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## **Enrolment No:**



## **UPES**

## **End Semester Examination, December 2024**

Course: Pharmacotherapeutics 1 Semester : 5

Program: Int. BMSc. (Clinical Research)

Course Code: HSCR3011

Duration: 3 Hours

Max. Marks: 100

**Instructions: Read questions carefully** 

S. No.	Section A	Marks	COs
	Short answer questions/ MCQ/T&F		
	(20Qx1.5M=30 Marks)		
Q 1	Which of the following is the primary cause of cell injury in	1.5	CO1
	hypoxia?		
	a) Mitochondrial damage		
	b) Decreased ATP production		
	c) Increased intracellular calcium		
	d) Free radical formation		
Q 2	Which of the following is the most important feature of necrosis?	1.5	CO1
	a) Active energy-dependent process		
	b) Loss of membrane integrity		
	c) Cellular shrinkage		
	d) Chromatin condensation		
Q 3	In which type of adaptation does the size of the organ or tissue	1.5	CO1
	increase due to an increase in the size of individual cells?		
Q 4	Which type of cellular damage is most associated with apoptosis?	1.5	CO1
	a) Mitochondrial injury		
	b) DNA damage		
	c) Free radical damage		
	d) All of the above		
Q 5	Which of the following is associated with intracellular	1.5	CO2
	accumulation of lipid?		
	a) Steatosis		
	b) Glycogen storage		
	c) Protein aggregation		
	d) Calcium deposition		
Q 6	What is the term used to describe the process of programmed cell	1.5	CO2
	death?		
	a) Necrosis		
	b) Apoptosis		

	c) Autophagy		
	d) Pyrosis		
Q 7	What is the primary function of neutrophils during the	1.5	CO2
	inflammatory response?		
	a) Secretion of antibodies		
	b) Phagocytosis of pathogens		
	c) Activation of T-cells		
	d) Formation of a fibrin clot		
Q 8	Which of the following is considered a systemic sign of	1.5	CO2
	inflammation?		
	a) Fever		
	b) Swelling at the site of infection		
	c) Redness at the site of infection		
	d) Pain		
Q 9	During the inflammatory response, which of the following is	1.5	CO3
	responsible for increasing vascular permeability?		
	a) Prostaglandins		
	b) Histamine		
	c) Leukotrienes		
	d) Platelet-activating factor		
Q 10	Which of the following is the most common type of wound	1.5	CO3
	healing?		
	a) Healing by primary intention		
	b) Healing by secondary intention		
	c) Healing by tertiary intention		
	d) Healing by scar formation		
Q 11	In a patient with chronic iron deficiency anemia, which of the	1.5	CO3
	following laboratory findings is most likely?		
	a) High serum ferritin		
	b) Low mean corpuscular volume (MCV)		
	c) Elevated reticulocyte count		
	d) Elevated bilirubin levels		
Q 12	Which of the following is a characteristic feature of megaloblastic	1.5	CO3
	anemia?		
	a) Microcytic, hypochromic red blood cells		
	b) Hypersegmented neutrophils		
	c) Increased iron stores		
	d) Decreased reticulocyte count		
Q 13	The most common cause of hepatitis C infection is:	1.5	CO4
	a) Blood transfusions		
	b) Sexual contact		
	c) Intravenous drug use		
	d) Vertical transmission from mother to child		

Q 14	The characteristic finding in chronic hepatitis is:	1.5	CO4
	a) Necrosis of hepatocytes		
	b) Fibrosis leading to cirrhosis		
	c) Steatosis		
	d) Hepatic necrosis with jaundice		
Q 15	Which of the following is the primary treatment for asthma	1.5	CO4
	exacerbations?		
	a) Antihistamines		
	b) Short-acting beta-agonists (SABA)		
	c) Inhaled corticosteroids		
	d) Leukotriene inhibitors		
Q 16	In patients with COPD, which of the following findings would be	1.5	CO4
	most consistent with the disease?		
	a) Decreased total lung capacity (TLC)		
	b) Decreased forced expiratory volume in 1 second (FEV1)		
	c) Increased forced vital capacity (FVC)		
	d) Increased pulmonary compliance		
Q 17	The most common cause of peptic ulcer disease is:	1.5	CO5
	a) Overuse of corticosteroids		
	b) Helicobacter pylori infection		
	c) Stress-related mucosal injury		
	d) Alcohol consumption		
Q 18	The characteristic feature of cirrhosis in the liver is:	1.5	CO5
	a) Infiltration of hepatocytes by inflammatory cells		
	b) Irreversible fibrosis and scarring		
	c) Fatty change in the liver cells		
	d) Increased bile production		
Q 19	HIV primarily targets which type of immune cells?	1.5	CO5
	a) B-cells		
	b) CD4+ T-cells		
	c) Natural killer cells		
	d) Neutrophils		
Q 20	Which of the following is a classic clinical presentation of syphilis	1.5	CO5
<b>e</b> = •	in its primary stage?		
	a) Painful ulcer at the site of inoculation		
	b) Generalized skin rash		
	c) Enlarged lymph nodes		
	d) Mucosal plaques		
	Section B		
	(4Qx5M=20 Marks)		
Q 1	Discuss the different types of feedback mechanisms to maintain	5	CO1
	homeostasis.		
Q 2	Explain the stages of inflammation and the role of cytokines in	5	CO2
	each stage.		

Q 3	Define and describe the various types of cellular adaptations	5	CO3
	(atrophy, hypertrophy, hyperplasia, metaplasia, and dysplasia).		
Q 4	Briefly explain the pathophysiology of iron deficiency anemia.	5	CO4
	Section C		
	(2Qx15M=30 Marks)		
Q 1	A 35-year-old woman presents with unexplained fatigue, pale skin,	15	CO4
	and a sore tongue. Laboratory results show a low hemoglobin		
	level, elevated mean corpuscular volume (MCV), and hyper		
	segmented neutrophils. Bone marrow biopsy confirms		
	megaloblastic anemia. Discuss the etiology, pathophysiology, and		
	treatment of megaloblastic anemia.		
Q 2	Discuss the mechanisms of cell injury, focusing on mitochondrial	15	CO5
	dysfunction, membrane damage, and the role of calcium in cellular		
	injury. Explain the morphological changes observed in these		
	conditions.		
	Section D		
	(2Qx10M=20 Marks)		
Q 1	Explain the life cycle of <i>Plasmodium</i> in the human body and	10	CO2
	explain how different antimalarial drugs target specific stages of		
	the parasite's development.		
	OR		
	Explain the life cycle of HIV in the human body and explain how		
	different anti-HIV drugs target specific stages of the virus		
	development.		
Q 2	Describe the pathophysiology, clinical features, and treatment	10	CO3
	strategies of Gonorrhea.		