



1. Malaria is caused by

- A. W. bancrofti
- B. Plasmodium parasite
- C. E. histolytica
- D. T. cruzi

2. Vector of plasmodium parasite is

- A. Female Culex
- B. Male Culex
- C. Female Anopheles.
- D. Male Anopheles.

3. Which of the following causes benign quartan malaria

- A. Plasmodium vivax
- B. Plasmodium ovale
- C. Plasmodium malariae
- D. Plasmodium falciparum

4. The most widely distributed species of plasmodium is.....

- A. Plasmodium vivax
- B. Plasmodium ovale
- C. Plasmodium malariae
- D. Plasmodium falciparum

5. Which of the following is a heteroxenous parasite

- A. Entamoebahistolytica
- B. Crithidia
- C. Herpetomonas
- D. Plasmodium

1. B	2. C	3. C	4. A	5. D
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**6. Definitive host of malaria is.....**

- A. Man
- B. Female Anopheles mosquito
- C. Chimpanzee
- D. Sandsnail

7. Man act as for malaria

- A. Intermediate host
- B. Reservoir host
- C. Dead end host
- D. Definitive host

8. Sexual cycle of malaria occurs in.....

- A. Man
- B. Female Anopheles mosquito
- C. Chimpanzee
- D. Sandsnail

9. In P. malariae.....can act as a reservoir host

- A. Dogs
- B. Cats
- C. Chimpanzee
- D. Sand snail

10. In man, malaria parasites are found in?

- A. Salivaryglands.
- B. Liver cells
- C. RBCs
- D. B & C

6. B	7. A	8. B	9. C	10. D
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11. In mosquito-borne malaria, infective stage is.....

- A. Sporozoites
- B. Merozoites
- C. Trophozoites
- D. B&C

12. In blood-borne malaria infective stage is

- A. Sporozoites
- B. Merozoites
- C. Trophozoites
- D. B&C

13. Mode of infection of malaria include all of the following except.....

- A. Bite of infected female Anopheles.
- B. Feco-oral transmission
- C. Blood transfusion
- D. Transplacental transmission.

14. The only zoonotic plasmodium is

- A. Plasmodium vivax
- B. Plasmodium ovale
- C. Plasmodium malariae
- D. Plasmodium falciparum

15. All of the following are causes of anemia in malaria except

- A. Obligatory destruction of RBCs at gametogony.
- B. Destruction of large number of RBCs by complement-mediated & autoimmune hemolysis.
- C. Decrease erythropoiesis in bone marrow
- D. Shortened red cell survival.

11. A	12. D	13. B	14. C	15. A
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16. Release of haemozoin and parasite metabolites in blood stream results in.....:

- A. Nephritic syndrome
- B. Black water fever
- C. Hepatosplenomegaly
- D. Megaloblastic anemia

17. Black water fever is caused by.....

- A. P. vivax
- B. P. malariae
- C. P. ovale
- D. P. falciparum

18. Malarial relapse is due to activation of

- A. Hypnozoites
- B. Merozoites
- C. Trophozoites
- D. Sporozoites

19. Malarial relapse occurs with?

- A. P. knowlesi
- B. P. vivax
- C. P. malariae
- D. P. falciparum

20. Only Ring shape stages and gametocytes can be detected in peripheral blood in case of infection with.....

- A. P. vivax
- B. P. malariae
- C. P. ovale
- D. P. falciparum

16. C	17. D	18. A	19. B	20. D
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21. Fever in malaria coincides with the release of

- A. Hypnozoites
- B. Merozoites
- C. Trophozoites
- D. Sporozoites

22. Regarding incubation period of malaria which of the following is correct.....?

- A. It consists of series of febrile paroxysm, followed by anaemia and splenomegaly.
- B. It is the interval between the appearance of the earliest manifestation of the disease and patient recovery.
- C. It represents the duration of exo-erythrocytic cycle.
- D. None of the above

