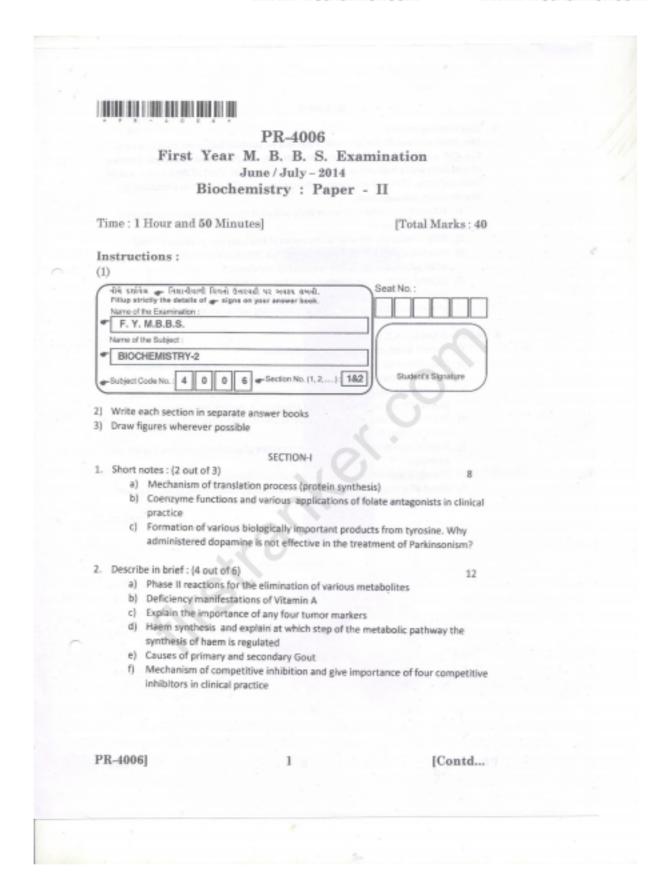


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SECTION-II

3. Case with 5 questions

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Mrs. Patel who was Rh negative (Mr. Patel was Rh positive) had given birth to a baby boy. This was her second pregnancy. This baby boy had developed haemolytic jaundice of new born with a high serum bilirubin levels of 21 mg/dl. Most of the bilirubin was in "indirect" form. The child was given exchange transfusion followed by phototherapy. The condition was improved.

- Where bilirubin formed in our body and what do you understand by direct & indirect bilirubin?
- 2) Why most of the bilirubin in the serum of this baby was in indirect form?
- How bilirubin is transported in the plasma. Why caution needs to be exercised while administering aspirin like drugs to the children
- Looking into the case history explain the basis for the development of haemolytic jaundice of new born in this patient.
- 5) Why exchange transfusion and phototherapy was given to this child.

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

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- 1) In strict sense genetic code is not universal
- Drugs based on (in the mode of action) the principle of suicide inhibition of enzymes has wide application in clinical medicine
- Plasmids play essential role in DNA recombinant technology and presence plasmids in bacteria pose a great challenge in modern medical practice
- The nature of defect in haemoglobin in diseases like sickle cell anaemia is different from thalassemia
- Most of human cancers show the emergence of oncofetal antigens. Explain with examples
- 6) Vitamin D deficiency is seen in liver and renal disorders
- About 40 g of carbohydrate diet will induce sleep, while protein rich food will cause alertness. Explain.



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