

NC-2106000102030102

Second Year M. B. B. S. Examination

January - 2022

Microbiology : Paper-II (New Course)

Time: 3 Hours]

[Total Marks: 100

Instructions :

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Section IIA: Infections of skin, Soft Tissue and Musculoskeletal System and Respiratory System

- A 25 year old male was admitted 5 days after a 12×1=12 crush injury to his right leg following a road traffic accident. On examination, the wound which was bandaged with a solid gauze appeared to be heavily contaminated with soil, the local muscles appeared to have been crushed. There was edema and pain at the site of crepitus, felt on palpitation.
 - What is the clinical condition? List the etiological agent responsible for this condition.
 - (2) Describe in detail the pathogenesis of this condition.
 - (3) Describe in detail about laboratory diagnosis of this condition.
- 2 Short Notes : (Any four)

 $7 \times 4 = 28$

- Discuss the pathogenesis and infection control measures to prevent the transmission of COVID-19 infection.
- (2) Discuss in detail about clinical manifestation and laboratory diagnosis of pulmonary aspergillosis.

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- (4) A child aged 6 year with high grade fever, toxic, pain in the throat, inability to swallow was brought to the casualty. On examination a white patch was found on the tonsillar fossa which started bleeding when touched. No history of immunization available. What is the clinical diagnosis? Write in detail laboratory diagnosis of this condition.
- Discuss in detailed about MRSA (Methicillin Resistant Staphylococcus Aureus).
- 3 Write short answers in 2-3 lines.

 $5 \times 2 = 10$

- Name any two superficial dermetophytoses with their morphology.
- (2) Expand RNTCP
- (3) Name four parasite causing skin and soft tissue infection.
- (4) Name two clinical features expressed by bacillus anthrax infection.
- (5) Write about Neagler reaction.

Section IIB: Infections of Central Nervous system, Genitourinary System, Hospital infection and control and Miscellaneous

- 1 A 32 year old female was admitted with dysuria 12×1=12 (burning micturition) and increased frequency of micturition for the past 2 days. Culture of the urine specimen revealed lactose fermenting colonies on Mac-Conkey agar.
 - (1) What is your clinical diagnosis and probable etiological agents?
 - (2) What are the risk factors associated pathogenesis and clinical manifestation of this diseases?
 - (3) Describe the laboratory diagnosis in detail.
 - (4) How will you treat this condition?



exposure with commercial sex worker is presented to STD clinic with painless hard indurated genital ulcer and painless hard lymph nodes. What is the clinical diagnosis and write in detail about laboratory diagnosis of causative organism.

- (2) Enlist the various causes of non-gonococcal urethritis and describe in detail about life cycle and laboratory diagnosis of chlamydia trachomatis infection.
- (3)A 35 years old male with history of HIV/ AIDS presented to casualty with high grade fever, headache and seizures. CSF microscopy revealed budding yeast cells, surrounded by a halo. What is etiological diagnosis and discuss its laboratory diagnosis and treatment.
- (4) Enumerate different physical method of sterilization. Describe in detail about Filtration.
- (5) What do you know about Autonomy? Define consent and write in detail about types of consent.
- 3 Write short answers in 2-3 lines.

 $5 \times 2 = 10$

- What is reemerging infection? Give two examples.
- Name two diseases transmitted by tick. (2)
- What is TORCH infection ? (3)
- (4) Enlist the organism causing nongonococcal urethritis.
- Enumerate four parasites causing malignancy. (5)