

MINISTRY OF HEALTH OF UKRAINE
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VIROLOGY AND IMMUNOLOGY

**MATERIALS FOR PREPARING TO LICENSE
EXAMINATION «KROK-1» ON
MICROBIOLOGY,
VIROLOGY AND IMMUNOLOGY FOR
ENGLISH-MEDIUM STUDENTS OF THE
FACULTIES OF MEDICINE AND DENTISTRY**

Part 1

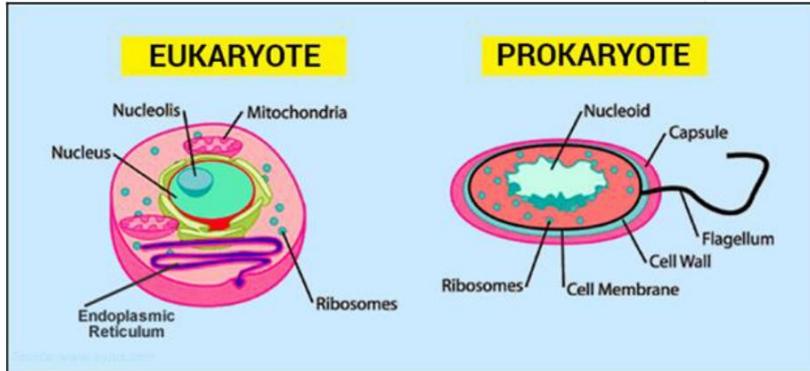
Kharkiv 2018

Materials for preparing to license examination “KROK-1” on microbiology, virology and immunology for English-medium students of the faculties of medicine and dentistry (guidelines for students) Part 1 / M.M. Mishyna, Yu.A. Mozgova, A.M. Kuzmenko. – Kharkiv: KNMU, 2018. – 48 p.

Morphology

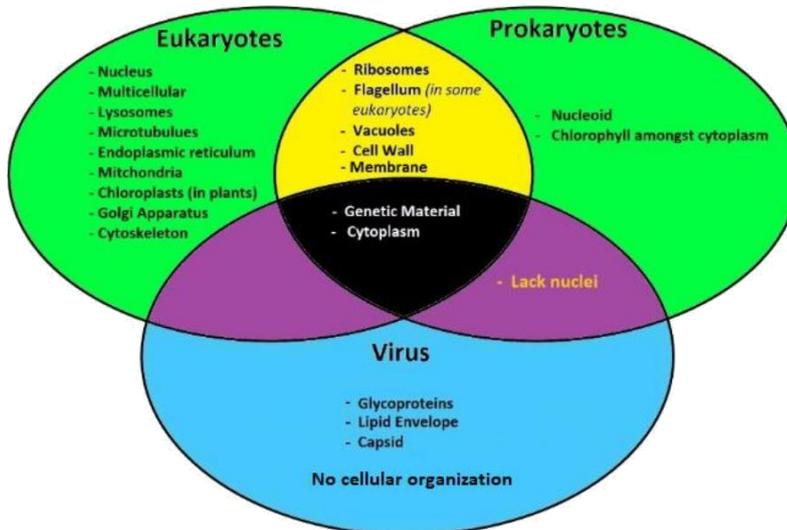
The organisms to be identified have a nucleus surrounded by a nuclear membrane. Genetic material is concentrated predominantly in the chromosomes which consist of DNA strands and protein molecules. These cells divide mitotically. Identify these organisms:

- A. Eukaryotes
- B. Bacteriophages
- C. Prokaryotes
- D. Viruses
- E. Bacteria



Infectious agents of various ultrastructures can be etiological agents of infectious diseases. Which of the groups named below HAS NO cellular structure, protein synthesizing, enzyme and energy systems?

- A. Viruses
- B. Fungi
- C. Bacteria
- D. Protozoa
- E. Rickettsia



Etiological factors for the infectious diseases are often microorganisms with various ultrastructure. Which of the following microorganism groups relates to the eukaryotes?

