

HLS-Biochemistry

Archive

Lecture6

Hemoglobinopathies

Medical card .

Name _____

Date of b _____

Gender _____

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1. Genetic insufficiency in ___ results in hydrops fetalis?

- A. 4 deletions of Alpha genes
- B. 2 deletions of Beta genes
- C. 1 deletion of Alpha gene + 1 Beta gene mutation
- D. 3 deletions of Beta genes

ANSWER: A

2. What is the genetic composition of HbD trait and Cooley's anemia ?

- A. HbA/D, $\beta^{+1} \beta^{+1}$
- B. HbA, $\beta^0 \beta^0$

ANSWER: A

3. Which of the following is not associated with sickle cell disease?

- A. Deoxygenated hemoglobin S polymerization
- B. Chronic hemolytic anemia
- C. Oxygenated hemoglobin S solubility
- D. Increased risk of malaria infection

ANSWER: D

4. A woman has heterozygous sickle cell anemia, heterozygous hemoglobin C disease, and alpha thalassemia minor. What is her most likely genetic composition?

- A. HbS/C, $\alpha\alpha/\alpha^-$
- B. HbS/A, $\alpha^-/--$
- C. HbS/C, $--/\alpha\alpha$
- D. HbA/C, $--/\alpha\alpha$

ANSWER: C or it can be (HbS/C, α^-/α^-)

5. Beta thalassemia is associated with?

- A. Decreased HbA, increased HbF
- B. Increased HbA, decreased HbF
- C. Normal HbA, decreased HbF
- D. Decreased HbA, normal HbF

ANSWER: A

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6. What is the genotype of a patient with HbC trait, HbD trait, Cooley's anemia, and α -thalassemia minor?

- A. HbC β^{+3} / HbD β^0 , $-\alpha/-\alpha$
- B. HbC β^{+3} / HbA, $--/\alpha\alpha$
- C. HbA/HbD β^0 , $-\alpha/--$
- D. HbC β^{+3} / HbD β^0 , $\alpha\alpha/\alpha\alpha$

ANSWER: A

7. What is Hemoglobin S (HbS)?

- A. An abnormal hemoglobin where valine replaces glutamic acid at position 6 of the β -globin chain, causing sickle cell anemia.
- B. An abnormal hemoglobin where lysine replaces glutamic acid at position 6 of the β -globin chain, causing mild hemolytic anemia.
- C. A normal hemoglobin variant with increased oxygen affinity, seen in thalassemia.
- D. An unstable hemoglobin due to deletions in the α -globin chain, leading to Heinz bodies.

ANSWER: A

8. Why does severe beta-thalassemia often not become clinically apparent until a child is several months old?

- A. Overexpression of γ -globin compensates for the missing β -chains early in life.
- B. Elevated hemoglobin A₂ compensates for the missing β -globin genes.
- C. The α -globin genes don't turn on until several months after birth.
- D. The γ -to- β -globin switch is not complete until several months after birth.
- E. The oxygen needs of a newborn are minimal.

ANSWER: D

9. The mutations in [β] and [α] globin genes are variable causing different types of hemoglobinopathies, among them one is due to a mutation leading to unstable mRNA?

- a. Unstable hemoglobin disorder.
- b. Hemoglobin M variant.
- c. Hereditary persistence of Hb F.
- d. Hemoglobin Lepore.
- e. Hemoglobin Constant Spring.

ANSWER: E

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10. asymptomatic microcytic anemia:

A. B minor thalassemia

B. 1 locus thalassemia

.Answer: a



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Lecture7

Molecular basis of some
blood
coagulation disorders

Medical card .

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HLS-Biochemistry Lecture 7

1. Which of the following is incorrect about disseminated intravascular coagulation (DIC)?

- A. Arises from obstetric complications
- B. Involves release of cytokines
- C. Increases tissue factor expression
- D. Increases thrombomodulin expression
- E. Causes multi-organ involvement

ANSWER: D

2. Which of the following is incorrect regarding Von Willebrand disease (vWD)**?

- A. Most common types (1 and 2) are autosomal dominant (Type 3 is recessive).
- B. Patients have compound defects in platelet function and coagulation mostly platelet defects produces clinical findings.
- C. The major source of vWF is the liver.
- D. vWF is stored in Weibel-Palade bodies (endothelial cytoplasmic granules).