23. Black water fever is characterised by All of the following except.....?

- A. It is due to massive intravascular hemolysis caused by anti-erythrocyte antibodies
- B. Passage of dark red or black urine
- C. It may be complicated with acute renal failure and circulatory collapse
- D. It occurs as a complication of quinine treatment

24. Which of the following stains is used to demonstrate plasmodium in blood smear?

- A. Eosin
- B. Methylene blue
- C. Giemsa.
- D. Hematoxylin

25. Nephrotic syndrome in malaria occurs due to infection with.....

- A. P. vivax
- B. P. malariae
- C. P. ovale
- D. P. falciparum

21. B	22. C	23. D	24. C	25. B
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26. Malignant malaria is associated with.....:

- A. P. vivax
- B. P. malariae
- C. P. ovale
- D. P. falciparum

27. Malignant malaria occurs due to.....?

- A. Immuneresponseof the host to the liberated parasite metabolites & malaria pigments.
- B. Cytoadherence and blocking of capillaries of internal organs
- C. Production of interleukin-1 and tumor necrosis factor
- D. Activation of complement and immunecomplexesformation

28. P. falciparum is the most serious species of plasmodium due to?

- A. Lowest numberofmerozoites
- B. Longest incubation period
- C. Prediction to reticulocytes only
- D. Cytoadherence

**29.is a recurrence of clinical attack of malaria, few weeks or many years after
apparent clinical cure, without re-infection?**

- A. Relapse
- B. Gametogony
- C. Recrudescence
- D. Schizogony

30. Recrudescence in malaria is more common with.....?

- A. P. vivax
- B. P. malariae
- C. P. ovale
- D. P. knowlesi

26. D	27. B	28. D	29. C	30. B
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31. Schizonts of malaria parasites are not seen in peripheral blood in.....:

- A. P. vivax
- B. P. malariae
- C. P. ovale
- D. P. falciparum

32. Malarial relapse can be prevented by administration of.....?

- A. Primaquine
- B. Chloroquine
- C. Quinine,
- D. Atebrine.

33. All of the following act on the erythrocytic stages of malaria except.....?

- A. Primaquine
- B. Chloroquine
- C. Quinine,
- D. Atebrine.

34.should be used in chloroquine-resistant falciparum malaria?

- A. Primaquine
- B. Quinine,
- C. Artemisinin combined therapy
- D. Atebrine,

35. Prevention and control of malaria can be done with.....?

- A. Masstreatment of infectedcases.
- B. Mosquito control.
- C. Chemoprophylaxis using Primaquine for healthy individuals one day before visiting a malaria-endemic area
- D. All of the above

31. D	32. A	33. A	34. C	35. D
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36. Therapeutic diagnosis of malaria means.....:

- A. Detection of circulating antibodies against malaria
- B. Detection of circulating antigens of malaria
- C. Non-subsidence of the febrile paroxysms after the administration of anti-malarial drug for 3 days means that the case is not malaria
- D. None of the above

37. All of the following are findings of biochemical diagnosis of malaria except.....?

- A. Hypergammaglobulinemia
- B. Low albumin level.
- C. Hyperglycemia.
- D. Hypokalemia.

38. Septicaemic malaria is characterized by.....?

- A. Peripheral circulatory failure, rapid pulse and low blood pressure.
- B. High continuous fever with dissemination of parasite to various organs
- C. Passage of dark red or black urine.
- D. Headache, hyperpyrexia, coma and paralysis.

39. Choleric type of algid malaria is associated with.....?

- A. Severe abdominal pain and vomiting
- B. Passage of blood in feces
- C. Watery diarrhea
- D. Passage of dark red or black urine.

