

Review



Questions about important parts in the lectures

- Additional Notes
- Important
- Explanation
- Examples

- 1) Transmission of Trematodes by:
 - a. Contaminated food
 - b. Water
 - c. Cats
- 2) The infective stage of schistosomiasis is:
 - a. The egg.
 - b. Miracidia.
 - c. Cercariae.
- 3) *S.mansoni* matures in..... while *S.haematobium* matures in

 - a. the portal circulation, vesical plexus.
 - b. vesical plexus, the portal circulation.
 - c. intestinal lumen, urinary bladder lumen .

- 4) The egg of *S.mansoni* is mainly found in
 - a. Urine
 - b. Stool
 - c. Saliva
- 5) The main cause of Pathology in schistosomiasis is by:
 - a. The egg.
 - b. Schistosomuluae.
 - c. Cercariae.
- 6) Parasitological diagnosis of of *S. haematobium* by examination of:
 - a.Urine
 - b.Stool
 - c.Saliva
- 7) A patient presented with painless haematuria. He has some marks on his skin (swimmer itches). And he has been in Africa for 2 years. The parasitologist revealed he has schistosoma. Which type of schistosome does he have?
 - a.*S. haematobium*
 - b.*S. mansoni*
 - c.*Fasciola hepatica*
- 8) From the previous scenario, how long dose the prepatent period last?
 - a.5-12 weeks
 - b.5-7 weeks
 - c.10-12 weeks
- 9) What is the drug of choice for treatment of schistosomiasis?
 - a. Triclabendazole
 - b. Praziquantel
 - c. Amphotericin

10) What is the infective stage for Fasciola hepatica (fascioliasis) ?

- a. The egg.
- b. Miracidium.
- c. Cercariae.
- d. Metacercariae

11) What is the appropriate drug used in case of Fasciola hepatica?

- a. Triclabendazole
- b. Praziquantel
- c. Amphotericin

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|---|---|---|---|---|---|---|---|---|----|----|
| b | c | a | b | a | a | a | c | b | d | a |

- 1) The vector for leishmaniasis is:
 - a. Sand fly
 - b. Tsetse fly
 - c. Reduviid bug
- 2) The infective stage for Leishmania is:
 - a. Amastigote
 - b. Promastigote
 - c. Trypomastigote
- 3) A patient presented with ulcer in his face with an indurate margin for over a month, his Leishmanin test was positive for Cutaneous leishmaniasis. which is the most causative Leishmania for this condition:
 - a. L. braziliensis
 - b. L.Tropica
 - c. L. donovani
- 4) What's the most suitable medication for the previous case?
 - a. pentamidine
 - b. Benznidazole
 - c. Pentavalent (Pentostam)
- 5) A 30 years old male presented with hepatosplenomegally , intermittent fever, epistaxis and anaemia . The doctor asked for Bone marrow aspirate and after culturing in the NNN media, he has been diagnosed with visceral leishmaniasis. Which of the following Leishmanias caused these symptoms ?
 - a.L. braziliensis
 - b.L.Tropica
 - c.L. donovani
- 6) The disease caused by L. donovani (Visceral leishmaniasis) is called:
 - a. kala-azar
 - b. Chaga's
 - c. sleeping sickness
- 7) The infective stage for Trypanosoma is
 - a. Amastigote
 - b. Promastigote
 - c. Trypomastigote

- 8) A patient presented with intermittent fever, headache & his cervical nodes was enlarged (Winterbottom's sign), he mentioned that he went for a safari trip in central Africa lately and after the lumbur puncture he has been diagnosed with Trypanosomiasis . What is the causative trypanosoma for his condition?
- T. cruzi.
 - T. brucei rhodesiense
 - T. brucei gambiense
- 9) In the previous question, What do we call the disease caused by that trypanosome?
- kala-azar
 - Chaga's
 - sleeping sickness
- 10) What's the best treatment for that disease?
- Pentamidine
 - benznidazole
 - Nifurtimox
- 11) Vector for sleeping sickness disease is:
- Sand fly
 - Tsetse fly
 - Reduviid bug
- 12) Which one of the following can cause Ocular lesion :
- African trypanosomiasis
 - American trypanosomiasis
 - Leishminai tropica
- 13) Mexican girl presented with focal lymphangitis and oedema in her face (chagoma) that produces a swelling of her eye with conjunctivitis (ROMANA'S sign) she developed cardiomyopathy which lead to cardiac failure and her death. Her physician diagnosed her with Chaga's disease. What is the causative trypanosoma for this complications?
- T. cruzi.
 - T. brucei rhodesiense
 - T. brucei gambiense

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| a | b | b | c | c | a | c | c | c | a | b | b | a |

- 1) A patient diagnosed with hepatitis B virus infection, the first marker that appears in the serum is:
 - a. HBsAg.
 - b. HB-DNA.
 - c. HBeAg
- 2) A virus that comes as a co-infection with HBV, also it's a defective virus
 - a. HAV.
 - b. HCV.
 - c. HDV.
 - d.
- 3) The last marker appears after exposure to HCV, but does not indicate immunity is:
 - a. Hepatitis C virus RNA.
 - b. Hepatitis C core Antigen.
 - c. IgG Antibody to hepatitis C.
- 4) We confirm the positive result of the screening test of hepatitis B virus by:
 - a. Neutralization test .
 - b. Liver enzymes test.
 - c. RIBA
- 5) which of the following consider confirmatory test for HCV infection?
 - a. RIBA
 - b. neutralization test
 - c. Liver enzymes test
- 6) which one of the following Using heterophil antibodies and atypical for diagnose :
 - a. Epstein bar virus
 - b. Yellow Fever Virus
 - c. Cytomegalovirus
- 7) Which of the following percentages is the recovery percentage of acute hepatitis C infection in adults:
 - a. 50%
 - b. 90%
 - c. 20%
- 8) the marker that appears in the blood which indicate immunity to hepatitis B is:
 - Anti-HBe
 - Anti-HBc
 - Anti-HBs
- 9) what is the major route of transmission for HAV & HEV:
 - a. Sexual contact
 - b. faecal-oral route
 - c. Blood transfusion