ANSWER: C

3. Prothrombin time (PT) is prolonged in all of the following except?

- A. Factor XII inhibition
- B. Factor VII inhibition
- C. Liver disease
- D. Vitamin K deficiency
- E. Factor X deficiency

ANSWER: A

4. Regarding hemophilia A and B, all of the following are correct except:

- A. Prolonged aPTT not corrected by mixing patient's plasma with normal plasma
- B. Both are X-linked recessive disorders.
- C. Hemophilia A is the most common hereditary cause of serious bleeding.
- D. Both present with identical clinical symptoms
- E. Normal PT

ANSWER: A

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5. Hemophilia is characterized by all of the following EXCEPT:

- A. Prolonged prothrombin time (PT)
- B. Prolonged clotting time
- C. Decreased clotting factors VIII, IX, or XI
- D. Prolonged activated partial thromboplastin time (aPTT)
- E. Hemarthrosis (joint bleeding)

ANSWER: A

6. What is the most common inherited coagulation/bleeding disorder**?

- A. Hemophilia A
- B. Von Willebrand disease
- C. Hemophilia B
- D. Factor V Leiden
- E. Thrombocytopenia

ANSWER: B

7. Hemophilia A is caused by a deficiency of which clotting factor?

- A. Factor V
- B. Factor VII
- C. Factor VIII
- D. Factor IX
- E. Factor X

ANSWER: C

8. Which condition leads to a deficiency in Factor IX that can be corrected by intravenous vitamin K?

- A. Classic hemophilia
- B. Hepatitis B
- C. Bile duct obstruction
- D. Genetic deficiency in Antithrombin III
- E. Hemophilia C

ANSWER: C

9. In Hemophilia A, the X-linked recessive clotting disorder caused by Factor VIII deficiency, the most common mutations in the gene encoding for factor VIII causing the disorder are :

- A. Nonsense mutations
- B. Deletion mutations
- C. Point mutations
- D. Frameshift mutations
- E. Inversion mutation in intron 22

ANSWER: E

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10. A 12-year-old male patient has suffered from a long history of bleeding for hours or days after the injury as well as recurrent painful haemarthroses. Which of the following are the correct laboratory test findings that consistent with this case?

- a. Prolonged PT, PTT and BT.
- b. Prolonged PTT and PT with normal BT.
- c. Specific assay for factor IX or factor VIII above than 100 U/dl.
- d. Prolonged BT, normal PT and PTT and platelet less than 100.000/mm³.
- e. Prolonged PTT and normal PT and BT.

ANSWER: E

11. Which of the following would best explain a prolonged bleeding time test?

- a. Hemophilia A
- b. Hemophilia B
- c. Thrombocytopenia
- d. Coumarin use
- e. Hemophilia C

ANSWER: C

12. Disseminated intravascular coagulation is a blood coagulation disorder that results in sudden widespread of fibrin thrombi in the microcirculation affecting the vital organs. Choose the wrong one?

- a. It is secondary to other illnesses.
- b. Associated with the release of thrombotic substances from the involved organs.
- c. Endotoxins and cytokines are apparent.
- d. Protein C is inhibited.
- e. Thrombomodulin expression is not suppressed on the endothelium.

ANSWER: E

13. Von Willebrand disease is one of the commonest blood coagulation disorders, it could be due to genetic or acquired causes. What is correct about the disease?

- a. All mutations causing vWF disease are affecting quantitatively the gene product
- b. The mutations affecting vWF gene are associated with reduction of VIIa factor
- c. There are some subtypes of one of the types of vWF disease.
- d. The mutations affecting the gene encoding for vWF are not variable.
- e. Medications are not inducing vWF disease

ANSWER: C

HLS-Biochemistry Lecture 7

14. Which of the following is incorrect about disseminated
?intravascular coagulation (DIC)

- A. rises from obstetric complications ..
- B. Involves release of cytokines
- C. Increases tissue factor expression
- D. Increases thrombomodulin expression
- E. Causes multi-organ involvement

Ans: D



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Lecture8

Plasma proteins

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HLS-Biochemistry Lecture 8

1. Which proteins have anti-protease activity?

- A) α 1-antitrypsin and α 2-macroglobulin
- B) Albumin and transferrin
- C) Ceruloplasmin and haptoglobin
- D) CRP and β 2-microglobulin

