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EXAMINATION TESTS

Pavel Maruna et al.

from **PATHOLOGICAL
PHYSIOLOGY**

Examination Tests from Pathological Physiology

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INTRODUCTION

Pathological physiology is a rapidly expanding field with changing concepts of etiology, pathogenesis and diagnostic methods for various diseases and clinical syndromes in last years. Examination tests from pathological physiology were prepared as a complement to lectures, seminars and textbooks of pathological physiology. Authors hope, that the tests will be useful for the students to make their preparing for a final exam from pathological physiology easier. The text is divided into nine chapters including pathophysiology of hematological, cardiovascular, respiratory, gastrointestinal disorders, internal environment, kidney and urinary tract, endocrinological and neurological disorders. The last chapter concerns general pathophysiology. Multiple choice questions have one or more correct answers that are marked in a right column beside the questions.

Pavel Maruna, MD

1 PATHOLOGICAL PHYSIOLOGY OF BLOOD

001. Blood viscosity is

- a) linearly proportional to hematocrit
- b) increased when hematocrit increases
- c) decreased when hematocrit decreases
- d) is independent of the hematocrit

002. Hypersplenism

- a) is defined as the presence of accessory spleens
- b) is defined as a type of bone marrow failure, connected to spleen hyperactivity
- c) is a situation, in which blood cells are sequestered by an enlarged spleen
- d) can be characterized by anaemia, leukopenia and thrombocytopenia

003. “Cold” antibodies

- a) are generated during long-term exposure to cold environment
- b) are usually of the IgG type
- c) can lead to acrocyanosis (if the temperature of the external environment is low)
- d) are usually of the IgM type

004. “Warm” antibodies

- a) are generated during febrile states
- b) are often directed against muscle proteins
- c) are often directed against erythrocyte antigens
- d) can be detected using the Coombs test

005. Hyperviscous syndrome is characterized by

- a) an increased release of activated coagulation factors from the place of their origin
- b) decreased release of activated coagulation factors from the place of their origin
- c) being an acute life-threatening situation
- d) decreased heart work

006. Splenectomy is accompanied by

- a) thrombocytopenia
- b) anaemia
- c) increased number of granulocytes in peripheral blood
- d) presence of Howell-Jolly bodies in erythrocytes

007. The combination of decreased plasma haptoglobin, anaemia and positive Coombs test points to a diagnosis of

- a) intracorporeal hemolytic anaemia
- b) autoimmune hemolytic anaemia
- c) anaemia in DIC (disseminative intravascular coagulopathy)
- d) lead poisoning

008. Chronic lead poisoning leads to

- a) macrocytic anaemia
- b) microcytic anaemia
- c) ethanol test positivity
- d) Coombs test positivity

009. Which of the following is not among the primary functions of blood plasma

- a) transport of hormones
- b) maintenance of red cell size
- c) transport of chylomicrons
- d) transport of O₂

010. Which of the following plasma proteins are not synthesized primarily in the liver

- a) angiotensinogen
- b) C-reactive protein
- c) angiotensin II-converting enzyme
- d) alpha₂-macroglobulin

011. Splenomegaly can be caused by

- a) portal vein thrombosis
- b) renal vein thrombosis
- c) lienal vein thrombosis
- d) Budd-Chiari syndrome

012. Sideroblastic anaemia is a subtype of

- a) megaloblastic anaemias
- b) anaemias caused by a lack of erythropoietin
- c) anaemias caused by heme synthesis disorders
- d) hemolytic anaemias