40. Regarding malarial paroxysms which of the following is correct.....?

- A. Patient only feels malaise, muscle pain, headache and loss of appetite
- B. It synchronizes with the erythrocytic schizogony cycle
- C. The fever recurs every third day in quartan malaria
- D. In cold stage of febrile paroxysm temperature is decreased with profuse sweating, lasting for 2- 3 hours

36. C	37. D	38. B	39. C	40. B
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1. Filariasis is caused by.....

- A. Wuchereria bancrofti
- B. Plasmodium parasite
- C. E. histolytica
- D. T. cruzi

2. Wuchereria bancrofti adult worms live in.....

- A. Eye
- B. Lymph vessels and lymph nodes
- C. Peripheral blood
- D. Lung

3. Elephantiasis occurs due to.....

- A. Migrating worms in blood vessels
- B. Circulating microfilariae in blood
- C. Blocking lymphatic drainage
- D. Hyper-responsiveness to microfilariae antigens

4. Regarding Wuchereria bancrofti adult worms which of the following is correct.....

- A. It is a filarial cestode
- B. Female worm is viviparous
- C. Female worm is oviparous
- D. None of the above

5. Periodicity of Wuchereria bancrofti is

- A. Nocturnal
- B. Diurnal
- C. All the day
- D. None of the above

1. A	2. B	3. C	4. B	5. A
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6. Regarding Wuchereria bancrofti microfilaria which of the following is correct

- A. It has tapering anterior end
- B. It has loose and redundant sheath
- C. Posterior end is bluntly rounded
- D. It multiplies and develop in human

7. Lifespan of Wuchereria bancrofti microfilaria is.....

- A. 1-2 weeks
- B. 1-2 months
- C. 2-3 months
- D. 5-6 months

8. Wuchereria bancrofti microfilariae live in

- A. Eye
- B. Lymph vessels and lymph nodes
- C. Lung
- D. Peripheral blood

9. Wuchereria bancrofti adult worms live mainly in lymph nodes that drain....

- A. Lower part of the body
- B. Upper part of the body
- C. Head and neck
- D. None of the above

10. Man act as.....for Wuchereria bancrofti?

- A. Intermediate host
- B. Definitive host
- C. Reservoir host
- D. Dead end host

6. B	7. C	8. D	9. A	10. B
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**11. Intermediate host of w.boncrofti is.....**

- A. Culex mosquitoes
- B. Fleas
- C. Lice
- D. Ticks

12. Female Aedes mosquito transmits

- A. Malaria
- B. Filaria
- C. Leishmania
- D. Black fever

13. Infective stage of w.boncrofti is

- A. Rhabditiformlarva
- B. Circulating microfilariae in blood
- C. Filariform larva
- D. Adultworms

14. Mode of infection of w.boncrofti is.....

- A. Biteof mosquitocarrying theinfectivefilariform larvae
- B. Adult worm penetrate skin
- C. Ingestion of contaminated food or water
- D. None ofthe above

15. Microfilariae show a periodicity in peripheral circulation between

- A. 8 pm-10 pm
- B. 10 pm- 4 am
- C. 10 am- 4 pm
- D. 8 am- 10 am

11. A	12. B	13. C	14. A	15. B
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16. Pathogenic complications of wuchereriasis are mainly due to

- A. Rhabditiformlarva
- B. Circulating microfilariae in blood
- C. Filariform larva
- D. Adultworms

17. Wuchereria bancrofti microfilaria have been associated with.....

- A. Lymphadenitis
- B. Granulomatous inflammation of the lung
- C. Black water fever
- D. Nephroticsyndrome

18. Which of the following can occur with Wuchereria bancrofti infection.....

- A. Stoneformationin bladder
- B. Nocturnal enuresis
- C. Chyluria
- D. Terminal hematuria

19. Acute inflammatory manifestations of filariasis is manifested by all of the following except.....?

- A. Leucopenia
- B. Lymphangitis of the genitalia
- C. Lymphadenitis
- D. Feverandchills

20. Chronic obstructive manifestations of filariasis occurs due to.....

- A. Fibrosis followingthe inflammatoryprocess,
- B. Coiled worms inside lymphatics
- C. Endothelial proliferation
- D. All of the above

16. D	17. B	18. C	19. A	20. D
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21. Rupture of distended lymphatics in tunica vaginalis of testis leads to.....

