

☒ eExam Question Bank

Coursecode:

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<input type="checkbox"/>	Question Type	Question	A	B	C	D	Answer	Remark
<input type="checkbox"/>	FBQ	<input type="text"/> is a rapid host response that serves to deliver leukocytes and plasma proteins, such as antibodies, to sites of infection or tissue injury.	Acute inflammation	Acute inflammation				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	If the blood supply to the myocardium is compromised or inadequate, the muscle first suffers <input type="text"/>	reversible injury	reversible injury				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	Pathway to fatality in hypovolumic and cardiogenic shock include all EXCEPT <input type="text"/>	general stage	general stage				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	In hypovolemic and cardiogenic shock, the patients present all these signs EXCEPT <input type="text"/>	weak and slow pulse	weak and slow pulse				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	The standard of care in septic shock include all EXCEPT <input type="text"/>	blood transfusion	blood transfusion				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	Multiple organ failure in septic shock affect all EXCEPT <input type="text"/>	Stomach	Stomach				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	Systemic hypotension, interstitial cedema and small vessel thrombosis all decrease the delivery of oxygen and nutrients to the tissue causing <input type="text"/>	organ dysfunction	organ dysfunction				<input type="button" value="eExam"/>
<input type="checkbox"/>	FBQ	Shock that is associated with severe haemodynamic and haemostatic derangements is called <input type="text"/> shock	septic	septic				<input type="button" value="eExam"/>

<input type="checkbox"/>								
<input type="checkbox"/>	FBQ	Major factors contributing to the pathophysiology of septic shock are all EXCEPT <input type="text"/>	catabolic abnormalities	catabolic abnormalities				eExam
<input type="checkbox"/>	FBQ	Septic shock is caused by all EXCEPT <input type="text"/>	viruses	viruses				eExam
<input type="checkbox"/>	FBQ	<input type="text"/> shock ranks first among the causes of death in intensive care units in the USA	anaphylactic shock	anaphylactic shock				eExam
<input type="checkbox"/>	FBQ	Shock resulting in systemic vasodilation and increased vascular permeability as in IgE mediated hypersensitivity reaction is <input type="text"/>	anaphylactic shock	anaphylactic shock				eExam
<input type="checkbox"/>	FBQ	Shock that can occur in the setting of anesthetic accident or a spinal cord injury is called <input type="text"/>	neurogenic shock	neurogenic shock				eExam
<input type="checkbox"/>	FBQ	All the following are examples of causes of septic shock EXCEPT <input type="text"/>	ventricular rupture	ventricular rupture				eExam
<input type="checkbox"/>	FBQ	All the listed are examples of causes of Hypovolemic shock EXCEPT <input type="text"/>	arrhythmia	arrhythmia				eExam
<input type="checkbox"/>	FBQ	All the listed are examples of causes cardiogenic EXCEPT <input type="text"/>	sever burns	sever burns				eExam
<input type="checkbox"/>	FBQ	shock which results from vasodilation and peripheral pooling of blood as part of a systemic reaction to bacterial or fungal infection is called <input type="text"/>	septic shock	septic shock				eExam
<input type="checkbox"/>	FBQ	Shock which results from low cardiac output due to loss of blood or plasma volume is called <input type="text"/>	hypovolemic shock	hypovolemic shock				eExam
<input type="checkbox"/>	FBQ	Shock which results from low cardiac output due to myocardial pump failure is called <input type="text"/>	cardiogenic shock	cardiogenic shock				eExam
<input type="checkbox"/>	FBQ	All the following are categories of shock EXCEPT <input type="text"/>	hypervolemic	hypervolemic				eExam

