1. In viral hepatitis
   a. The majority of cases of acute hepatitis B infection result in a carrier state, without clinical evidence of disease
   b. Anti HBs appears in the first week of infection
   c. Anti HCV IgG does not confer immunity to Hep C
   d. The major cause of death from Hep B is hepatocellular carcinoma
   e. Hep A has an outer surface envelope of protein, lipid and carbohydrate

2. Regarding peptic ulceration
   a. It occurs most commonly in the antrum of the stomach
   b. It has a strong genetic influence
   c. There is H pylori infection of the mucosa in 50% people with duodenal ulceration
   d. It is more frequent in patients with COPD
   e. Gastric acid is the only prerequisite for formation of ulcers

3. acute appendicitis
   a. in preschool children usually presents with so called ‘classic symptoms and signs’
   b. it is associated with appendiceal obstruction in 10% of cases
   c. histologically, it shows neutrophilic infiltration of the muscularis layer
   d. the clinical diagnosis is falsely positive in 50%
   e. it cannot cause a liver abscess

4. A young baby presents with jaundice, dark urine and pale stools, most likely the problem is
   a. Physiologic jaundice of the newborn
   b. Breast milk jaundice
   c. Gilbert’s syndrome
   d. Biliary atresia
   e. None of the above

5. Splenic rupture
   a. Can occasionally occur spontaneously in normal spleens
   b. Often causes little blood loss
   c. Is encountered most commonly in infectious mononucleosis
   d. May result in splenici
   e. Must be considered in ITP
6. Regarding cirrhosis
   a. Focal changes can constitute cirrhosis
   b. Delicate tracts of type II collagen are deposited
   c. Shunts occur in the rectum, oesophagus, retroperitoneum and falciform ligament
   d. The dominant intrahepatic cause of portal hypertension is massive fatty change
   e. Hypoalbuminaemia is initially due to decreased production

7. Regarding serum markers in hepatitis
   a. IgM in HAV provides life long immunity
   b. In HBV, HBeAg, HBV DNA and DNA polymerase appear before HBsAg
   c. Carrier state in HBV is defined by the presence of HBsAg in serum for 6/12 or longer after initial detection
   d. Anti HBe indicate active viral replication
   e. In HEV, serum transaminase precede elevation of IgM anti HEV

8. Conjugated hyperbilirubinaemia
   a. Occurs when greater than 80% of bilirubin is conjugated
   b. Is a feature of Gilbert’s
   c. Is rarely associated with cholestasis
   d. Is often seen in β thalassaemia
   e. Is often associated with a clinical picture of jaundice, pruritis and xanthomata

9. Oesophageal varices
   a. occur in 1/3 of all cirrhotic patients
   b. account for more than 50% of episodes of haematemesis
   c. are most often associated with Hep C cirrhosis
   d. have a 40% mortality during the first episode of rupture
   e. lie primarily in the middle portion of the oesophagus

10. The following are true for cirrhosis except
    a. It is among the top 10 leading causes of death in the western world
    b. The central pathogenic process is progressive fibrosis
    c. It may be clinically silent
    d. Alcoholic liver disease is the aetiology in 30% cases
    e. Collagen type I and III are deposited in all parts of the lobule

11. Ascites
    a. is due to lymphatic obstruction
    b. involves percolation of hepatic lymph into the peritoneal cavity
    c. does not involve renal retention of sodium and water
    d. involves increased vascular permeability
    e. is not associated with hepatic sinusoidal hypertension
12. Hepatitis C virus
   a. Is a DNA virus
   b. Has core antigens as serum markers
   c. Is the ‘kissing disease’
   d. Persistent infection and chronic hepatitis are the hallmarks
   e. Has a low rate of cirrhosis

13. Which of the following indicates immunity to Hepatitis B virus
   a. RNA polymerase
   b. IgM anti-HBc
   c. Anti-HBs
   d. HBeAg
   e. HBV-DNA

14. Unconjugated bilirubinaemia
   a. Is soluble in aqueous solution
   b. Is not protein bound
   c. When present in excess is readily excreted in urine
   d. Can cause kernicterus if present in excess in neonates
   e. Is the major form of bilirubin elevated in gallstone obstruction

15. Hepatitis B virus
   a. Is an unenveloped particle
   b. Is an RNA virus
   c. Is a member of the hepadnaviridae family
   d. Results in chronic hepatitis in 30% acute infections
   e. Has an incubation period of 2-6 weeks

16. regarding cirrhosis
   a. 30% caused by viral hepatitis
   b. type I and III collagen are deposited in all portions of the lobule
   c. the central pathogenesis is progressive nodule formation
   d. Ito cells are considered as a minor source of collagen excess
   e. Chronic inflammation has no role in its pathogenesis

17. Ascites
   a. is commonly associated with hyperproteinaemia
   b. is a rare complication of cirrhotic liver disease
   c. is diagnosed clinically by the presence of generalized oedema
   d. is associated with hepatic sinusoidal hypertension
   e. occurs as an early complication of congestive heart failure
18. In cirrhosis
   a. Fibrosis is confined to delicate bands around the central veins
   b. Nodularity is uncommon
   c. Vascular architecture is preserved
   d. The Ito cell is a major source of excess collagen
   e. The left lobe of the liver is the most affected

19. Hep C infection
   a. Is associated with sexual contact
   b. Carries a 40% risk of cirrhosis
   c. Is idiopathic in 10% cases
   d. Carries a >50% risk of chronic progressive hepatitis

20. In hepatitis B
   a. Acute infection causes sub-clinical disease in 65% cases
   b. The majority of cases of persistent infection result in cirrhosis
   c. HBsAg appears soon after overt disease
   d. Infection does not play a role in the development of HCC
   e. Anti HBs appears soon after HBsAg

21. Hepatitis C
   a. is acquired by faecal – oral transmission
   b. has its highest seroprevalence in haemodialysis patients
   c. transmission by sexual contact is at a high rate
   d. causes chronic hepatitis at a higher rate than hepatitis B
   e. exposure confers effective immunity to subsequent infection

22. Conjugated hyperbilirubinaemia results from
   a. Gilbert’s
   b. Physiological jaundice
   c. Excess production of bilirubin
   d. Decreased hepatic uptake
   e. Cholestasis

23. Regarding hepatic failure
   a. Occurs with the loss of functional liver capacity of approximately 60%
   b. Encephalopathy is a result of increased ammonia formation
   c. The liver is the predominant site of the synthesis of albumin

24. Regarding hepatitis C
   a. Has a high association with sexual transmission
   b. Transmission is increased in pregnancy
   c. Greater than 50% become chronic

25. With hepatitis B infection
   a. HBeAg is associated with viral replication
26. with hepatitis E infection
   a. it is transmitted primarily parenterally
   b. it accounts for a > 20% mortality in pregnant mothers

27. With regard to jaundice
   a. Conjugated bilirubin causes kernicterus in adults
   b. Unconjugated bilirubin does not colour the sclera
   c. Unconjugated bilirubin is tightly bound to albumin
   d. Unconjugated bilirubin produces bilirubin in urine
   e. Conjugated bilirubin is tightly bound to albumin

ANSWERS
1. C 14. D
2. D 15. C
3. C 16. B
4. D 17. D
5. C 18. D
6. C 19. D
7. C 20. A
9. D 22. E
10. D 23. C
12. D 25. –
14. D 27. C