- A. Chylous ascitis
- B. Chyluria
- C. Chylocele
- D. Chylous diarrhea

22. Chronic obstructive manifestations of filariasis include.....?

- A. Varicosities
- B. Lymphangitis
- C. Lymphadenitis
- D. Hematuria

23. Elephantiasis is common in.....?

- A. Arms
- B. Lower limbs
- C. Breasts
- D. Head and neck

24. The most common presentation of occult filariasis is?

- A. Lymphangitis
- B. Lymphadenitis
- C. Elephantiasis
- D. Tropical pulmonary eosinophilia

25. Regarding occult filariasis which of the following is correct.....

- A. It occurs as a result of hypersensitivity reaction to microfilarial antigens
- B. Microfilariae are present in large amounts in blood
- C. It is characterized by lymphangitis and lymphadenitis
- D. All of the above

21. C	22. A	23. B	24. D	25. A
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26. Regarding diffuse filarial lung disease which of the following is correct.....:

- A. It is due to toxic products of living or dead adult worms in lung
- B. It is resistant to treatment with ivermectin
- C. Microfilariae are not detected in the peripheral blood
- D. Serological tests with filarial antigen are usually negative.

27. Tropical pulmonary eosinophilia may occur with which of the following.....?

- A. Ascaris imbricoides
- B. Wuchereria bancrofti
- C. E. histolytica
- D. Strongyloides stercoralis

28. are high in case lymphatic filariasis?

- A. Neutrophils
- B. Basophils
- C. Eosinophils
- D. Lymphocytes

29. Motile microfilariae can be seen in peripheral blood by?

- A. Direct fresh smear under dark ground illumination
- B. Giemsa-stained thick blood film
- C. Hematoxylin stained blood film.
- D. None of the above

30. Wuchereria bancrofti adult worms can be detected by?

- A. Giemsa-stained thick blood film
- B. Diethylcarbamazine provocative test
- C. ELISA
- D. Lymph node biopsy

26. C	27. B	28. C	29. A	30. D
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31. Which of the following is used during the incubation period to diagnose

Wuchereria bancrofti infection.....:

- A. Giemsa-stained thick blood film
- B. Diethylcarbamazine provocative test
- C. ELISA
- D. Lymph node biopsy

32. The drug of choice in filariasis is.....?

- A. Diethylcarbamazine
- B. Primaquine
- C. Chloroquine
- D. Praziquantel

33. Fixed microfilariae can be seen in peripheral blood by?

- A. Direct fresh smear under dark ground illumination
- B. Giemsa-stained thick blood film
- C. Hematoxylin stained blood film.
- D. None of the above

31. C	32. A	33. B
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1. The causative parasite of visceral leishmaniasis in mediterranean area is.....

- A. Leishmania donovani
- B. Leishmania infantum
- C. Leishmania chagasi
- D. Leishmania major

2. Cutaneous Leishmaniasis is caused by.....

- A. Leishmania donovani
- B. Leishmania infantum
- C. Leishmania chagasi
- D. Leishmania major

3. Leishmania donovani causes.....

- A. Cutaneous leishmaniasis
- B. Black water fever
- C. Kala Azar
- D. Moist sore

4. Amastigote form of leishmania is present in.....

- A. Reticuloendothelial cells all over the human body
- B. Insect vector
- C. Hepatocytes
- D. Mast cells

5. Promastigote form of leishmania is present in

- A. Reticuloendothelial cells all over the human body
- B. Insect vector
- C. Animal reservoir
- D. Blood stream

1. B	2. D	3. C	4. A	5. B
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6. Regarding amastigote form of leishmania which of the following is correct

- A. It is fusiform in shape
- B. It contains kinetoplast from which arises an intracytoplasmic axoneme
- C. It is larger than promastigote form
- D. It has an anterior free flagellum

7. Regarding promastigote form of leishmania which of the following is correct

- A. It is fusiform in shape
- B. It has an anterior free flagellum
- C. Can be found in culture
- D. All of the above

