

Para Repro (Toxoplasma & T.vaginalis)

Past Y Exams

<p>1. Toxoplasma oocyst contains sporozoites</p> <p>A) 2 B) 4 C) 6 D) 8 E) 10</p>	D
<p>2. During the acute stage of toxoplasmosis, which cells are targeted?</p> <p>A) RECS B) RBCs C) Platelets D) Sertoli cells E) Melanocytes</p>	A
<p>3. The definitive host of Toxoplasma gondii is.....</p> <p>A) Man B) Mouse C) Cat D) pigs E) birds</p>	C
<p>4. The infection outcome in toxoplasmosis depends on the...of the patient</p> <p>A) Age B) Immune status C) Gender D) Roce E) Body weight</p>	B

<p>5. Toxoplasma is transmitted through the following modes except:</p> <ul style="list-style-type: none"> A) Contact with stool of infected cats B) ingestion of raw or undercooked contaminated meat C) Accidental infection in the laboratory D) Transplacental E) Mosquito bite 	<p>E</p>
<p>6. The following parasite could affect Newborn during labour:</p> <ul style="list-style-type: none"> A) Giardia lamblia B) Entamoeba histolytica C) Trichomonas D) Cysticercosis E) Hydatidosis 	<p>C</p>
<p>7. The mode of transmission of Trichomonas includes:</p> <ul style="list-style-type: none"> A) sexual transmission B) inhalation C) ingestion D) mechanical transmiseion by vectors E) intranasal 	<p>A</p>
<p>8. The infective stage of Trichomonas is:</p> <ul style="list-style-type: none"> A) Docyst B) Trophozoite C) cyst D) Trophozoite and cyst E) Promastigote 	<p>B</p>
<p>9. Which organism is likely to Cause leucorrhoea in females</p> <ul style="list-style-type: none"> A) Noegleria B) E. histolytica C) Trichomonas D) Plasmodium E) toxoplasma 	<p>C</p>

<p>10. The main pathological factor in trichomoniasis is</p> <ul style="list-style-type: none"> A) Cytopathic dependant factor B) Phagocytosis C) Demyelination D) Calcium deposition E) Blood haemolysis 	<p>A</p>
<p>11. A pregnant female complained of vaginal itching and burning sensation with profuse and offensive discharge. Gynecological examination revealed redness, oedma, and strawberry-like vaginal mucosa. What is the possible diagnosis of this condition?</p> <ul style="list-style-type: none"> A) Schistosomiasis B) Trichomoniasis C) Giardiasis D) Cysticercosis E) Malaria infection 	<p>B</p>
<p>12. What type of Plasmodium spp cause Congenital infection?</p> <ul style="list-style-type: none"> a) Plasmodium vivax b) Plasmodium Ovale c) Plasmodium malarie d) Plasmodium falciparum e) Plasmodium avium 	<p>D</p>
<p>13. In congenital Plasmodium infection, the infective stage for the fetus is?</p> <ul style="list-style-type: none"> a) Sporozoite b) Merozoite c) Gametocyte d) Hypnozoite e) Oocyst 	<p>B</p>

<p>14. Vaginal, urinary tract, nasal and respiratory infections occur in newborn infected with which parasite of the following?</p> <ul style="list-style-type: none"> a) Congenital Chagas disease b) Plasmodium spp. c) Congenital Toxoplasmosis d) Trichomonas vaginalis e) African trypanosomes 	<p>D</p>
<p>15. Sabin-feldman dye test is used in diagnosis of which parasite of the following</p> <ul style="list-style-type: none"> a) Congenital Chagas disease b) Plasmodium spp. c) Toxoplasmosis d) Trichomonas vaginalis e) African trypanosomes 	<p>C</p>
<p>16. Which of the following is the infective stage to man in the life cycle of toxoplasma ?</p> <ul style="list-style-type: none"> a) Tachyzoite b) Pseudocyst c) True tissue cyst d) Oocyst e) All of the above 	<p>E</p>
<p>17. All the following are modes on infection in the life cycle of toxoplasma EXCEPT?</p> <ul style="list-style-type: none"> a) Inhalation of mature oocysts. b) Blood transfusion. c) Skin penetration by the larva d) Organ transplantation. e) Transplacental route. 	<p>C</p>

