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(Pages: 1 + 2 = 3)

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Reg. No.....

SECOND PROFESSIONAL M.B.B.S. DEGREE EXAMINATION MARCH 2012

PATHOLOGY -Paper I

(2007 Admissions)

Time: Two Hours Maximum: 40 Marks

Answer all questions.

Answer Sections A and B in separate answer-books.

Draw diagrams wherever necessary.

MCQs to be answered first in the response sheet provided.

Section A

I. Multiple Choice Questions.

 $(16 \times \frac{1}{2} = 8 \text{ marks})$

Single response type-16 (separate sheet attached).

- II. A young woman i a butterfly rash over the face, fever, joint pains but no deformity over the ankle joints and with pruritic chest pain
 - 1 The most likely diagnosis.
 - 2 What is the serological test to confirm the diagnosis?
 - 3 Discuss the renal lesions in this condition.
 - 4 What is the cause of prolonged PTT in some patients with this disease?

(1 + 1 + 5 + 1 = 8 marks)

Section B

- III. (1) Define Repair.
 - (2) Discuss the process of fracture healing.
 - (3) Mention the factors influencing fracture healing.

(1+3+2=6 marks)

- IV. Write short notes on:
 - 1 Primary complex.
 - 2 Type II hypersensitivity.
 - 3 Bombay blood group.

 $(3 \times 6 = 18 \text{ marks})$

PATHOLOGY-Paper I

I. MULTIPLE CHOICE QUESTIONS

Note.—(1) Do not write anything on the question paper.

			-					
	(2) Write your register num	iber on the ai	nswer-sheet provided.				
	(3) Select one most approp each question in the an		e and encircle the corresponding alphabet against ovided.				
	(4) MCQ should be answered first in response sheet provided.							
	((5) Each question carries ½ mark.						
1.	The pro	eservation of ghost outline o	f cells with a	rchitectural details is a characteristic feature of :				
	(A)	Fibrinoid necrosis.	(B)	Coagulative necrosis.				
	(C)	Caseous necrosis.	(D)	Colliquative necrosis.				
2.	Defecti	Defective mineralisation of osteoid of bony matrix is the fundamental abnormality in :						
	(A)	Scurvy.	· (B)	Beri beri.				
	(C)	Rickets.	(D)	Osteoporosis.				
3. Presence of haphazard mixture of tissue indigenous to the part is:								
	(A)	Choristoma.	(B)	Neoplasm.				
	(C)	Ectopia.	(D)	Hamartoma.				
4. The commonest anticoagulant used in the blood bank is:								
	(A)	Heparin.	(B)	EDTA.				
	(C)	Sodium citrate.	(D)	Acid citrate dextrose.				
5. Scarring and stenosis of the intestine are a frequent finding in :								
	(A)	Typhoid ulcer intestine.	(B)	Ulcerative colitis.				
	(C)	Tuberculosis of intestine.	(D)	Amoebic ulcer.				
6.	The cyt	okines that protects against	viral infectio	on is:				
	(A)	Interleukin 1.	(B)	Interferons.				
	(C)	TNF α .	(D)	TGF.				
7.	The ma	jor cause of thrombosis is:						
	(A)	Stares of blood.	(B)	Thrombocytosis.				
	(C)	Endothelial damage.	(D)	Defective fibrinolytic system.				
8.	Globi ar							
	(Λ)	Tuberculoid leprosy.	(R)	Lupus vulgaris.				
	(C)	Tertiary syphilis.	(D)	Lepromatous leprosy.				

9.	Most s	ensitive test for protein in urine is:					
	(A)	Heat and acetic acid.	(B)	Sulphosalicyclic acid.			
	(C)	Heller's nitric acid.	(D)	Toluene sulphonic acid.			
10.	The ova which is not bile stained:						
	(A)	Roundworm.	(B)	Hookworm.			
	(C)	Whipworm.	(D)	Tapeworm.			
11.	Christmas disease is due to deficiency of:						
	(A)	Factor IV.	(B)	Factor IX.			
	(C)	Factor X.	(D)	Factor II.			
12.							
	(A)	Poikilocyte.	(B)	Leptocyte.			
	(C)	Pyknocyte.	(D)	Drepanocyte.			
13.	Tigroid	appearance is typically seen in:					
	(A)	Liver.	(B)	Kidney.			
	(C)	Heart.	(D)	Lungs.			
14. The specific gravity of urine is low and fixed in:							
	(A)	Acute renal failure.	(B)	Diabetes mellitus.			
	(C)	Chronic renal failure.	(D)	Diabetes insipidus.			
15.	The typ	oe of microtome used for taking rou	ssue section is:				
	(A)	Rocking.	(B)	Rotary.			
	(C)	Sledge.,	(D)	Freezing.			
16.	The largest cell in the myeloid series of cells is:						
	(A)	Myeloblast.	(B)	Promyelocyte.			
	(C)	Myelocyte.	(D)	Metamyelocyte.			
					$(16 \times \frac{1}{2} = 8 \text{ marks})$		