- A. Protozoa
- B. Viruses
- C. Viroids
- D. Prions
- E. Scotobacteria

Prokaryotes

- Bacteria & archaea
- Lack a nucleus, one circular chromosome, no nuclear membrane
- No histones
- 70S ribosomes
- No organelles
- Peptidoglycan cell walls most bacteria (archaea cell walls are not PG)
- Divide by binary fission



Eukaryotes

- Fungi, protozoa, algae, helminths
- True nucleus, several linear chromosomes, in nuclear membrane
- Histones
- 80S ribosomes
- Organelles
- Polysaccharide cell walls (if any) / sterols in cell membranes
- Divide by mitosis



In course of long-term treatment of an infectious patient with penicillin, the pathogen transformed into the L-form. What changes occur in the pathogen cell in case of L-transformation?

- A. Absence of a cell wall
- B. Absence of flagella
- C. Absence of a capsule
- D. Absence of a spore
- E. Absence of inclusions

L form

- **Definition**
bacteria that their peptidoglycan is destroyed or lost by various factors but they can survive under highly osmotic environment
- **Type**
 - Protoplast: G⁺ bacteria
 - Spheroplast: G⁻ bacteria

A child is presumably ill with diphtheria. A specimen of affected mucous membrane of his pharynx was taken for analysis. The smear was stained and microscopic examination revealed yellow rods with dark blue thickenings on their ends. What structural element of a germ cell was revealed in the detected microorganisms?

- A. Volutin granules
- B. Plasmids
- C. Capsule
- D. Spores
- E. Flagella

INCLUSION GRANULES

- Many species of bacteria have round granules in the cytoplasm. They are not permanent or essential structures of the cytoplasm.
- They are stores of nutrients. **Volutin granules (metachromatic granules)** are seen in ***Corynebacterium*** spp and contain polyphosphates.
- **Lipid granules** are seen in ***Bacillus*** spp. **Polysaccharide** granules may be found in some bacterial spp.

On examination of a 6-year-old child the doctor noticed greyish film on the child's tonsils. Microscopy of the smear stained by Neisser method detected there *Corynebacterium diphtheriae*. What morphologic feature was the most indicative for determining the type of the agent?

- A. Fence-like position of the agent's cells
- B. Spores that exceed cells in diameter
- C. Localization of the causative agent within macrophages
- D. Polar placement of volutin granules**
- E. Presence of the capsule

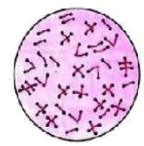
A smear from the tonsillar coating of a patient with suspected diphtheria was found to contain blue bacilli with a thickening at the poles.

What method of smear staining was used?

- A. Leffler**
- B. Burri
- C. Hins
- D. Gram
- E. Neisser

Corynebacterium diphtheriae

- **Distinguishing Characteristics:**
 - Kleb Loeffler's Bacillus
 - **Club-shaped** Gram-positive rods arranged in V, L, X, Y shapes
 - **Granules (Babes Ernst)** produced on Loeffler's coagulated serum medium stain metachromatically



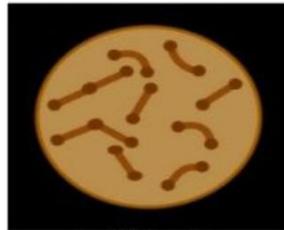
Microscopy of smear preparation stained with methylene blue revealed bacilli with clublike expansions on their ends similar to *C. diphtheriae*. What additional method of staining should be used to verify this assumption?

- A. Neisser
- B. Kozlovsky
- C. Ziehl-Neelsen
- D. Zdrodovsky
- E. Aujeszky

Diphtheria

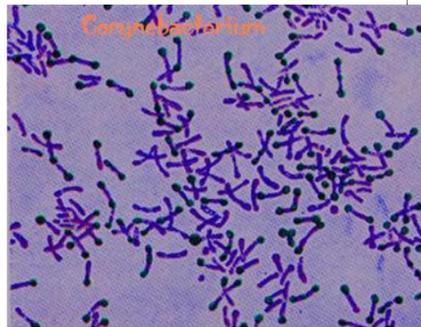
Corynebacterium diphtheriae

Kleb's – Löffler's bacilli.