8. Leishmania amastigotes live intracellularly in

- A. Macrophages
- B. Eosinophils
- C. Basophils
- D. Lymphocytes

9. Definitive host in visceral leishmaniasis is....

- A. Dogs
- B. Rodents
- C. Man
- D. Female sandflies

10. Reservoir host in Kala azar is.....?

- A. Pigs
- B. Dogs
- C. Man
- D. Desert gerbils

6. B	7. D	8. A	9. C	10. B
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11. Kala azar is transmitted by.....

- A. Female anopheles
- B. Female sand flies
- C. Female culex
- D. Female aedes

12. Transmission of visceral leishmaniasis by female sand flies is an example of

- A. Cyclo-propagativetransmission
- B. Propagative transmission
- C. Trans-ovarian transmission
- D. Cyclo-developmentaltransmission

13. Infective stage of visceral leishmaniasis is

- A. Amastigotes
- B. Promastigotes
- C. Epimastigotes
- D. Trypomastigotes

14. The main mode of infection of visceral leishmaniasis is.....

- A. Blood transfusion.
- B. Transplacental.
- C. Bite of infected sand fly
- D. Mechanicalby blood suckingflies

15. All of the following are modes of infection by amastigotes in visceral leishmaniasis except.....

- A. Bloodtransfusion.
- B. Accidental laboratory wound
- C. Mechanical by blood sucking flies
- D. Bite of infected sand fly

11. B	12. A	13. B	14. C	15. D
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16. In cutaneous leishmaniasis, Leishmania amastigotes inhabits the RECs of

- A. Skin
- B. Spleen
- C. Liver
- D. Bone marrow

17. Man act as.....in cutaneous leishmaniasis

- A. Intermediate host
- B. Definitive host
- C. Reservoir host
- D. Deadend host

18. Reservoir host in cutaneous leishmaniasis is

- A. Man
- B. Dogs
- C. Desert gerbils
- D. Pigs

19. Cutaneous leishmaniasis is transmitted by?

- A. Female aedes
- B. Female sand flies of the genus Lutzomyia
- C. Female culex
- D. Female sand flies of the genus Phlebotomus

20. Infective stage of cutaneous leishmaniasis is

- A. Amastigotes
- B. Promastigotes
- C. Epimastigotes
- D. Trypomastigotes

16. A	17. B	18. C	19. D	20. B
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21. Mode of infection of cutaneous leishmaniasis is.....

- A. Bite of infected sand fly.
- B. Direct contact.
- C. Transmission of the organisms mechanically from an open ulcer by a stable fly
- D. All of the above

22. In kala azar hepatomegaly occurs due to.....?

- A. Hepatic cirrhosis
- B. Hepatitis
- C. Multiplication of amastigotes in the Kupfer cells of liver
- D. Hepatocellular carcinoma

23. Clinical manifestations of Kala azar include all of the following except.....?

- A. Dysentery
- B. Black water fever
- C. Hepatosplenomegaly
- D. Pancytopenia

24. Type of fever in visceral leishmaniasis is.....?

- A. Intermittent
- B. Constant
- C. Remittent
- D. Relapsing

25. Which of the following causes aplastic anemia.....?

- A. Schistosoma hematobium
- B. Leishmania donovani
- C. Leishmania major
- D. Ancylostoma duodenale

21. D	22. C	23. B	24. A	25. B
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26. Macrocytic anemia can occur in kala azar due to.....:

- A. Reticuloendothelial hyperplasia and fatty infiltration of the liver leading to deficient storage of vitamin B12.
- B. Lack of iron absorption from intestine
- C. Increased sequestration and destruction of RBCs due to hypersplenism
- D. Decreased erythropoiesis due to infiltration of bone marrow by parasitized macrophages.

27. Which type of anemia can occur in kala azar.....?

- A. Normocytic normochromic anemia
- B. Macrocytic anemia
- C. Microcytic anemia
- D. All of the above

28. Normocytic normochromic anemia can occur in kala azar due to all of the following except.....?

- A. Autoantibodies to red cells
- B. Hemorrhage.
- C. Lack of iron absorption from intestine
- D. Alterations in RBC membrane permeability.

