



(University of Choice) MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

MAIN CAMPUS

UNIVERSITY EXAMINATIONS 2023/2024 ACADEMIC YEAR

SECOND YEAR, FIRST TRIMESTER EXAMINATION

FOR THE DEGREE OF BACHELOR OF SCIENCE IN PHYSIOTHERAPY MAIN EXAMS

COURSE CODE:

BSP 214

COURSE TITLE: GENERAL MEDICINE I

DATE: 5th December 2023

TIME: 8:00am - 10:00am

INSTRUCTIONS TO CANDIDATES

Answer All Questions

Section A: Multiple Choice Questions (MCQ) Section B: Short Answer Questions (SAQ) Section C: Long Answer Question (LAQ) 20 Marks.

40 Marks.

40 Marks

TIME: 2 Hours

MMUST observes ZERO tolerance to examination cheating
This paper has 5 pages

SECTION A: MULTIPLE CHOICE QUESTIONS (MCQ) 20 MARKS

- 1. Toxin production plays an important part in the pathogenesis of all the following EXCEPT which one?
 - A Tetanus
 - B Clostridium difficile
 - C Cholera
 - D Haemophilus influenza
 - E Escherichia coli O571
- 2. Which of the following is an acute consequence of infection?
 - A Muscle wasting and weight loss
 - B Liver cirrhosis
 - C Fever
 - D Guillian-Barré
- 3. Which of the following is NOT used in immunization programmes?
 - A Altered toxins from microbes
 - B Human antibodies
 - C Killed organisms (or component parts)
 - D Live attenuated organisms
- 4. Acute viral infections, such as hepatitis A, are normally diagnosed using which of the following?
 - A White cell count
 - B Erythrocyte sedimentation rate
 - C Specific IgM
 - D Specific IgG
 - E Tissue culture
- 5. C-reactive protein may be raised in all of the following EXCEPT which one?
 - A Acute bacterial infection
 - **B** Diabetes
 - C Autoimmune disease
 - D Tuberculosis
 - E Malignancy
- 6. Which of the following is NOT a laboratory indicator of iron deficiency anaemia?
 - A Microcytic red blood cells
 - B A low serum ferritin
 - C A low serum transferrin
 - D A low serum iron
 - E Hypochromic red blood cells
- 7. Which of the following statements is NOT true concerning macrocytic anaemia?
 - A Thalassaemia is a common global cause of macrocytic anaemia
 - B Myelodysplasia is a relatively common cause in the elderly
 - C Vitamin B12 and folic acid deficiency must be excluded
 - D Haemolytic anaemia commonly causes a mild macrocytosis
 - E Drugs and toxins may cause macrocytic anaemia
- 8. Which of the following is NOT typical of a platelet disorder?
 - A Epistaxis
 - B Menorrhagia

- C Psoas haematoma
- D Petechiae
- 9. The activated partial thromboplastin time is prolonged in which of the following?
 - A Pateints with platelet defects
 - B Factor XIII deficiency
 - C Factor XII deficiency
 - D All cases of von Willebrand's disease
- 10. Which of the following statements is correct?
 - A. Insulin suppresses the activity of glycogen synthase
 - B. Insulin mediates glucose uptake in the brain
 - C. "Prediabetes" is a condition characterized by an increased risk for the future development of type 2 diabetes
 - D. The rise in insulin concentration after meal ingestion is reduced in type 1 but not in type 2 diabetes
- 11. Combination chemotherapy (HAART) is now used to treat patients with HIV because of which two factors?
 - A. Drug resistant mutants arise too quickly with monotherapy
 - B. This is cheaper than consecutive treatments with monotherapy
 - C. HAART is also active versus HTLV-1 and HTLV-II
- 12. There is no vaccine against HIV because of which of the following?
 - A. The virus is so antigenically variable
 - B. Such a vaccine would be too expensive
 - C. The virus can be controlled by a change in sexual habits
 - D. Latency can abrogate any vaccine effect
- 13. A 25-year-old woman presented with fatigue. The only sign on physical examination was pallor. Her Hb was 9.3 g/dl and MCV was 70 fl. Her white cell count was normal and platelets were 550 x 109/l. Chose the most accurate statement.
 - A. The most likely diagnosis is megaloblastic anaemia
 - B. The most likely diagnosis is iron deficiency
 - C. The most likely diagnosis is thalassaemia
 - D. An elevated platelet count is common in megaloblastic anaema
 - E. Thalassaemia is common in Caucasians
- 14. Which of the following statements is most likely to be true?
 - A. To separate iron deficiency from thalassaemia the red cell folate is helpful
 - B. A normal serum ferritin always excludes iron deficiency
 - C. Serum iron of < 10 lg/l is almost always due to iron deficiency
 - D. The history is usually very helpful in making a diagnosis of iron deficiency.
 - E. An elevated platelet count is rare in iron deficiency.
- 15. A pregnant patient who is a carrier for hemophilia presents for prenatal counseling and delivery planning. Which of the following statements is true
 - A. Vaginal delivery is recommended based on the low overall risk of bleeding with vaginal delivery in a neonate with severe hemophilia
 - B. Cesarean delivery is recommended based on the increased risk of intracerebral hemorrhage associated with a trial of labor
 - C. The patients should have maternal factor levels drawn regardless of planned delivery route