- 013. Production of erythropoietin in a patient with polycythemia rubra vera is**
- a) decreased
 - b) increased
 - c) unchanged
- 014. Among others, sideropenic anaemia is characterized by**
- a) normo/hypercellularity of bone marrow
 - b) hypocellularity of bone marrow
 - c) microcytosis
 - d) macrocytosis
- 015. Haptoglobin is**
- a) excreted into urine in PNH (paroxysmal nocturnal hemoglobinuria)
 - b) decreased after intravascular hemolysis
 - c) increased after extravascular hemolysis
 - d) a degradation product of hemoglobin
- 016. Paroxysmal nocturnal hemoglobinuria is**
- a) characterized by the presence of pathological hemoglobin
 - b) caused by defective glycolytic enzymes
 - c) the manifestation of a parasitic infection
 - d) the result of hemopoietic stem cell damage
- 017. Microcytic anaemia often develops in patients with**
- a) the deficiency of intrinsic factor
 - b) thalassemia minor
 - c) sideropenia
 - d) aplastic anaemia
- 018. A patient after terminal ileum resection would be likely to suffer from which of the following conditions**
- a) sideroblastic anaemia
 - b) sideropenic anaemia
 - c) megaloblastic anaemia
 - d) microcytic anaemia
- 019. In the diagnosis of anaemia**
- a) increased level of haptoglobin signifies anaemia of hemolytic origin
 - b) decreased amount of reticulocytes suggests that the anaemia is caused by insufficient production of red blood cells, which is typical for thalassemia or sickle cell anaemia
 - c) decreased level of transferrin shows that the anaemia is sideropenic
 - d) positive direct Coombs test signifies autoimmune hemolytic anaemia

020. Hemoglobinuria can appear

- a) after intravascular destruction of erythrocytes ●
- b) after the erythrophagocytosis by macrophages in the spleen ○
- c) when haptoglobin capacity is saturated by free hemoglobin ●
- d) following the transfusion of incompatible blood ●

021. In pernicious anaemia

- a) the incorporation of iron into the hemoglobin is defective ○
- b) there are often antibodies against the intrinsic factor ●
- c) DNA synthesis in erythroblasts is compromised ●
- d) the size of erythrocytes often surpasses 100 fL ●

022. Which of the following applies to the latent phase of sideropenic anaemia

- a) the level of iron in serum is normal ○
- b) the binding capacity of transferrin is decreased ○
- c) the ferritin level in serum is decreased ●
- d) the hemoglobin level in serum is decreased ○

023. Paroxysmal nocturnal hemoglobinuria

- a) is caused by a somatic mutation of the hematopoietic stem cell ●
- b) is characterized by hemolysis during increased levels of pCO_2 ●
- c) hemolysis is not involved in the pathogenesis of this disease ○
- d) is characterized by defective synthesis of the glycosylphosphatidylinositol anchor ●

024. The plasma erythropoietin level in secondary polyglobulia is

- a) decreased ○
- b) increased ●
- c) unchanged ○

025. Sideroblastic anaemias may occur due to

- a) high rate of ineffective hematopoiesis ○
- b) disturbances in the heme synthesis ●
- c) lead intoxication ●
- d) decreased intake of iron ○

026. Anaemia caused by the lack of both vitamin B12 and tetrahydrofolate is morphologically characterized by

- a) presence of megaloblasts in bone marrow ●
- b) normocytosis ○
- c) microcytosis ○
- d) macrocytosis ●

027. Macrocytic anaemia can accompany

- a) severe hypothyroidism ●
- b) folic acid deficiency ●

- c) hepatic failure
- d) hereditary spherocytosis
- 028. Anaemia and reticulocytosis can be symptomatic of which of the following**
- a) bone marrow infiltration by a tumour
- b) Fanconi anaemia
- c) pernicious anaemia
- d) AIHA (autoimmune hemolytic anaemia)
- 029. Pronounced sideropenic anaemia is accompanied by**
- a) decreased serum ferritin concentration
- b) decreased serum iron concentration
- c) macrocytosis
- d) decreased hemoglobin concentration
- 030. The lack of both vitamin B12 and folic acid**
- a) causes only disturbances in the red blood cell production
- b) influences only the metabolism of blood cells
- c) also influences cells other than blood cells
- d) does not influence erythropoiesis
- 031. The combination of schistocytes in the peripheral blood and neurological symptoms can be caused by**
- a) sickle cell anaemia
- b) paroxysmal nocturnal hemoglobinuria
- c) AIHA (autoimmune hemolytic anaemia)
- d) TTP (thrombotic thrombocytopenic purpura)
- 032. Hemolytic anaemia caused by autoimmune disorders can be diagnosed by**
- a) testing the osmotic resistance of erythrocytes
- b) a genetic test (sequencing of globin chains)
- c) the Coombs test (direct antiglobulin test)
- d) electrophoresis of serum immunoglobulins
- 033. Normal oxygen saturation of arterial blood, together with elevated red blood cell count, can be present in**
- a) polycythemia vera
- b) in all cases of secondary polyglobulia
- c) decreased erythropoietin production, e.g. in kidney failure
- d) multiple myeloma
- 034. Paroxysmal nocturnal hemoglobinuria is a disease**
- a) caused by a mutation of a hematopoietic stem cell
- b) accompanied by attacks of hemolysis following exposure to cold (low temperatures)
- c) which can progress into acute leukemia
- d) in which red blood cells have an increased sensitivity to complement

