

Q. 1) Which of the following presents with Palatal edema

- a) Alpha heavy chain disease
- b) Gamma heavy chain disease
- c) Mu chain disease
- d) Beta heavy chain disease

Answer B.

Q.2) Which of the following gene is mutated in MDS with ring sideroblasts

- a) SF3B1
- b) P53
- c) TET
- d) PTEN

Answer. A. SF3B1

Q.3) Which of the following has good prognosis In myeloma

- a) t(11,14)
- b) t(14,18)
- c) del 17
- d) t(14,16)

Answer - a. t(11,14)

Q.4) Ditra syndrome is associated with mutation in

- a) IL36
- b) IL46
- c) IL10
- d) IL26

Answer a. IL36

Q5) Blau syndrome is associated with mutation in

- a) NOD2/CARD 15
- b) ?
- c) ?
- d) ?

Answer a. NOD2

Need other options – Answer is NOD2/CARD15

Q. 6) Normal value of E PO is

- a) 5-15
- b) 15-25
- c) 45-55
- d) 55-65

Answer??. ____

This is confusing. I will quote the standards we use in our lab for reporting

Harrison quotes - 4-27 as normal – I am inclined to option A. Will discuss with physicians and will let you know about the practice.

Q. 7) Mutation in Alport syndrome

- a) COL3A4
- b) ?
- c) ?
- d) ?

Answer A. COL3A4

NEED OTHER OPTIONS

Q.8) A 50 year old women who was obese and hypertensive, came with complaints of bleeding and abdomen pain, diagnosed to be endometrial cancer. Which of the following gene is mutated?

- a) P53
- b) PTEN
- c) Beta catenin
- d)

Answer PTEN

Going with PTE N because it's the most common one mutated (Ref. WHO - >50%)

Q. 9) location of B C L2 is

- a) Cytoplasm
- b) Cell wall
- c) Mitochondria
- d) Nucleus

Answer – Mitochondria

Q. 10) Call exner bodies are seen in

- a) Granulosa cell tumor
- b) Yolk sac
- c) Dysgerminoma
- d) Embryonal carcinoma

Answer A.

Q.11) Origin of Waldenstrom Macroglobulinemia is

- a) Germinal centre T cell
- b) Germinal centre B cell
- c) Post germinal centre T cell
- d) Post germinal centre B cell

Answer D .

Q.12) CNS involvement in DLBCL is not seen with which of the following organ involvement

- a) Ovary
- b) Testis
- c) Kidney
- d) Adrenal

Answer a. Ovary

Ref WHO – CNS lymphoma are at increase risk when DLBCL involves kidney and adrenals, and testicular D L B C L is closely linked with C N S D L B C L

Q. 13) Para proteins are seen in

- a) C L L
- b) RA
- c) Scleroderma
- d) Lymphoma

All of them have paraproteins. Need a good recall.? Anything missing?

Q. 14) Which of the following is AD

- a) Bests disease
- b) Laurence moon biedl
- c) ?
- d) ?

Answer- Bests disease

Need rest options

Q.15) Eosin 5 Maleamide flow cytometry is used for diagnosis of

- a) G6PD
- b) HS
- c) Sick cell anemia
- d) Not recalled

Answer B . HS

EMA - Flow cytometry method to detect HS.

Q.16) Northern blotting used for separation and diagnosis of.

- A. Histones
- B. proteins
- C. RNA
- D. DNA

Answer RNA

Q.17) Most immunogenic blood group

- a) Kell
- b) Duffy
- c) Kidd
- d) Not recalled

Answer – Kell

Q.18) Mutation in Hartnup disease

- a) SLC6A19
- b) ?
- c) ?
- d) ?

Answer SLC6A19 – Recall other options

Q. 19) Shilling test false statement

- a) Oral Radiolabelled B12 is given
- b) Unlabeled B12 is given IM
- c) Vit B12 excreted in urine
- d) Abnormal test rules out intestinal malabsorption

Answer – D.

Abnormal test of Schilling 1 should be followed up with Schilling II (with IF) then with oral antibiotics and pancreatic enzyme.

Q.20) 40 age women on treatment for CLL. Over the past few months she noticed swellings in the neck and axilla which was rapidly increasing in size. She complains of feeling feverish and experiences weight loss. Which of the following is responsible

- a) Richter transformation
- b) Progression of CLL
- c) EBV infection
- d) Immunodeficient hemolytic anemia

Answer. A. I would go with A.

We have first two options to worry.

C LL – progress to PLL (Pro lymphocytic leukemia) PLL generally presents with Splenomegaly, More WBC count and low platelet count. Those are the symptoms.

Direct lines from book

“Richter Syndrome, which is defined as the transformation of CLL into an aggressive lymphoma (most commonly diffuse large B-cell lymphoma) occurs in 5–10% of all cases. The syndrome may be suspected if there are signs of aggressive disease, such as impairment of performance status, presence of B symptoms, and rapid increase in the size of lymph nodes”

Q.21) False about micro satellites is

- a) Repeat size more than 10 to 15 nucleotides
- b) More prone to variation
- c) Found in colonic carcinoma
- d) DNA repeats

Answer A

Microsatellite by definition is between 2-6 nucleotides in length. Not more than that. They are more prone for variation between individuals., the number of repeat varies from one person to another.

Microsatellite instability is one of the causes of Colon cancer.

Q. 2 2) True about single donor platelet transfusion

- a) Equal to 6-8 RDP
- b) Stored in 2- 6
- c) 10 days shelf life
- d) Not recalled

Answer is A.

Room temperature, 5 days,

Q. 2 3) Increase in D-dimer with immediate post surgery period. Most appropriate diagnosis is

- a) DVT
- b) Pulmonary embolism
- c) DIC
- d) Normal

Answer – d Normal

Immediate post –op D dimer rise is normal. Immediate post op that's one of the limitations of using d-dimer. If the question is immediate post op, it is normal.

D-dimer returns back to baseline depending on the type of surgery. (There is a classification based on that - Type 1 – not entering abdomen, type II – abdominal cavity, type III – retroperitoneal/liver)

Q.24) All of the following are seen in RASopathies except

- a) Hair abnormalities
- b) Cranio facial abnormalities
- c) Keratosis pilaris
- d) Desquamation of skin

Answer is d.

RASopathies include - These disorders include neurofibromatosis type 1 (NF1), Noonan syndrome (NS), Noonan syndrome with multiple lentigines (NSML), capillary malformation–arteriovenous malformation syndrome (CM-AVM), Costello syndrome (CS), cardio-facio-cutaneous syndrome (CFC), and Legius syndrome.

Ectodermal findings typically consist of sparse, curly hair with sparse eyebrows and eyelashes, hyperkeratosis, keratosis pilaris, hemangioma, ichthyosis, and progressively forming nevi

Q. 2 5) Which of the following is true about Nodular Regenerative Hyperplasia.

- a. Nodule size 0.1 to 1 cm
- b. Fibrosis septa present
- c. Portal hypertension seen in 50% of patients
- d. AST and ALT are markedly elevated

Answer C .

1 -3 mm diameter nodules

No fibrosis, only nodules

Presents as non-cirrhotic portal hypertension

AST – ALT mild elevation or normal

Q. 2 6) Something on GIST marker

Q. 2 7) Hemosiderin as marker

Q. 2 8) Which of the following is true regarding BCR ABL transcript

- a. Please recall correct options...

Q. 2 9) Question on SLE

Q.30) Question on hemolytic anemia

Q. 3 1) Question on vinyl chloride

Q.32)

Comment below if any additional questions. Will upload the complete version soon. ☺

All the best guys, keep rocking!!