- 16. Which of the following describes the characteristic lesions of genital herpes
 - A. A single painless ulcer
 - B. Large granulomatous mass
 - C. Multiple indurated papules
 - D. Multiple erythematous plaques
 - E. Multiple grouped vesicles
- 17. Concerning secondary stage of syphilis one of the following is incorrect:
 - A. There is generalized itchy vesicular rash
 - B. Dark field examination reveals treponema pallidum.
 - C. There is generalized lymphadenopathy
 - D. TPHA test is positive
 - E. The mucus membrane show whitish patches.
- 18. Minor criteria for clinical diagnosis of AIDS include the following except:
 - A. Oropharyngeal candidiasis.
 - B. Diarrhea > 1 month.
 - C. Recurrent herpes zoster.
 - D. Chronic disseminated herpes simplex.
 - E. Cough > 1 month.
- 19. The following statement about non-accidental poisoning is true
 - A. 50% of episodes are associated with alcohol intoxication
 - B. Most patients are intent on suicide and do not plan to survive
 - C. Most patients are middle aged or elderly
 - D. Most of the patients repeat self-poisoning within 12 months
- 20. In the dietary management of diabetes mellitus
 - A. 90% of patients also require hypoglycemic drug therapy
 - B. Ice cream and chocolates should never be consumed
 - C. In obese patients, caloric intake should not exceed 600 kcal/day
 - D. Carbohydrate intakes should be 50-55% of total calorie intake

SECTION B: SHORT ANSWER QUESTIONS (SAQ) ANSWER ALL QUESTIONS. EACH QUESTION IS 5 MARKS

40 MARKS

- 1. Mention investigations (and what are you looking for in each) in a case of Suspected hemolytic anemia (5 marks)
- 2. A 26-year-old Multiparous female presented with pallor and easy fatiguability. Her Hb was 7gm/dl, serum iron was 30 gu/dl and serum ferritin was 40 ng/ml. red blood cells were microcytic.
 - a) What is the likely diagnosis? And why? (3 marks)
 - b) Mention two possible causes for her anemia (2 marks)
- 3. Discuss the different causes of thrombocytopenia (5 marks)
- 4. Outline the causes of normocytic anemia (5 marks)
- 5. Discuss how obesity is associated with type 2 diabetes (5 marks).
- 6. State five causes of bleeding tendency with normal prothrombin time (5 marks).
- 7. Discuss the pathophysiology of DIC (5 marks)
- 8. Mention causes of Pancytopenia (5 marks)

SECTION C: LONG ANSWER QUESTIONS (LAQS) CHOOSE TWO QUESTIONS EACH ONE IS 20 MARKS

40 MARKS

- 1. Classify bleeding disorders. Discuss the clinical features, diagnosis, and management of Hemophilia. (20 marks)
- 2. Define Diabetes Mellitus. Discuss in detail about the clinical features, Investigation and Management of Type II Diabetes Mellitus. (20 marks)