<p>24 years old female patient was admitted to outpatient clinic at 15th week of her pregnancy on account of afebrile illness, headache, enlargement of lymph nodes & symptoms of common cold. patient was given a one-week course of cefixime with Co-amoxiclav but remained symptomatic despite receiving treatment. Toxoplasma serological test, IgM, was found to be strongly positive by ELISA. Amniotic fluid was positive by PCR for Toxoplasma DNA. The patient was given a course of spiramycin at a dose of 1 g orally, every 8 hours.</p> <p>18. Which disease could affect the baby?</p> <ul style="list-style-type: none"> a) Congenital Chagas disease b) Plasmodium spp. c) Congenital Toxoplasmosis d) Trichomonas vaginalis e) African trypanosomes 	<p>C</p>
<p>19. Name the antibody that will be detected in baby's serum to confirm his infection.</p> <ul style="list-style-type: none"> a) IgA b) IgG c) IgM d) IgE e) IgD 	<p>C</p>
<p>20. What is the drug of choice to treat the baby:</p> <ul style="list-style-type: none"> a) Cortisol only b) Pyrimethamine and sulfadiazine with folinic acid c) Metronidazole d) Albendazole e) Hetrazan 	<p>B</p>

<p>21. The most common site for Toxoplasma cyst is:</p> <ul style="list-style-type: none"> a. Eye b. Brain c. Skeletal muscle d. Cardiac muscle 	<p>B</p>
<p>22. Oocyst of toxoplasma (disporocystic tetrazoic) is found in</p> <ul style="list-style-type: none"> a) Human tissues b) The brain of chronic patients c) Faeces of infected cat d) Muscles of cattles 	<p>C</p>
<p>23. Sabin-feldman dye test is positive when the organisms are:</p> <ul style="list-style-type: none"> a) Deep blue stained. b) Rounded in shape c) Completely unstained d) Pale blue stained 	<p>C</p>
<p>24. Pork borne infection occurs with:</p> <ul style="list-style-type: none"> a. Trichomonas vaginalis b. Plasmodium falciparum c. Wuchereria banerofti d. Schistosomna haematobium e. toxoplasma gondii 	<p>E</p>
<p>25. A new born boy was referred to neonatal intensive care unit, 15 hours after birth, presented with fever and lymphadenopathy. During pregnancy his mother was treated with speiramycin. What is the most likely transmitted organism:</p> <ul style="list-style-type: none"> a) Toxoplasma gondii b) Trypansoma cruzi c) Leishmania donovani d) Plasmodium falciparum 	<p>A</p>

<p>26. Parasite which causes congenital anomalies is:</p> <ul style="list-style-type: none"> a) Schistosoma japonicum b) Schistosoma mansoni c) Onchocerca volvulus d) Toxoplasma gondii e) Entamoeba histolytica 	D
<p>27. Congenital parasitic infection include all the following Except?</p> <ul style="list-style-type: none"> a) Toxoplasma gondii b) Wucheraria bancrofti c) Trypanosoma cruzi. d) Trichomonas vaginalis e) African trypanosomes 	B
<p>28. The infective stage of Phthirus pubis is which of the following</p> <ul style="list-style-type: none"> a) Adult insect b) Encysted metacercaria c) Trophozoite d) Egg e) Furcocercus cercariae 	<div style="background-color: yellow; display: inline-block; padding: 2px;">زيادة</div> A
<p>29. The best treatment for Trichomonas vaginalis is which of the following:</p> <ul style="list-style-type: none"> a) Metronidazole b) ivermectin c) Mebendazole d) Praziquantel e) None of the above 	A
<p>30. Protozoa causing leucorrhoea is</p> <ul style="list-style-type: none"> a) Entamoeba histolytica b) Trichomonas hominis c) Trichomonas tenax d) Trichomonas vaginalis 	D

<p>31. The protozoon with trophozoite stage only is:</p> <ul style="list-style-type: none"> a) <i>Giardia lamblia</i> b) <i>Toxoplasma gondii</i> c) <i>Trichomonas vaginalis</i> d) <i>Entamoeba histolytica</i> e) <i>Acanthamoeba castellanii</i> 	C
<p>32. In trichomoniasis:</p> <ul style="list-style-type: none"> a) <i>Trichomonas hominis</i> is the most pathogenic for human b) <i>Trichomonas hominis</i> inhabits the distal part of small intestine c) <i>Trichomonas vaginalis</i> is transmitted sexually d) No morphological differences between <i>T. hominis</i> and <i>T. vaginalis</i> 	C
<p>33. <i>Trichomonas vaginalis</i> may inhibit</p> <ul style="list-style-type: none"> a) The small intestine b) The large intestine c) The prostate d) Stomach 	C
<p>34. Sexually transmitted parasite is:</p> <ul style="list-style-type: none"> a) <i>Toxoplasma gondii</i> b) <i>Trichinella spiralis</i> c) <i>Trichomonas vaginalis</i> d) <i>Taenia Saginata</i> e) <i>Taenia solium</i> 	C
<p>35. Infective stage of <i>Trichomonas vaginalis</i> is:</p> <ul style="list-style-type: none"> a) Quadrinucleated cyst b) Binucleated cyst c) Uninucleated cyst d) Trophozoite e) Mature oocyst 	D