035. The direct antiglobulin (Coombs) test is positive in which of the following conditions

- a) anaemia caused by lead intoxication
- b) TTP (thrombotic thrombocytopenic purpura)
- c) AIHA (autoimmune hemolytic anaemia)
- d) beta-thalassemia

036. Which of the following is true for paroxysmal nocturnal hemoglobinuria

- a) it is caused by a defect of protective proteins in the erythrocyte membrane
- b) complement activation as well as a decrease of blood pH during sleep play a role in the pathogenesis of the disease
- c) it develops as a result of overproduction of complement proteins
- d) is caused by a lack of spectrin in the erythrocyte membrane

037. Paroxysmal nocturnal hemoglobinuria is a disease, which is

- a) hereditary with an autosomal dominant inheritance
- b) acquired
- c) a multifactorial hereditary disease
- d) hereditary with autosomal recessive inheritance

038. In anaemia, the arterial oxygen tension (paO_2) is

- a) decreased
- b) normal
- c) increased
- d) approx. 40 mm Hg

039. If hematocrit >70 %, the blood viscosity

- a) increases the workload of the heart
- b) improves tissue perfusion and oxygenation of the blood
- c) is connected with significant risk of intravascular blood clots (thrombosis)
- d) decreases blood flow in the blood vessels and deteriorates the rheological parameters of the blood

040. Methemoglobin

- a) is a type of hemoglobin with mutated globin chains
- b) contains divalent iron (Fe^{2+})
- c) is caused by hypoxia
- d) contains the trivalent iron (Fe^{3+})

041. Which of the following anaemias can be classified as extracorporeal hemolytic anaemia

- a) S hemoglobinopathy
- b) autoimmune hemolytic anaemia
- c) thalassemia
- d) aplastic anaemia

042. Which of the following anaemias cannot be classified as corpuscular hemolytic anaemia

- a) sickle cell disease
- b) hereditary spherocytosis
- c) aplastic anaemia
- d) autoimmune hemolytic anaemia

043. Sideropenia

- a) can manifest itself as a microcytic anaemia
- b) can manifest itself as a macrocytic anaemia
- c) can increase the concentrations of the soluble transferrin receptor in plasma
- d) can cause an increase in the plasma ferritin concentration

044. Hemolytic anaemias

- a) are accompanied by the presence of bilirubin and urobilinogen in urine
- b) are accompanied by elevated serum direct bilirubin (conjugated bilirubin)
- c) may lead to cholelithiasis
- d) may lead to the development of extramedullary hematopoiesis

045. Which of the following is the most common cause of sideropenic anaemia in the European population

- a) iron deficiency in the diet
- b) malabsorption
- c) chronic bleeding
- d) tapeworm

046. In hemolytic anaemias

- a) serum haptoglobin is often elevated
- b) serum lactate dehydrogenase is often elevated
- c) the number of reticulocytes is frequently decreased
- d) serum unconjugated bilirubin may be elevated

047. The Coombs test is used in order to determine

- a) the function of blood coagulation factors
- b) the presence of autoantibodies against erythrocytes
- c) bleeding time
- d) absorption of vitamin B12

048. Anaemic syndrome includes which of the following symptoms

- a) pallor of the skin and mucous membranes
- b) exertional dyspnea
- c) tachycardia
- d) bradycardia

049. Macrocytic anaemia can develop in

- a) folate deficiency
- b) vitamin B12 deficiency
- c) thalassemia major
- d) liver failure

