

HLS Midterm 2015

Histology

- 1- True about blood-thymus barrier – antigens that cross cause immunological tolerance
- 2- Wrong about lymph nodes – a heel diabetic ulcer primarily causes enlargement of the vertical group of the superficial inguinal lymph nodes
- 3- Wrong about neutrophilia – exercise causes neutrophilia that persists for days
- 4- Wrong about granulopoiesis – peripheral blood count of neutrophils is an absolute measure of their total count
- 5- Wrong about second exposure to pathogen in the lymph node – B-memory cells are the first cells to react
- 6- Wrong combination – chronic renal failure – iron deficiency anemia (mostly)
- 7- Wrong about the spleen – like HEC of the lymph node, marginal sinuses only allow lymphocytes to go to the spleen
- 8- Wrong about WBCs – eosinophils are more phagocytic and bactericidal than neutrophils
- 9- Wrong about WBCs – in chronic myelogenous leukemia you see high blood count of myeloblasts
- 10- Wrong about lymphocytes – naïve B-cells recirculate to the sites of inflammation

Physiology

- 11- Wrong about a 40-year old woman with: 110 g/L Hb, 3×10^{12} /L RBCs and a mean cell diameter of 8.2 microns – Most likely is IDA
- 12- Wrong about eosinophils – with basophils form 10% of WBCs (maybe)
- 13- Wrong match about clotting – factor XIII is for the intrinsic pathway
- 14- Least important clotting factor – XII
- 15- Not activated by thrombin – IX
- 16- Wrong about von Willebrand disease – VIII:C is normal
- 17- Wrong about electrolytes – participate in the fluid movement between tissues and capillaries (mostly)
- 18- Wrong about lymph – fluids filtered are usually less than reabsorbed
- 19- Knowing Hb and cell count – you can find the MCH
- 20- A tissue that has no lymphatic capillaries – CNS
- 21- Wrong about Iron – is mostly absorbed in the jejunum (maybe)
- 22- Wrong about B12 – its deficiency mostly affects WBCs
- 23- True about Hb – its saturation curve is independent of Hb concentration
- 24- Wrong about albumin – transports CO₂

Pathology

- 25- Wrong about PNH – splenomegaly
- 26- No low reticulocyte – chronic blood loss
- 27- Similar mode of inheritance to HBH disease – sickle cell trait
- 28- Doesn't worsen sickle cell disease – malarial infection
- 29- Not a color change in anemia – green
- 30- Wrong combination – hereditary spherocytosis-mutation of horizontal membrane proteins

Microbiology

- 31- Doesn't cause sepsis – polysaccharides
 - 32- Wrong about *P. falciparum* – only has shizogony in the erythrocytes
 - 33- Wrong about *P. malariae* – relapse
- Biochemistry
- 34- A patient with chronic moderate anemia with high 2,3-BPG and low ATP – pyruvate kinase deficiency
 - 35- Wrong about hemeproteins – Mb has lower p50 than HbA but higher than HbF
 - 36- Lead poisoning affects an enzyme of heme synthesis that might be producing – porphobilinogen
 - 37- Wrong about bilirubin – produced for heme by heme oxygenase system
 - 38- Doesn't cause a hemoglobinopathy – increasing the tendency of iron to stay in the ferrous form
 - 39- Doesn't happen in the RBC – heme synthesis
 - 40- Wrong about iron – transferrin is for serum transport and storage of iron
 - 41- True about Hb – β_4 Hb has more sigmoidal saturation curve and thus more p50 (maybe)
 - 42- Wrong about Mb and Hb – both are affected by 2,3-BPG
 - 43- Wrong about G6PD deficiency – GSH is normally maintained in the reduced form by GSH-peroxidase
 - 44- True about R and T forms of Hb – R releases protons
 - 45- Wrong about the structure of heme – iron is coplanar with the heme in Hb in the deoxy form