<p>36. The suitable media for Trichomonas vaginalis is:</p> <ul style="list-style-type: none"> a) Robinson media b) Diamond media c) Non nutrient agar d) Egg embryo. e) CLED media 	<p>B</p>
<p>37. A 28 years-old female came to the hospital clinic and complained of profuse vaginal leucorrhoeic discharge and burning sensation. Gynecological examination revealed red oedematous vaginal mucosa, Laboratory microscopic examination of the vaginal discharge revealed multiple flagellated organisms. What is the most probable diagnosis of this condition?</p> <ul style="list-style-type: none"> a. Schistosomiasis b. Trichomoniasis c. Giardiasis d. Enterobiasis e. Malaria 	<p>B</p>
<p>38. Woman complains of vaginal discharge & itching of vulva. Causative organism is:</p> <ul style="list-style-type: none"> a) Trichinella spiralis b) Strongyloides stercoralis c) Trichomonas vaginalis d) Taenia saginata e) Taenia solium, 	<p>C</p>
<p>39. Trichomonas vaginalis has</p> <ul style="list-style-type: none"> a) Two nuclei b) Cilia c) Prominent parabasal body d) Cyst stage 	<p>C</p>

Past Years Written Q

(1) Enumerate Parasites involved in human congenital infections?

- a) *Toxoplasma gondii*
- b) *Trichomonas vaginalis*

(2) About toxoplasma, what is the: Habitat, Definitive host, Intermediate host, Infective stage

Habitat	<input checked="" type="checkbox"/> <i>T. gondii</i> is an obligate intracellular parasite, which is found inside the RECs, brain, skeletal and cardiac muscles, and any nucleated cells. <input checked="" type="checkbox"/> It resides inside a parasitophorous vacuole.
Definitive host	Cats and other felines.
Intermediate host	-Man, and other mammals (mice, rabbits, goat, sheep, cattle, and pigs), reptiles and birds.
Infective stage	All stages are infectious to humans; trophozoites, pseudocysts, true tissue cysts and sporulated oocysts

(3) Mention 3 Mode of infection of toxoplasmosis?

1. Oral route via ingestion of:
 - Mature oocysts in contaminated food and drinks.
 - Pseudocysts or true cysts in raw or undercooked contaminated meat.
 - Tachyzoites in unpasteurized goat's and cow's milk.
2. Inhalation of mature oocysts.
3. Blood transfusion.
4. Organ transplantation.

(4) Mention Clinical manifestations of congenital infections of toxoplasmosis?

Early manifestations	<ul style="list-style-type: none">☒ Still birth, abortion, hydrocephalus, microcephaly and microphthalmia.☒ The most common sequelae are retinochoroiditis that affects vision and results in blindness, cerebral calcification, convulsions (clinical triad).☒ In some cases, fever, lymphadenopathy, hepatosplenomegaly, anaemia, thrombocytopenia, petechial rash, jaundice, and myocarditis may present at birth.
Late manifestations	Mental retardation, visual affection and psychomotor disturbance in adolescence and adulthood.

(5) Mention 3 Prevention measures of toxoplasmosis?

1. Proper washing of hands, vegetables and fruits before eating.
2. Proper washing of hands and utensils after handling raw meat.
3. Proper freezing and cooking of meat before eating.
4. Avoid contact with cats litter box especially pregnant women and immunocompromised patients.

(6) Drug of choice in pregnant women?

Spiramycin help in prevention of congenital infection.

(1) About Trichomoniasis, what is the: Definitive host, Habitat, Infective stage, Mode of infection, Multiplication

Definitive host	Man
Habitat	Females: Vagina, cervix, and urethra. Males: Urethra, epididymis, seminal vesicles and prostate.
Infective stage	Trophozoite.
Mode of infection	Sexual transmission. Non-sexual transmission via contaminated towels. Infection from infected mothers to babies during birth.
Multiplication	By longitudinal binary fission.

(2) Mention Predisposing factors for pathogenicity of T.Vag?

- ☒ Change of the normal vaginal bacterial flora and pH.
- ☒ Decrease in the secretory IgA.

(3) Mention culture for T.Vag?

- ☒ Diamond's media or In Pouch culture (trophozoite detection).