050. Which of the following statements about the sickle cell disease are not correct

- a) it is classified among hemolytic anaemias
- b) it is also known as S-hemoglobinopathy
- c) hypoxia causes polymerization of hemoglobin
- d) it is caused by a traumatic damage to erythrocytes (S shape RBC) caused by the fibrin fibres

051. In pernicious anaemia

- a) the incorporation of iron into hemoglobin is seriously affected
- b) autoantibodies against the intrinsic factor are often present
- c) DNA synthesis in erythroblasts is slowed-down
- d) erythrocyte volume often exceeds 100 fL

052. The latent phase of sideropenic anaemia

- a) is often associated with normal serum iron levels
- b) is characterized by reduced binding capacity of transferrin
- c) is characterized by reduced serum ferritin levels
- d) is characterized by reduced hemoglobin concentrations in blood

053. Paroxysmal nocturnal hemoglobinuria

- a) is a hemolytic anaemia caused by an acquired globin gene mutation
- b) is caused by a defect in the exposure of membrane proteins, which protect red blood cells from activated complement lysis
- c) following the addition of acidified serum, the erythrocytes of patients with PNH undergo hemolysis
- d) is characterized by hemolysis, caused by a hypertensive crisis occurring during the night

054. Pernicious anaemia

- a) is caused by vitamin B12 deficiency
- b) is typically associated with the presence of microcytes in the peripheral blood
- c) is a hemolytic anaemia
- d) is often associated with autoimmunity

055. Pernicious anaemia

- a) is often accompanied by gastroduodenal ulcers
- b) is a typical manifestation of gastroduodenal malignancy
- c) occurs especially when there is a lack of trace elements in the diet
- d) is often present in atrophic gastritis

056. Reticulocyte count might be elevated in peripheral blood under which conditions

- a) in patients with acute bleeding disorders
- b) following intravascular hemolysis
- c) in patients with aplastic anaemia
- d) in patients with chronic myelogenous leukemia

057. Which of the following can be the primary cause of anaemia

- a) increased production of erythrocytes
- b) increased loss of erythrocytes
- c) short prothrombin time
- d) decreased production of erythrocytes

058. Elevated concentrations of plasma haptoglobin are indicative of

- a) hemolysis
- b) iron deficiency
- c) inflammation
- d) disseminated intravascular coagulopathy (DIC)

059. Decrease in haptoglobin plasma concentration is suggestive of

- a) extravascular hemolysis
- b) intravascular hemolysis
- c) iron deficiency
- d) iron overdose

060. In aplastic anaemia, the erythrocytic mean corpuscular volume (MCV) is

- a) decreased
- b) normal
- c) increased
- d) between 70–80 fL

061. Anaemia in hypothyroidism is usually

- a) microcytic
- b) normocytic
- c) macrocytic
- d) megaloblastic (as a special case of macrocytic anaemia)

062. Reticulocytosis in patients with pernicious anaemia, revealed after 1–2 weeks of treatment, is suggestive of

- a) hemolytic crisis
- b) positive effect of vitamin B12 treatment
- c) shorter half-life of erythrocytes
- d) activated hematopoiesis

- 063. Lower value of erythrocyte mean corpuscular volume (MCV) is typically found in**
- a) reticulocytosis
 - b) aplastic anaemia
 - c) hemolytic anaemia due to mechanical damage
 - d) thalassemia major
- 064. Erythrocyte mean corpuscular volume of (MCV) 75 fL is compatible with which of the following diagnoses**
- a) polycythemia vera
 - b) autoimmune hemolytic anaemia
 - c) anaemia from erythropoietin deficiency
 - d) anaemia in vitamin B12 deficiency
- 065. Higher percentage of reticulocytes among red blood cells is a characteristic finding in**
- a) bone marrow failure
 - b) extracorporeal hemolytic anaemia
 - c) intracorporeal hemolytic anaemia
 - d) anaemia caused by erythropoietin deficiency
- 066. Anaemia accompanying the ischemic phase of DIC (disseminative intravascular coagulopathy) is**
- a) macrocytic
 - b) hemolytic
 - c) aplastic
 - d) intracorporeal
- 067. Schistocytes are**
- a) circulating erythrocyte fragments
 - b) hypochromic erythrocytes with a central hemoglobin target
 - c) characteristic finding in the S-hemoglobinopathy
 - d) characteristic finding in aplastic anaemia
- 068. The term poikilocytosis refers to the variability of**
- a) the hemoglobin type in erythrocytes
 - b) the amount of hemoglobin in erythrocytes
 - c) erythrocyte half-life
 - d) erythrocyte shape
- 069. What is the most probable diagnosis, given the following findings in a blood count – hematocrit 0.32, erythrocytes 3.0 mil./mL, hemoglobin 110 g/L**
- a) anaemia from an iron deficiency
 - b) anaemia in a chronic blood loss
 - c) anaemia in vitamin B12 deficiency
 - d) anaemia following an acute bleeding