<input type="checkbox"/>									
<input type="checkbox"/>	FBQ	The consequence of the condition above is all EXCEPT <input type="text"/>	Reversible injury when prolonged	Reversible injury when prolonged					eExam
<input type="checkbox"/>	FBQ	Systemic hypotension due to reduced cardiac output or reduced effective circulating blood volume is called <input type="text"/>	shock	shock					eExam
<input type="checkbox"/>	FBQ	The hormone that has anti-inflammatory effects and inhibits collagen synthesis is called <input type="text"/>	Glucocorticoids	Glucocorticoids					eExam
<input type="checkbox"/>	FBQ	The most important vitamin necessary for wound healing is <input type="text"/>	Vitamin c	Vitamin c					eExam
<input type="checkbox"/>	FBQ	One of the following is the key cellular constituent of tissue repair <input type="text"/>	Macrophages	Macrophages					eExam
<input type="checkbox"/>	FBQ	An exaggerated contraction in the size of a wound that leads to deformity is known as <input type="text"/>	Contracture	Contracture					eExam
<input type="checkbox"/>	FBQ	Inadequate formation of granulation tissue or assembly of scar can lead to complications like <input type="text"/>	Wound dehiscence & ulceration	Wound dehiscence & ulceration					eExam
<input type="checkbox"/>	FBQ	Local factors influencing wound healing are all EXCEPT <input type="text"/>	Chemical factor	Chemical factor					eExam
<input type="checkbox"/>	FBQ	An excessive formation of the components of wound repair process is called <input type="text"/>	keloid	keloid					eExam
<input type="checkbox"/>	FBQ	Wound healing is influenced by all EXCEPT <input type="text"/>	State of mind	State of mind					eExam
<input type="checkbox"/>	FBQ	Process of platelet adhesion, aggregation and formation of clot in the surface of the wound lead to <input type="text"/>	Inflammation	Inflammation					eExam
<input type="checkbox"/>	FBQ	In wound healing Extracellular matrix deposition , tissue remodelling and wound contraction is called <input type="text"/>	Maturation	Maturation					eExam

<input type="checkbox"/>									
<input type="checkbox"/>	FBQ	In granulation tissue, rapid production and migration of connective tissue cells with re-epithelialization in wound healing is called <input type="text"/>	Proliferation	Proliferation					eExam
<input type="checkbox"/>	FBQ	Phases of cutaneous wound healing include all EXCEPT <input type="text"/>	Restitution	Restitution					eExam
<input type="checkbox"/>	FBQ	Healing in chronic injury involves all EXCEPT <input type="text"/>	Restitution	Restitution					eExam
<input type="checkbox"/>	FBQ	Tissue repair is achieved through the deposition of <input type="text"/>	Collagen	Collagen					eExam
<input type="checkbox"/>	FBQ	In wound healing, the complete restitution of lost or damaged tissue is called <input type="text"/>	Regeneration	Regeneration					eExam
<input type="checkbox"/>	FBQ	An organ which is a frequent target of chemical injury (drug toxicity) in clinical medicine is the <input type="text"/>	Liver	Liver					eExam
<input type="checkbox"/>	FBQ	A condition where there is decreased blood flow due to mechanical obstruction in the arterial system is called <input type="text"/>	Ischemia	Ischemia					eExam
<input type="checkbox"/>	FBQ	Pathological effect of free radicals include all EXCEPT <input type="text"/>	Lesions in the heart	Lesions in the heart					eExam
<input type="checkbox"/>	FBQ	Severe damage to DNA and protein that results to cell initiating a suicide program is called <input type="text"/>	Apoptosis	Apoptosis					eExam
<input type="checkbox"/>	FBQ	ATP depletion and decreased ATP synthesis are frequently associated with <input type="text"/> injury	Hypoxic & chemical	Hypoxic & chemical					eExam
<input type="checkbox"/>	FBQ	Surgical removal and /or irradiation of the breast and associated axillary lymph nodes in patient with breast cancer can lead to sever <input type="text"/>	Oedema of the upper extremity	Oedema of the upper extremity					eExam
<input type="checkbox"/>	FBQ	Causes of lymphatic obstruction that is localised include all EXCEPT <input type="text"/>	Anasarca	Anasarca					eExam