ANSWER: A

2. Which set of plasma proteins is formed of carbohydrate and protein moieties?

- A) Albumin & transferrin
- B) Transferrin & haptoglobin
- C) Haptoglobin & transthyretin
- D) Haptoglobin & ceruloplasmin
- E) Alpha-1 antitrypsin & ceruloplasmin

ANSWER: D

3. Which set of plasma proteins is a marker of multiple myeloma?

- A) Haptoglobin & ceruloplasmin
- B) Alpha-2 macroglobulin & Bence Jones proteins
- C) Beta-2 microglobulin & paraproteins
- D) Bence Jones proteins & haptoglobin
- E) Cryoglobulin & transferrin

ANSWER: C

4. Which of the following is one of the largest plasma proteins?

- A) Albumin
- B) α 2-Macroglobulin
- C) Transferrin
- D) Haptoglobin
- E) Ceruloplasmin

ANSWER: B

5. What markers are used to diagnose testicular cancer and rheumatoid arthritis, respectively?

- A) α -Fetoprotein and cryoglobulins
- B) β 2-Microglobulin and rheumatoid factor
- C) C-reactive protein and ceruloplasmin
- D) Haptoglobin and α 1-antitrypsin

ANSWER: A

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6. Which markers are used to diagnose multiple myeloma and hepatoma, respectively?

- A) Cryoglobulins & α -Fetoprotein
- B) β 2-Microglobulin & C-reactive protein
- C) Bence Jones proteins & Ceruloplasmin
- D) Paraproteins & Alkaline phosphatase

ANSWER: A

7. Which of the following diseases/disorders is commonly associated with polyclonal gammopathy?

- A) Rheumatoid arthritis
- B) Multiple myeloma
- C) Smoldering myeloma
- D) Monoclonal gammopathy of undetermined significance (MGUS)
- E) Waldenström macroglobulinemia

ANSWER: A

8. Which main plasma protein primarily affects the osmotic pressure of plasma?

- A) Gamma globulins
- B) Albumin
- C) Prothrombin
- D) Fibrinogen
- E) Alpha globulins

ANSWER: B

9. Protein electrophoresis shows a dense Alpha-2 globulin band. Which plasma proteins, when increased, cause this pattern?

- A) Transcortin and haptoglobin
- B) Ceruloplasmin and Alpha-2 macroglobulin
- C) α -Fetoprotein and thyroid-binding protein
- D) Polyclonal antibodies and transcortin
- E) C-reactive protein and β -lipoprotein

ANSWER: B

10. The defensive function of plasma proteins is primarily due to which component?

- A) Albumin
- B) Globulins
- C) Fibrinogen
- D) Prothrombin
- E) Both Albumin & Fibrinogen

ANSWER: B

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11. Which plasma proteins can be used as biomarkers for the diagnosis of multiple myeloma?

- A) β 2-Microglobulin, paraprotein, and α -fetoprotein
- B) α 2-Macroglobulin, Bence Jones proteins, and β 2-microglobulin
- C) Bence Jones proteins, cryoglobulins, and paraprotein
- D) β 2-Microglobulin, α -fetoprotein, and α 2-macroglobulin
- E) α 1-Antitrypsin, paraprotein, and C-reactive protein

ANSWER: C

12. Protein electrophoresis shows a dense Beta (β) globulin band. Which plasma proteins, when increased, cause this pattern?

- A) Transcortin, haptoglobin, and ceruloplasmin
- B) Transcortin, paraprotein, and alpha transcortin
- C) α -Fetoprotein, transcortin, and thyroid-binding protein
- D) Thyroid-binding protein, polyclonal antibodies, and α -fetoprotein
- E) C-reactive protein, transferrin, and β -lipoprotein

ANSWER: E

13. What is the major component of the Alpha-2 (α 2) protein fraction in plasma?

- A) α 1-Antitrypsin
- B) Ceruloplasmin
- C) Haptoglobin
- D) α 2-Macroglobulin
- E) Transferrin

ANSWER: D

14. What markers are used to diagnose testicular cancer and rheumatoid arthritis, respectively?

- A) α -Fetoprotein and cryoglobulins
- B) β 2-Microglobulin and rheumatoid factor
- C. C-reactive protein and ceruloplasmin
- D. Haptoglobin and α 1-antitrypsin

ANSWER: A

تم بحمد الله