- 070. The combination of anaemia, increased plasma haptoglobin and decreased plasma transferrin is characteristic for**
- a) inflammation
 - b) intravascular hemolysis
 - c) iron deficiency
 - d) chronic blood loss
- 071. Given the following findings in a blood count – hematocrit 0.30, erythrocytes 4.0 mil./mL, hemoglobin 110 g/L, what is the most probable anaemia diagnosis?**
- a) anaemia in iron deficiency
 - b) anaemia in vitamin B12 deficiency
 - c) anaemia in folic acid deficiency
 - d) it is not anaemia, because the number of erythrocytes is normal
- 072. In which of the following is the structure of hemoglobin chains normal but the amount of hemoglobin in blood is reduced**
- a) chronic blood loss
 - b) sickle cell anaemia
 - c) hemolytic anaemia
 - d) thalassemia
- 073. Which of the following symptoms are consistent with aplastic anaemia, but not with pernicious anaemia**
- a) bleeding into tissues
 - b) pallor
 - c) fatigue
 - d) hypoxia
- 074. Which of the following statements is correct**
- a) sickle cell disease is an autosomal dominant disorder
 - b) sickle cell disease is an X-linked recessive disorder
 - c) sickle cell disease is an X-linked dominant disorder
 - d) sickle cell disease is an autosomal recessive disorder
- 075. Which of the following is the most common blood disorder of infancy, childhood and women of a reproductive age**
- a) iron deficiency anaemia
 - b) pernicious anaemia
 - c) folate deficiency anaemia
 - d) sideroblastic anaemia
- 076. Deficiency of glucose-6-phosphate-dehydrogenase**
- a) is mostly expressed in men
 - b) can cause non immune hemolytic anaemia
 - c) is mostly expressed in women
 - d) is characterized by the consumption of haptoglobin and hemoglobinuria during an acute attack

077. Vitamin B12 deficiency can accompany

- a) Crohn's disease ●
- b) tuberculosis ●
- c) Whipple's disease ●
- d) amyloidosis ●

078. Which of the following applies to ferritin

- a) it is a storage protein for iron ●
- b) it is deposited especially in the reticulo-endothelial system ●
- c) it binds iron in its ferrous-form (Fe^{2+}) ○
- d) it is not present in the circulation ○

079. The level of soluble transferrin receptor

- a) belongs among the positive acute phase reactants ○
- b) does not belong among the positive acute phase reactants ●
- c) is increased in thalassemia ●
- d) is decreased in anaemia caused by chronic renal failure ●

080. Which of the following applies to iron

- a) humans are not able to absorb and utilize iron present in the diet in the form of heme ○
- b) hydrochloric acid and vitamin C do not affect iron absorption ○
- c) in the blood, iron is transported bound to transferrin ●
- d) it is stored in transferrin ○

081. Serum ferritin level is

- a) reduced in the latent phase of sideropenic anaemia ●
- b) reduced in iron deficiency ●
- c) reduced in the apparent phase of sideropenic anaemia ●
- d) changed in any type of anaemia ○

082. Bronze diabetes is a manifestation of which of the following disorders

- a) sideropenic anaemia ○
- b) polycythemia vera ○
- c) hemochromatosis ●
- d) hemolytic anaemia ○

083. Transferrin plasma concentration is decreased in

- a) sideropenia ○
- b) hemolysis ○
- c) inflammation ●
- d) impaired liver proteosynthesis ●