<input type="checkbox"/>								
<input type="checkbox"/>	FBQ	Impaired lymphatic drainage as a result of obstruction lead to <input type="text"/>	lymphoedema	lymphoedema				eExam
<input type="checkbox"/>	FBQ	Increased salt retention with obligate associated water lead to <input type="text"/>	Increased hydrosatic pressure	Increased hydrosatic pressure				eExam
<input type="checkbox"/>	FBQ	Regional increases in hydrostatic pressure can result from a local impairment in venous return as it occurs in <input type="text"/>	Deep venous thrombosis	Deep venous thrombosis				eExam
<input type="checkbox"/>	FBQ	All the following are conditions resulting from reduced plasma protein EXCEPT <input type="text"/>	Pneumonia	Pneumonia				eExam
<input type="checkbox"/>	FBQ	In inflammatory oedema, a protein rich fluid is called <input type="text"/>	Exudate	Exudate				eExam
<input type="checkbox"/>	FBQ	Oedema fluid of reduced plasma protein is seen patients suffering from all EXCEPT <input type="text"/>	Pulmonary failure	Pulmonary failure				eExam
<input type="checkbox"/>	FBQ	Oedema caused by reduced plasma protein has protein - poor fluid called <input type="text"/>	Transudate	Transudate				eExam
<input type="checkbox"/>	FBQ	Sever and generalised widespread subcutaneous tissue swelling is called <input type="text"/>	Anasarca	Anasarca				eExam
<input type="checkbox"/>	FBQ	An abnormal increase in interstitial fluid within tissue is called <input type="text"/>	Oedema	Oedema				eExam
<input type="checkbox"/>	FBQ	Increased capillary pressure or diminished colloid osmotic oressure results in <input type="text"/> fluid	increased interstitial	increased interstitial				eExam
<input type="checkbox"/>	FBQ	These residual amount of fluid in the interstitium return to the blood stream through the <input type="text"/>	Thoracic duct	Thoracic duct				eExam
<input type="checkbox"/>	FBQ	The small residual amount of fluid that may be left in the interstitium is drained by the <input type="text"/>	Lymphatic Vessels	Lymphatic Vessels				eExam

<input type="checkbox"/>								
<input type="checkbox"/>	FBQ	The outflow of fluid from the arteriolar end of the microcirculation into the interstitium is balanced by inflow at the _____ end	Venular	Venular				eExam
<input type="checkbox"/>	FBQ	Movement of water and low molecular weight solutes between the intravascular and interstitial spaces is controlled by _____ pressure	Vascular hydrostatic & plasma colloid osmotic	Vascular hydrostatic & plasma colloid osmotic				eExam
<input type="checkbox"/>	FBQ	The water in the intracellular compartment is _____ of body water	(2/3)	(2/3)				eExam
<input type="checkbox"/>	FBQ	The approximate percentage of water in the lean bobody weight is _____	0.6	0.6				eExam
<input type="checkbox"/>	MCQ	Necrotic cell cellular debris not promptly destroyed and reabsorbed tend to lead to _____	dystrophic calcification	atrophic calcification	recalcitrant	enzymatic reaction	A	eExam
<input type="checkbox"/>	MCQ	A special form of necrosis usually seen in immune reactions involving blood vessels is _____	fat necrosis	fibrinoid necrosis	caseous necrosis	gangrenous necrosis	B	eExam
<input type="checkbox"/>	MCQ	Friable white appearance of the area of necrosis is called _____	cagulative	gangrenous	liquefactive	caseous	D	eExam
<input type="checkbox"/>	MCQ	Necrosis characterised by the digestion of the dead cells resulting in transformation of the tissue into liquid viscous mass is _____	coagulative	gangrenous	liquefactive	caseous	C	eExam
<input type="checkbox"/>	MCQ	A form of necrosis in which the architecture of dead tissues is preserved for a span of some days is _____	coagulative	liquefactive	gangrenous	caseous	A	eExam
<input type="checkbox"/>	MCQ	In ischaemia of the myocardium, light microscopic changes of cell death mat not be seen untill _____ hours after total ischaemia	3-8 hours	3-10hours	4-12hours	8-12hours	C	eExam
<input type="checkbox"/>	MCQ	All stresses and noxious influences exert their effects, first at the _____ level	molecular/biochemical	gastric	pancreatic	duodenal	A	eExam
<input type="checkbox"/>	MCQ	Nutritional imbalances capable of causing cell injury include all EXCEPT _____	protein calorie deficiencies	vitamin deficiency	excess of cholestrol	vegetarian diet	D	eExam