- 10) Which of the following viruses that cause hepatitis have vaccine :
- HBV
 - YFV
 - HAV
 - All
- 11) What is the treatment of cytomegalo virus (CMV) :
- Ganciclovir
 - Benznidazol
 - pentostam
- 12) Which of the following vaccines genetic engineering in yeast?
- HBV
 - YFV
 - HAV
- 13) EBV transmit by:
- faecal-oral rout
 - Saliva
 - Blood transfusion
- 14) A Persons exposed to needle prick and contaminated from HBsAg +ve patient. What he should receive immediately?
- Active vaccination
 - Hepatitis B specific immunoglobulin
 - Both
- 15) A child presented in the ER with Fever ,anorexia, vomiting , and jaundice. He was pale and his urine was dark. The liver enzyme taste for transaminase was elevated. After PCR the doctor diagnoses him with acute hepatitis C infection, what did the doctor saw to confirm HCV infection in the child blood?
- Hepatitis C virus RNA.
 - Hepatitis C core Antigen.
 - IgG Antibody to hepatitis C.
- 16) A patient serology test reveled Anti-HAV IgM. Does that indicate
- New infection
 - Previous infection
 - Immunity

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| b | c | c | a | a | a | c | c | b | d | a | a | b | c | a | a |

- 1) Vector for malaria is:
 - a. Sand fly
 - b. Tsetse fly
 - c. Anopheles fly
- 2) The infective stage for malaria is:
 - a. Merozoites
 - b. Sporozoites
 - c. Schizont
- 3) What is the mechanism of developing for plasmodium vivax & oval that differs from p.falciparum & p.malariae?
 - a. Schizont inside the RBC
 - b. Merozoites are released from hepatocytes
 - c. Hypozoites develop in exo-erthrocyte
- 4) the gold standard for diagnosis of malaria is:
 - a. Microscopy
 - b. Rapid diagnostic tests (antigen)
 - c. RIBA
- 5) Which of the following is true about uncomplicated malaria?
 - a. Patient suffers from malarial paroxysm (cold-hot-sweating) and he is +ve for parasitemia.
 - b. Patient suffers from malarial paroxysm, then he is in coma (unrousable coma)
 - c. Patient suffers from malarial paroxysm and he is -ve for parasitemia.
- 6) Haemoglobinuria, Hyperparasitaemia, Jaundice and sever normocytic anaemia. After admission he has 2 episodes of convulsions within 24 hours and cerebral malaria. his family motioned that he just came back from Brazil. What's the most likely Plasmodium that can caused these complications?
 - a. P.Vivax
 - b. P.oval
 - c. P. falciparum
- 7) Which of the following anti-malarial drugs is considered Blood Schizontocides:
 - a. Primaquine
 - b. Chloroquine
 - c. Tetracycline

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| c | b | c | a | a | c | b |

- 1) A pregnant lady is infected by toxoplasmosis in her LATE pregnancy. What is the possibility for her fetus to be infected?
 - a. Lower risk of an infection of the fetus, but the disease is more severe.
 - b. Higher risk of an infection of the fetus, and the disease is more severe.
 - c. Higher risk of an infection of the fetus, but the disease is less severe.
- 2) A serum sample has been taken from an infected person revealed that she is cured before 2 years. What is the expected results for toxoplasma-specific IgG & IgM antibodies?
 - a. +ve IgG & +ve IgM
 - b. +ve IgG & -ve IgM
 - c. -ve IgG & +ve IgM
- 3) A pregnant woman has diagnosed with toxoplasmosis. Which of the following is NOT related to the anomalies that could happen to the fetus.
 - a. Hydrocephalus or microcephaly
 - b. Chorioretinitis
 - c. Bifida spina occulta
- 4) Which one of the following drugs that are widely used for the treatment of toxoplasmosis in human?
 - a. Sulfonamides
 - b. Spiramycin
 - c. Pyrimethamine
 - d. a & c
- 5) Which of the followings is NOT a way of acquired transmission for toxoplasmosis?
 - a. Ingestion of egg
 - b. Ingestion of cyst
 - c. Ingestion of oocyst
 - d. Blood transfusion from infected person
- 6) What is the causative organism for River blindness?
 - a. Wuchereria bancrofti
 - b. Onchocera viverrus
 - c. Loa loa

- 7) What is the appropriate treatment for a patient with lymphatic filariasis?
- Sulfonamides
 - Diethylcarbamazine
 - Triclabendazole
- 8) A patient presented with Calabar swellings and conjunctivitis, her blood film revealed microfilariae, what's the causative parasite for her condition?
- Wuchereria bancrofti
 - Onchocera viverrus
 - Loa loa
- 9) In acute lymphatic filariasis, which of following symptoms appears?
- Lymphedema
 - Lymphadenitis
 - Hydrocele

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|---|---|---|---|---|---|---|---|---|
| c | b | c | d | a | b | b | c | b |