29. Post kala-azar dermal leishmaniasis is manifested by.....?

- A. Bullous lesions
- B. Diffuse depigmented nodules
- C. Diffuse hyperpigmented macules
- D. Localized silver plaques

30. Regarding post kala-azar dermal leishmaniasis which of the following is correct.....?

- A. It occurs due to migration of the parasites from viscera to the skin
- B. It occurs after mixed infection with leishmania major
- C. It is common in the American type of kala-azar.
- D. It occurs after 6 weeks of infection

26. A	27. D	28. C	29. B	30. A
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31. Post kala-azar dermal leishmaniasis should be differentiated from.....

- A. Lepromatous leprosy
- B. Disseminated cutaneous leishmaniasis
- C. Tuberculosis
- D. A&B

32. kala azar should be suspected clinically in endemic areas when the patient has.....?

- A. Fever of more than 2 weeks,
- B. Splenomegaly
- C. Weight loss
- D. All of the above

33. The following media is suitable for leishmania culture.....?

- A. Nutrient broth
- B. NNN media
- C. CLED media
- D. Diamond's media

34. Leishmania donovani inhabits all of the following cells except.....?

- A. Red blood cells
- B. Macrophages
- C. Kupffer cells of liver
- D. Littoral cells of spleen

35. Amastigotes can be detected in all of the following except.....

- A. Peripheral blood by thick film or buffy coat smears
- B. Enlarged lymph node aspirate
- C. NNN medium.
- D. Nasopharyngeal secretions.

31. D	32. D	33. B	34. A	35. C
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36. Montenegro test is done for diagnosis of.....

- A. Toxoplasmosis
- B. Visceral leishmaniasis
- C. Malaria
- D. Filariasis

37. Antigen used in Montenegro test is

- A. Promastigotes
- B. Amastigotes
- C. Epimastigotes
- D. Trypomastigotes

38. Montenegro test is positive.....?

- A. During activeinfection of kalaazar
- B. In post kala-azar dermal leishmaniasis
- C. 6-8 weeks after cure of kala azar
- D. All of theabove

39. Montenegro test is negative in which of the following

- A. During activeinfectionof kalaazar
- B. Cutaneous leishmaniasis
- C. In post kala-azar dermal leishmaniasis
- D. A &C

40. All of the following can be found in kala azar except.....

- A. Leucocytosis
- B. Hypergammaglobulinemia
- C. Low albumin level.
- D. Thrombocytopenia

36. B	37. A	38. C	39. D	40. A
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41. Drug of choice in leishmaniasis is.....

- A. Pentostam
- B. Praziquantel
- C. Albendazole
- D. Chloroquine

42. The first oral drug approved for treatment of leishmaniasis is

- A. Pentostam
- B. Miltefosine
- C. Ketoconazole
- D. Metronidazole

43. Cutaneous leishmaniasis is characterized by.....?

- A. Multiplication of amastigotes in the skin macrophages
- B. Recovery from cutaneous leishmaniasis gives a life-long immunity
- C. Formation of papule, nodule and ulcer
- D. All of the above

44. Moist sore is caused by.....?

- A. Leishmania donovani
- B. Leishmania infantum
- C. Leishmania major
- D. Leishmania chagasi

45. Regarding moist sore which of the following is correct.....

- A. The incubation period is very long
- B. Ulceration occurs very early and heals more rapidly
- C. The lesion usually affects the upper limbs
- D. Secondary bacterial infection never occurs.

41. A	42. B	43. D	44. C	45. B
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46. In animal inoculation,can be detected in smears taken from ulcers or nodules at site of inoculation

- A. Promastigotes
- B. Amastigotes
- C. Epimastigotes
- D. Trypomastigotes

47. Which of the following is of limited value in the diagnosis of cutaneous leishmaniasis

- A. Serodiagnosis
- B. Leishmanin skin test
- C. Animal inoculation
- D. Culture on NNN medium

48. Drug of choice in cutaneous leishmaniasis is.....

- A. Praziquantel
- B. Albendazole
- C. Pentostam
- D. Chloroquine

46. B	47. A	48. C
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