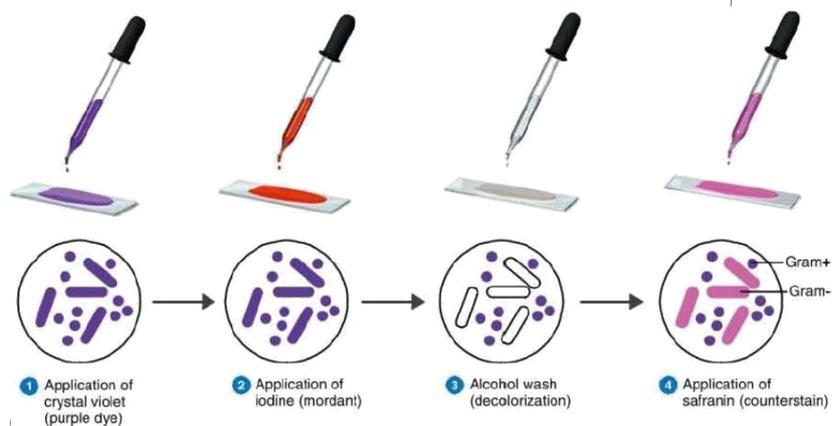
There are several cases of children from boarding school suffering from sore throat. Microscopy of tonsil smears stained according to Neisser method has revealed thin yellow bacilli with dark brown grains on their ends placed in the shape of Roman numeral five. What infection can be suspected in this case?

- A. Diphtheria
- B. Infectious mononucleosis
- C. Listeriosis
- D. Tonsillitis
- E. Scarlet fever



During the staining of sputum smear of a patient with suspected croupous pneumonia the following reagents and stainers were used: gentian violet solution, Lugol's solution, 96° spiritus and water fuchsin. What method of staining is used in this case?

- A. Leffler's
- B. Gram's
- C. Ziehl-Neelsen's
- D. Neisser's
- E. Romanovsky's



A smear of sputum from the patient with suspected lobar pneumonia was stained with the use of the following stains and reagents: solution of gentian violet, Lugol's solution, 96° alcohol, watermagenta. What staining method was applied in this case?

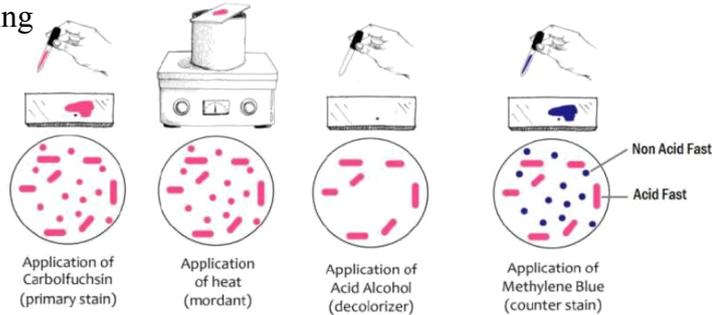
- A. Gram
- B. Ziehl-Nielsen
- C. Romanovsky
- D. Neisser
- E. Leffler

In a bacteriological laboratory some bacterial smears had to be stained by Gram's method. For this purpose the following reagents were prepared: gentian violet, Lugol's solution, aqueous fuchsin solution. What other reagent is required?

- A. 96% ethanol
- B. 5% sulfuric acid
- C. Methylene blue solution
- D. Carbol fuchsin
- E. 3% hydrogen peroxide

Specimen of a patient's sputum was stained with the following dyes and reagents: Ziehl's solution, methylene blue solution, 5% solution of sulfuric acid. What staining method was applied?

- A. Ziehl-Neelsen
- B. Burri's
- C. Gram's
- D. Peshkov's
- E. Neisser's



A consumptive patient has an open pulmonary form of disease. Choose what sputum staining should be selected for finding out the tubercle (Koch's) bacillus?

- A. Method of Ziel-Neelsen
- B. Method of Romanowsky-Giemsa
- C. Method of Gram
- D. Method of Neisser
- E. Method of Burry-Gins

Microscopy of a smear obtained from a patient with acute purulent periostitis revealed gram-positive bacteria arranged in clusters resembling bunch of grapes. What microorganisms is this morphology typical for?

