



PR-4005

First Year M. B. B. S. Examination

June / July - 2014

Biochemistry : Paper - I

Time : 1 hour and 50 Minutes]

[Total Marks : 40

Instructions :

(1)

<p>Fillup strictly the details of signs on your answer book.</p> <p>Name of the Examination :</p> <p>F. Y. M. B. B. S.</p> <p>Name of the Subject :</p> <p>BIOCHEMISTRY - 1</p> <p>Subject Code No. : 4 0 0 5 Section No. (1, 2,) : 1&2</p>		<p>Seat No. :</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Student's Signature</p>						

- 2) Write each section in separate answer books
- 3) Draw figures wherever possible

SECTION-I

1. Short notes : (2 out of 3) 8
 - a) Digestion and absorption of disaccharides. What is lactose intolerance and explain the consequences of Malabsorption of lactose
 - b) Metabolism of VLDL and LDL. Explain the mechanism of the role of LDL in the development of Atherosclerosis.
 - c) Mention different forms of calcium present in plasma. Explain the various functions of calcium and regulation of serum calcium levels (role of PTH, calcitriol and calcitonin)
2. Describe in brief : (4 out of 6) 12
 - a) Synthesis and oxidation of ketone bodies. Why ketosis causes metabolic acidosis and loss of sodium and potassium ions from the body?
 - b) Factors affecting Basal Metabolic rate. Why hypothyroid patients put up increased body weight?
 - c) HMP shunt pathway. Why this pathway is important in the maintenance of integrity of RBC membrane
 - d) Components of respiratory chain. Explain why there is a development of tissue anoxia due to cyanide poisoning.
 - e) Fluorine:
 - Biochemical functions and
 - Consequences of deficiency and excess of fluoride
 - f) Renal regulation of blood pH

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[Contd.....



SECTION-II

3. Case with 5 questions

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Mr. Anurag sharma 44 years old male was an executive and leading sedentary life style, marked obesity, diabetic and was hypertensive. He did not follow his doctor's advice with regard to dietary control and exercise program. He was 5.8 feet. His weight was 127 kg. His blood investigation reports was:

Parameter	Results	Reference range
Serum glucose	214 mg/dl	<100 mg/dl
Serum total cholesterol	310 mg/dl	150-250 mg/dl
HDL cholesterol	24 mg/dl	≥ 40 mg/dl
Serum triacylglycerol	295 mg/dl	< 150 mg
Calculated serum LDL cholesterol	231 mg/dl	< 130 mg/dl

He informed the physician that this was the pattern of his blood report for the last few months. He was strictly told to maintain the dietary control and regular exercise. He was put on treatment to control the diabetes and decreasing of the lipid levels.

- 1) What is the basis of classifying that Mr. Anurag Sharma came under the category of obese individual? Due to deposition of which lipid he had become obese?
- 2) How the persistently higher glucose levels in this patient led to increase in the levels of serum total cholesterol and serum triacylglycerols?
- 3) Name two hypocholesterolaemic drugs and their mechanism of action of decreasing serum total cholesterol
- 4) Explain the mechanism of possibility of formation of atherosclerotic plaque if there are consistently higher LDL levels. Explain how increased free radical generation multiplies the risk of formation of this plaque?
- 5) Apart from undesirable effects due to excessive serum cholesterol there is an absolute requirement of cholesterol in our system. Justify

4. Answer in few lines : (5 out of 7)

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- 1) Lead exposure leads to the development of anaemia
- 2) Malonyl CoA inhibits oxidation of fatty acids in mitochondria
- 3) Choline is known as lipotropic agent
- 4) Dietary fiber consumption lowers the possibility of developing bowel cancer
- 5) Hyaluronidase is known as spreading factor and heparin is known as clearing factor
- 6) Regular usage of low dose of aspirin is advised after certain age for protection against cardiac complications
- 7) Glycated haemoglobin (Hb A_{1c}) is the best index to know the long term control of blood glucose level.