<input type="checkbox"/>								
<input type="checkbox"/>	MCQ	Genetic derangement that may cause cell injury because of chromosomal, protein and enzymes abnormalities includes all EXCEPT_____	down syndrome	sickle cell anaemia	inborn error of metabolism	malnutrition	D	eExam
<input type="checkbox"/>	MCQ	Immunologic reactions capable of causing cell injury is_____	self antigens	antibody	antidote	antihistamines	A	eExam
<input type="checkbox"/>	MCQ	Infectious agents capable of causing cell injury includes all EXCEPT_____	viruses	bacteria	insecticides	fungi	C	eExam
<input type="checkbox"/>	MCQ	Chemical agents capable of causing cell injury all EXCEPT_____	hypertonic solutions	cyanide	arsenic	talcum powder	D	eExam
<input type="checkbox"/>	MCQ	Physical agents capable of causing cell injury include all EXCEPT_____	mechanical trauma	extreme temperature	electric shock	poison	D	eExam
<input type="checkbox"/>	MCQ	Causes of hypoxia include all EXCEPT_____	reduced blood flow	inadequate oxygenation	decrease oxygen carrying capacity	diuresis	D	eExam
<input type="checkbox"/>	MCQ	Deficiency of oxygen which causes cell injury by reducing aerobic oxidative respiration is called_____	hypercapnoea	hypoxia	oxyhaemoglobin	carboxyhaemoglobin	B	eExam
<input type="checkbox"/>	MCQ	When the cells DNA or protein is damaged beyond repair, the cell kills itself by_____	autolysis	apoptosis	lysis	necrosis	B	eExam
<input type="checkbox"/>	MCQ	Severe membrane damage where lysosomal enzymes enter the cytoplasm, digest the cell with leakage of cellular content is called_____	autolysis	apoptosis	lysis	necrosis	D	eExam
<input type="checkbox"/>	MCQ	When injury becomes irreversible this result in_____	cell rejuvenation	cell migration	cell death	cell pathology	C	eExam
<input type="checkbox"/>	MCQ	Reduced oxidation and depletion of energy stores in form of adenosine triphosphate is the hall mark of_____Injury	irreversible	reversible	compromised	uncompromised	B	eExam
<input type="checkbox"/>	MCQ	When damaging stimulus is removed early in cell injury, this is called_____	reversible	irreversible	compromised	uncompromised	A	eExam
<input type="checkbox"/>	MCQ	Extraordinarily high levels of leucocyte count is called_____	erythrocyte reactions	leukemoid reactions	mitotic reaction	lymphoid reaction	B	eExam
<input type="checkbox"/>	MCQ	Inflammatory reaction induced by bacterial infection is called_____	mitosis	leucocytosis	erythrocytosis	myeloid	B	eExam

<input type="checkbox"/>								
<input type="checkbox"/>	MCQ	Fever as characterised by elevation of body temperature is produced in response to substance called_____	pathogens	oestrogens	pyrogens	histamine	C	eExam
<input type="checkbox"/>	MCQ	The systemic changes associated with acute inflammation are collectively called_____	acute-phase response	transient phase response	chronic phase response	acute exacerbation of chronic response	A	eExam
<input type="checkbox"/>	MCQ	All EXCEPT one are examples of granulomatous inflammation_____	tuberculosis	leprosy	typhoid	syphilis	C	eExam
<input type="checkbox"/>	MCQ	Chronic inflammation is characterised by all EXCEPT_____	infiltration with mononuclear cells	tissue destruction	healing by connective tissue replacement	blood vessel destruction	D	eExam
<input type="checkbox"/>	MCQ	Chronic inflammation is caused by all EXCEPT_____	microorganisms that is difficult to eradicate	immune-mediated inflammatory diseases	prolonged exposure to toxic agents	vascular changes	D	eExam
<input type="checkbox"/>	MCQ	Outcomes of acute inflammation includes all Except_____	complete resolution	radiation	fibrosis	progress to chronic inflammation	B	eExam
<input type="checkbox"/>	MCQ	A critical function of inflammation is to deliver _____ to the site of injury to eliminate offending agents	leukocytes	Erythrocytes	Lymphocytes	Parasites	A	eExam
<input type="checkbox"/>	MCQ	Irreversible injury lead to all EXCEPT_____	necrosis	CELL death	Apoptosis	Homeostasis	D	eExam
<input type="checkbox"/>	MCQ	Edema is caused by_____	excess of blood in the tissue space	excess of fluid in the interstitial tissue or serous cavities	excess of waste product in the tissue space	Excess of mucus in the tissue spaces	B	eExam
<input type="checkbox"/>	MCQ	Fluid with low protein content, little or no cellular material with low specific gravity is called_____	Exudate	transudate	secretion	leucocyte	B	eExam
<input type="checkbox"/>	MCQ	Escape of fluid, proteins and blood cells from blood into the interstitial space is called_____	inflammation	irradiation	Exudation	Osmosis	C	eExam
<input type="checkbox"/>	MCQ	Major components of acute inflammation includes all EXCEPT_____	increase blood flow	plasma and leukocytes leave circulation	accumulation of leucocytes in the focus of injury	permanent tissue damage	D	eExam
<input type="checkbox"/>	MCQ	Acute inflammation is a_____	rapid host response to tissue injury	slow response to tissue injury	delayed host response to tissue injury	minimum response to tissue injury	C	eExam
<input type="checkbox"/>	MCQ	Loss of function as a fifth clinical sign was added in the 19th century by_____	celsus	charlse	rudolf virchow	ronald virchoe	C	eExam
<input type="checkbox"/>	MCQ	The four cardinal signs of inflammation are _____	redness,swelling,heat and pain	swelling,heat, redness and pain	heat,pain,swelling and redness	pain, swelling,heat and redness	A	eExam