- A. Staphylococci
- B. Sarcina
- C. Tetrads
- D. Candida fungi
- E. Streptococci

STAPHYLOCOCCUS

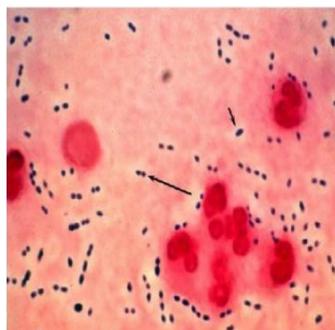
Staphylococcus aureus

- Ubiquitous
- Gram positive
- Cocci
- Staphyle - Bunch of grapes
- Kokkos - Berry
- Discovered by Von Recklinghausen
- Named by Sir Alexander Ogston

Analysis of sputum taken from a patient with suspected pneumonia revealed rather elongated gram-positive diplococci with somewhat pointed opposite ends. What microorganisms were revealed in the sputum?

- A. Streptococcus pneumoniae
- B. Staphylococcus aureus
- C. Klebsiella pneumoniae
- D. Neisseria meningitidis
- E. Neisseria gonorrhoeae

Streptococcus pneumoniae

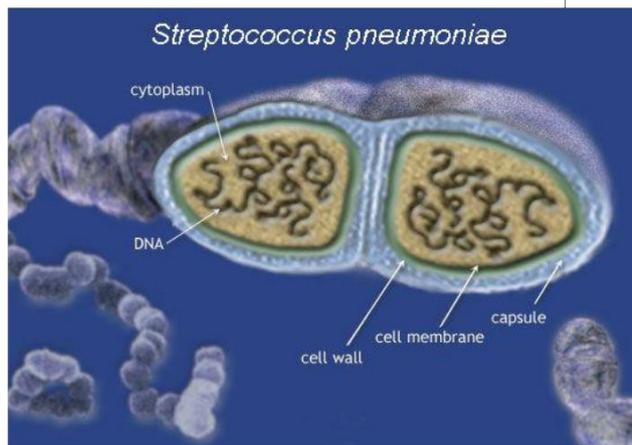


Individual cells are between 0.5 and 1.25 micrometers in diameter. They do not form spores, and they are nonmotile. Like other streptococci, they lack catalase and ferment glucose to lactic acid

Analysis of sputum taken from a patient with suspected pneumonia revealed slightly elongated gram-positive diplococci with tapered opposite ends. What microorganisms were revealed in the sputum?

A. Streptococcus pneumoniae

- B. Neisseria gonorrhoeae
- C. Neisseria meningitidis
- D. Staphylococcus aureus
- E. Klebsiella pneumonia



A patient has a suspected pneumonia. In his sputum there were revealed gram-positive diplococci, prolonged with the slightly pointed opposite ends. What microorganisms are revealed in the sputum? A.

- A. Staphylococcus aureus
- B. Neisseria gonorrhoeae
- C. Neisseria meningitidis
- D. Klebsiella pneumoniae
- E. Streptococcus pneumonia**

STREPTOCOCCUS PNEUMONIAE

- *Streptococcus pneumoniae* (pneumococcus)
- Gram-positive, encapsulated diplococcus
- Capsular swelling observed when reacted with type-specific antisera (Quellung reaction)

A diagram illustrating the Quellung reaction. It shows a leucocyte (white blood cell) engulfing a *Streptococcus pneumoniae* microbe. The capsule surrounding the microbe is clearly visible, and the text indicates that the capsule is 'surrounding the microbe'.

Blood of a patient with presumable sepsis was inoculated into sugar broth. There appeared bottom sediment. Repeated inoculation into blood agar caused growth of small transparent round colonies surrounded by hemolysis zone. Examination of a smear from the sediment revealed gram-positive cocci in form of long chains. What microorganisms are present in blood of this patient?

- A. Streptococci**
- B. Micrococci
- C. Staphylococci
- D. Tetracocci
- E. Sarcina

General Characteristics of Streptococci

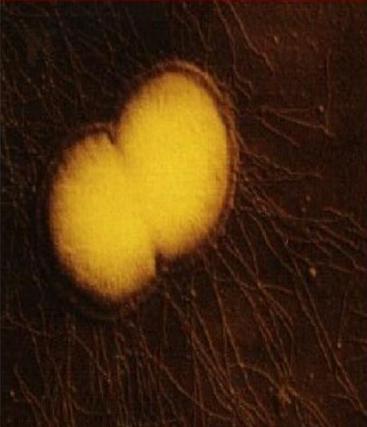
- Gram-positive spherical/ovoid cocci arranged in long chains; commonly in pairs.
- Non-spore-forming, nonmotile.
- Can form capsules
- Facultative anaerobes
- Most parasitic forms are fastidious and require enriched media.
- Small, non pigmented colonies.
- Sensitive to drying, heat, and disinfectants.



