. A 50 year old man presented with watery diarrhoea for 2 week. He was previously diagnosed as HIV with CD4 count 60. Stool examination reveal no bacterial pathogen, Ova and parasite examination found cyst which is red in acid fast stain. Which is mostly accurate diagnosis?</p> <p>A) Candida infection B) Cryptosporidium hominis C) Pneumocystis jirovecii D) Giardiasis E)</p> <p><b>Answer:</b> E <b>Discussion:</b> . histolytica <b>Reference:</b></p>
<p>35. A 78 yr old admitted to the general medical ward with lobar pneumonia &amp; is commenced co-amoxiclav. A few days later, she reports having some loose stool &amp; abdominal pain. Microbiology reports come back positive for cl difficile. Which classification of bacterium do clostridium species belong to</p> <p>A) Gram (+) ve cocci B) Gram (-) ve cocci C) Gram (+) ve bacilli D) Gram (-) ve bacilli E) Intracellular bacteria</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P-264]</p>	<p>36. A pt with HIV present with prominent respiratory distress</p> <p>A) TB B) Viral pneumonia C) Bacterial pneumonia D) Drug induced bronchospasm E) Pneumocystis jirovecii pneumonia</p> <p><b>Answer:</b> E <b>Discussion:</b> <b>Reference:</b></p>
<p>37. Antibiotic acts by inhibiting mRNA synthesis</p> <p>A) Pentamidine B) Quinolones C) Rifampicin D) Sulphonamides E) Trimethoprim</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b> [ Ref: Davidson's 23rd P-120-122.]</p>	<p>38. Antimicrobial associated diarrhoea commonly caused by</p> <p>A) C.difficile B) C.perfringes C) K.oxytoca D) Stap.epidermidis E) B.abortus</p> <p><b>Answer:</b> A <b>Discussion:</b> <b>Reference:</b> Ref-Davidson 23rd P 230</p>

<p><b>39. Central venous catheter infection associated with all except</b></p> <p>A) Blood culture may be positive  B) More common in subclavian vein than femoral vein  C) Staphylococcus causes 70-90% infection  D) Proper sterilisation technique may prevent infection  E) Pseudomonas fluorescens may infect non-sterile infusion equipment</p> <p><b>Answer:</b> B  <b>Discussion:</b>  <b>Reference:</b> Ref Davidson 23rd page 225 right colum</p>	<p><b>40. Reverse transcriptase PCR is used to amplify which of the following?</b></p> <p>A) Antibiotic  B) DNA  C) RNA  D) Plasmid  E) Protein</p> <p><b>Answer:</b> C  <b>Discussion:</b> true reverse transcriptasePCR means amplify ribonucleic acid  <b>Reference:</b></p>
<p><b>41. The vaginal culture of a 28-year-old woman with excessive vaginal discharge showed non-pathogenic bacteria. A vaginal smear showed numerous bacilli under the microscope. The most likely organism is:</b></p> <p>A) Escherichia coli  B) Ardnerella vaginolis  C) Lactobacillus species  D) Proteus species  E) Pseudomonas species</p> <p><b>Answer:</b> C  <b>Discussion:</b>  <b>Reference:</b> (Davidson/23rd/P-335)</p>	<p><b>42. Tissue paper scar is characteristic following the healing of</b></p> <p>A) Benign tertiary syphilis  B) Gonorrhoea  C) Meloidosis  D) Buruli ulcer  E) Nocardiasis</p> <p><b>Answer:</b> A  <b>Discussion:</b>  <b>Reference:</b> [Ref: Davidson's 23rd P-339]</p>
<p><b>43. Which is the filamentous non spore forming rod</b></p> <p>A) Corynebacterium  B) Listeria  C) Bacteroids  D) Actinomycetes  E) Serratia</p> <p><b>Answer:</b> D  <b>Discussion:</b>  <b>Reference:</b> [Ref: Lange 14th P- 25]</p>	<p><b>44. Which of the following finding in culture you concern that the bacterium may be <math>\square</math> isolated from staph aureus</b></p> <p>A) Bacteria seen in diplococci pairs  B) Poor uptake of gram stain  C) Coagulate test positive  D) Rapid growth on Mac Conkey again  E) Hemolysis on blood agar</p> <p><b>Answer:</b> C  <b>Discussion:</b> ( Staph aureus is a coagulate test positive )  <b>Reference:</b></p>

<p><b>45. Which one of the following is gram positive coccus</b></p> <p>A) Enterococcus faeculis B) Moraxella catarrhalis C) Haemophilus influenza D) Neisseria meningitis E) Bacillus anthracis</p> <p><b>Answer:</b> A <b>Discussion:</b> <b>Reference:</b> [Ref: Lange review + Davidson's 23rd P-251]]</p>	<p><b>46. A 23 yr old student come to you with a painless lesion in glans penis. He describes two week history of lesion that started as a small erythematous papule &amp; has now progressed to ulceration. This was associated with fever, sweats &amp; malaise. On query, he gave history of unprotected sex. There was a 1 cm painless ulcer in glans penis &amp; lymphadenopathy in left inguinal gland with a groove sign. What organism is responsible for this</b></p> <p>A) Treponema pallidum B) Chlamydia trachomatis C) Haemophilus ducreyi D) Klebsiella E) Gonorrhea</p> <p><b>Answer:</b> B <b>Discussion:</b> <b>Reference:</b> (Lymphogranuloma venereum)</p>
<p><b>47. A 27 year old man presents with fever, urethritis and arthralgia. He is found to have a swollen ankle with a pustular rash on the dorsal aspect of his foot. What is most likely cause of this condition?</b></p> <p>A) Lyme disease B) Reactive arthritis C) Staphylococcus infection D) Disseminated gonorrhea E) Tuberculous arthritis</p> <p><b>Answer:</b> D <b>Discussion:</b> <b>Reference:</b> [Ref: Davidson's 23rd P- 340]</p>	<p><b>48. A 31 year old woman with a three year history of ulcerative colitis. She started azathioprine for prevention of relapse. Which one of the following vaccine must be avoided whilst she is on treatment?</b></p> <p>A) Yellow fever B) Rabies C) Pertussis D) Tetanus E) Diphtheria</p> <p><b>Answer:</b> A <b>Discussion:</b> azathioprine is immunosuppressant, so, live vaccine contraindicated. <b>Reference:</b></p>
<p><b>49. The alternative regimen for the treatment of chlamydial infection</b></p> <p>A) Azithromycin B) Doxycycline C) Ciprofloxacin D) Meropenem E) Ofloxacin</p> <p><b>Answer:</b> E <b>Discussion:</b> (Ofloxacin+erythromycin) <b>Reference:</b> [Ref: Davidson's 23rd P-341, box-13.11]</p>	<p><b>50. Your patient is a 25-year-old woman with pain on urination and cloudy urine but no fever or flank pain. She has not been hospitalized. You think she probably has cystitis, an infection of the urinary bladder. A Gram stain of the urine reveals gram-negative rods. Culture of the urine on EMB agar shows colorless colonies, and a urease test was positive. Swarming motility was noted on the blood agar plate. Which one of the following bacteria is the most likely cause of this infection?</b></p> <p>A) Escherichia coli B) Helicobacter pylori C) Proteus mirabilis D) Pseudomonas aeruginosa E) Serratia marcescens</p> <p><b>Answer:</b> C <b>Discussion:</b> <b>Reference:</b> [Ref: Lange review 14th P-163-164+Davidson's 23rd P-428]</p>