<input type="checkbox"/>								
<input type="checkbox"/>	MCQ	Clinical features of inflammation were described in an Egyptian papyrus dated around_____	2000BC	3000BC	4000BC	1000BC	B	eExam
<input type="checkbox"/>	MCQ	Inlammation is therefore a_____	simple reaction	complex reaction	difficult reaction	autoimmune reaction	B	eExam
<input type="checkbox"/>	MCQ	Without inflammation, the following information are correct EXCEPT_____	infection would go unchecked	wound will never heal	injured tissue will remain festering sores	blood supply will be occluded	D	eExam
<input type="checkbox"/>	MCQ	Inflammation is fundamentally a _____ response	negative	protective	dangerous	unchecked	B	eExam
<input type="checkbox"/>	MCQ	Inflammation is body response to_____	immunity	catastrophy	homeostasis	infection	D	eExam
<input type="checkbox"/>	MCQ	Cell injury is irreversible if stimulus _____	persists& severe	is static	is eratic	is transient	A	eExam
<input type="checkbox"/>	MCQ	Cell injury is reversible_____	All the time	Up to a certain point	At the wish of the cell	Wish of the tissue/organ	B	eExam
<input type="checkbox"/>	MCQ	Stages of progressive impairment of cells following different insults includes all EXCEPT_____	Modification	Adaptation	Reversible injury	Cell death	A	eExam
<input type="checkbox"/>	MCQ	When cell suffer irreversible damage it leads to_____	Cell exposure	Cell capture	Cell rupture	Cell death	D	eExam
<input type="checkbox"/>	MCQ	Exposure of cells to injurious agents or stress lead to_____	Cell exposure	Cell capture	Cell injury	Cell rupture	C	eExam
<input type="checkbox"/>	MCQ	A change in the type of is known as_____	Hyperplasia	Hyperthrophy	Atrophy	Metaplasia	D	eExam
<input type="checkbox"/>	MCQ	A decrease in the size and metabolic activity of cells is called_____	Hyperplasia	Atrophy	Hyperthrophy	Hypoplasia	B	eExam
<input type="checkbox"/>	MCQ	The increase in the number of cells is called_____	Hyperplasia	Atrophy	Hyperthrophy	Hypoplasia	B	eExam
<input type="checkbox"/>	MCQ	The increase in size of cells is called_____	Hyperplasia	Hypoplasia	Hypertrophy	Hypothrophy	C	eExam
<input type="checkbox"/>	MCQ	Adaptations are_____responses to physiologic&pathologic stimuli altering steady state	Reversible	Possible	Irreversible	Unaccomplished	A	eExam
<input type="checkbox"/>	MCQ	Disease process is better understood with good foundation in _____	Anatomy	Physiology	Biochemistry	Pathology	D	eExam
<input type="checkbox"/>	MCQ	Pathology is the link between_____	Study of disease	Science& fiction	Basic sciences&clinical practice	Science&technology	C	eExam
<input type="checkbox"/>	MCQ	All EXCEPT one form the four aspects of disease process_____	Aetiology&Pathogenesis	Prognosis	Molecular changes	Clinical manifestation	B	eExam
<input type="checkbox"/>	MCQ	Study of pathology is divided into_____	Four	Three	Two	Six	C	eExam

<input type="checkbox"/>								
<input type="checkbox"/>	MCQ	Disease process is better understood at the cellular level through _____	Cellular pathology	Microbiology	Human physiology	Diffusion	A	eExam
<input type="checkbox"/>	MCQ	In elementary biology, the cell is _____ of life	Aggregate	Unit	Tissue	Organ	B	eExam
<input type="checkbox"/>	MCQ	Pathology is devoted to the study of _____ changes in cells, tissues and organs	Structural	Biochemical	A B & D	Functional	C	eExam
<input type="checkbox"/>	MCQ	Pathology is the study of _____	Infection	Malaria	Parasite	Disease	D	eExam

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