Gramnegative bin-shaped diplococcus inside and outside of leucocytes were detected on bacteriological examination of the purulent exudates from the cervix of the uterus. Name the causative agent of purulent inflammation of the cervix of the uterus.

- A. Haemophilus vaginalis
- B. Chlamidia trachomatis
- C. Calymmatobacterium granulomatis
- D. Neisseria gonorrhoeae**
- E. Trichomonas vaginalis

Neisseria gonorrhoea



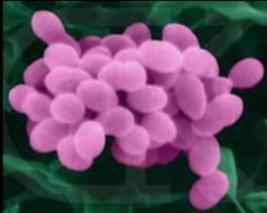
- Neisseria species are Gram-negative cocci, 0.6 to 1.0 μm in diameter. The organisms are usually seen in pairs with the adjacent sides flattened. Pili, hairlike filamentous appendages extend several micrometers from the cell surface. The outer membrane is composed of proteins, phospholipids, and Lipopolysaccharides (LPS)

Microscopic study of discharges from urethra of a patient suffering from acute urethritis revealed bean-shaped microorganisms up to 1 micrometer in diameter arranged in pairs and placed inside the leukocytes. What microorganisms are these?

- A. Gonococci**
- B. Meningococci
- C. Tetracocci
- D. Streptococci
- E. Staphylococci

Gonococcus

- Gram negative diplococcus
- Humans are the only natural host
- Transmitted sexually by contact with an infected individual; may be transmitted from mother to baby during birth



While studying blood and mucus samples from the nasopharynx, a bacteriologist took certain measures to conserve the pathogens in the material. Bacterioscopic study revealed the presence of gram-negative cocci looking like coffee beans and arranged in pairs or tetrads. Name the pathogen that was isolated by the bacteriologist:

- A. Neisseria meningitidis**
- B. Staphilococcus aureus
- C. Neisseria gonorrhoeae
- D. Moraxella lacunata
- E. Acinetobacter calcoaceticus

DIFFERENCES BETWEEN GONOCOCCUS AND MENINGOCOCCUS

1. Gonococcus grow more slowly, forms smaller colonies.
2. Gonococcus produces acid in glucose only, while meningococcus produces acid in both glucose and maltose.
3. Gonococcus is less toxic to mice and guinea pigs than meningococcus.

SIMILARITIES BETWEEN GONOCOCCUS AND MENINGOCOCCUS

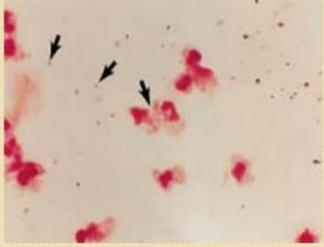
1. Both are strict parasite and causes diseases only for man
2. They may show little differences in resistance to injurious agents.
3. Their distribution in the inflammatory exudates is the same.
4. They grow on artificial media with a little differences.

A young woman suddenly developed fever up to 39°C accompanied by a strong headache. Examination revealed marked nuchal rigidity. Spinal puncture was performed. Gram-stained smear of cerebrospinal fluid contained many neutrophils and Gram-negative diplococci. What bacteria could be the cause of this disease?

- A. *Neisseria meningitidis*
- B. *Streptococcus pneumoniae*
- C. *Haemophilus influenzae*
- D. *Staphylococcus aureus*
- E. *Pseudomonas aeruginosa*

Laboratory Diagnosis:
Neisseria meningitidis

- Identification
 - Examine direct smear from CSF for intra & extra cellular g- dc
 - Examine smear for halo
 - Other body sites include nasopharyngeal swabs



Gram-stained smear of CSF showing the extra cellular and intracellular gram-negative diplococci

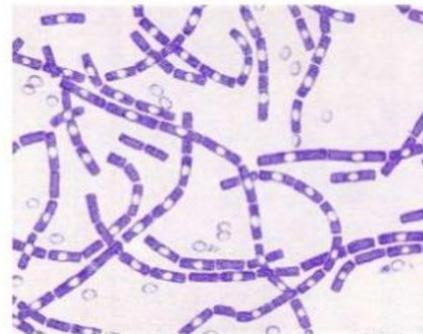
A patient complained about a carbuncle on his face. Examination results: neither dense nor painful edema of subcutaneous cellular tissue, there is black crust in the middle of the carbuncle and peripheral vesicular rash around it. Bacteriological examination revealed presence of immobile streptobacilli able of capsulation.

