

BLOOD PATH MCQS:

1. The most common cause of primary haematopoietic failure with pancytopenia is
 - A: idiopathic aplastic anaemia ✓
 - B: idiosyncratic drug reactions
 - C: inherited telomerase defects
 - D: viral hepatitis

2. Megaloblastic anaemia may be associated with
 - A: haemolysis
 - B: microcytosis
 - C: pancytopenia ✓
 - D: seizures

3. A woman presents with iron deficiency anaemia. She will have a low serum iron level and
 - A: high ferritin and high transferrin
 - B: high ferritin and low transferrin
 - C: low ferritin and high transferrin ✓
 - D: low ferritin and low transferrin

4. Anaemia of chronic disease is associated with
 - A: decreased absorption of dietary iron
 - B: decreased total body iron
 - C: increased total iron binding capacity ✓
 - D: low serum iron

5. A 40 year old man is referred with fatigue, weight loss and lymphadenopathy. The most common lymphoma in adults is
 - A: acute lymphoblastic lymphoma
 - B: Burkitt lymphoma
 - C: diffuse large B cell lymphoma ✓
 - D: Mantle cell lymphoma

6. A patient presents with anaemia, jaundice and splenomegaly. The most likely underlying mechanism is
 - A: extravascular haemolysis ✓
 - B: intravascular haemolysis
 - C: marrow infiltration
 - D: severe iron deficiency

7. Hereditary spherocytosis is
- A: associated with a RBC lifespan of 100 days
 - B: autosomal recessive
 - C: common in Mediterranean countries
 - D: treated with splenectomy ✓
8. Multiple myeloma usually presents with
- A: diffuse bone demineralisation
 - B: pathological vertebral fractures ✓
 - C: plasmacytosis in peripheral blood
 - D: proteinuria with generalised oedema
- 9: Your patient with fevers has a basophilic leucocytosis. Your staff are puzzled but you suspect
- A: allergic bronchopulmonary alveolitis
 - B: chronic myelogenous leukaemia ✓
 - C: lead poisoning
 - D: tuberculosis
10. A 7 year old has been referred with a fortnight of tiredness, generalised aches and pains, headache, vomiting and abdominal bloating. The haematology lab alerts you to
- A: acute lymphoblastic leukaemia ✓
 - B: aplastic anaemia
 - C: Hodgkins lymphoma
 - D: sickle cell crisis
11. A patient is heterozygous for HbS and has sickle cell trait. Their red blood cells contain
- A: 40% HbS and 60% HbA ✓
 - B: 40% HbS and 60% HbF
 - C: 60% Hbs and 40% HbA
 - D: 60% HbS and 40% HbC
12. A child with sickle cell disease presents with acute hand pain after an upper respiratory infection. This is due to
- A: disseminated intravascular coagulation
 - B: hyperuricaemia
 - C: septicaemia
 - D: vaso-occlusive crisis ✓

- 13: Serious infections due to neutropenia include
- A: disseminated cytomegalovirus
 - B: **invasive aspergillosis ✓**
 - C: pneumocystis jirocevi pneumonia
 - D: reactivation of toxoplasmosis
14. Your patient with steroid-dependent COPD and cough ?COVID-19 has a leucocytosis. Glucocorticoids cause
- A: decreased leucocyte extravasation into tissues
 - B: decreased margination of leucocytes
 - C: increased production on leucocytes in marrow
 - D: **increased release of leucocytes from marrow stores ✓**
15. Bone marrow fat cells outnumber haematopoietic cells in
- A: **aplastic anaemia ✓**
 - B: haemolytic anaemia
 - C: leukaemia
 - D: metastatic malignancy
16. Accelerated destruction or sequestration of neutrophils occurs in
- A: granulomatous disease
 - B: megaloblastic anaemia
 - C: **meningococcal septicaemia ✓**
 - D: post-splenectomy state
17. A patient with Beta thalassaemia minor will have
- A: extramedullary haematopoiesis
 - B: haemolysis in severe hypoxia
 - C: **mild microcytic anaemia ✓**
 - D: secondary haemochromatosis
18. Paroxysmal nocturnal haemoglobinuria results from
- A: deficiency in C5b-C9 membrane attack complex
 - B: glucose-6-phosphate dehydrogenase deficiency
 - C: **mutation of the PIGA gene ✓**
 - D: mutation of 2 alpha-globin genes

19. Immunohaemolytic anaemia is most commonly due to

- A: primary IgA warm type antibodies
- B: primary IgG warm type antibodies ✓
- C: primary IgM cold agglutinin type antibodies
- D: secondary IgM cold agglutinin type antibodies

20. The direct Coombs antiglobulin test detects

- A: circulating immune complexes
- B: fragmented RBC
- C: IgA antibodies in serum
- D: immunoglobulin or complement on RBC surface ✓