What microorganisms are causative agents of this disease?

- A. *Bacillus anthracis*
- B. *Staphylococcus aureus*
- C. *Bacillus anthracoides*
- D. *Bacillus megaterium*
- E. *Bacillus subtilis*

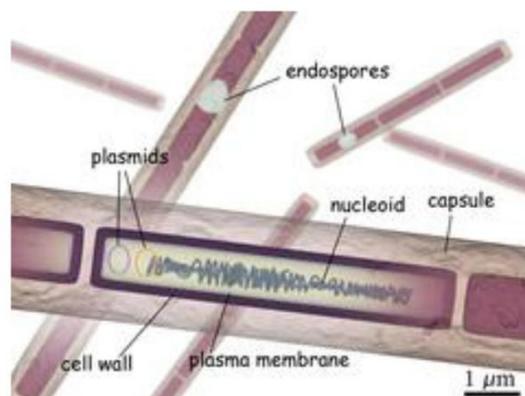
Bacillus Anthracis

- ▶ From greek word "anthrakos"
- ▶ Large (1 - 1.2µm in width x 3 - 5µm in length), gram (+)
- ▶ Non motile
- ▶ Facultative anaerobe
- ▶ Spore forming (oval, endospores)
- ▶ Polypeptide capsule
- ▶ Produces 3 exotoxins



A 34 year old male patient consulted a doctor about face carbuncle. Objectively: a loose, painless edema of hypodermic tissue; black crust in the center of carbuncle, vesicular rash around it. Microbiological examination revealed static streptobacilli capable of capsule building. What microorganisms are the causative agents of this disease?

- A. *Bacillus anthracis*
- B. *Staphylococcus aureus*
- C. *Bacillus subtilis*
- D. *Bacillus anthracoides*
- E. *Bacillus megaterium*



Microscopy of a smear taken from the film that appeared on the peptone water 6 hours after seeding and culturing of a fecal sample in a thermostat revealed mobile gram-negative bacteria curved in form of a comma that didn't make spores or capsules. What microorganisms were revealed?

- A. Vibrios
- B. Spirochetes
- C. Clostridia
- D. Corynebacteria
- E. Spirilla

General Characteristics of *Vibrio*

- Gram-negative, curved
- Facultative anaerobes
- Fermentative bacilli
- Polar flagella
- Oxidase positive

2. Vomiting matters of a patient suspected of having cholera were delivered to the bacteriological laboratory. The material was used for preparing a "hanging drop" specimen. What type of microscopy will be applied for identification of the causative agent by its mobility?

- A. Phase-contrast microscopy
- B. Electron microscopy
- C. Immune and electron microscopy
- D. Fluorescence microscopy
- E. Immersion microscopy

Phase Contrast Microscope

- This is a special type of light microscope, which provides **greater contrast**.
- Structures, which could not usually be seen **without staining**, show up.
- Phase contrast microscopes can be used to observe **living cells**, e.g. movement.

Patient with diarrhoea was admitted to the infection unit. Gramnegative curved rod-like bacteria were founded on bacterioscopic examination of faecal masses. What is the most likely disease in this patient? A. Typhoid fever

- B. Cholera
- C. Diphtheria
- D. Intestinal form of plague
- E. Salmonellosis gastroenteritis

CHOLERA



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A man is suffering from diarrhea. In summer he spent his vacation in the south at the sea coast. Bacteria with the following properties were detected in his feces: gram-negative curved mobile monotrichous bacilli that do not produce spores or capsules. They are undemanding to nutrient medium but require alkaline reaction (pH 8,5-9,5). Described are the agents of the following enteric infection:

- A. Cholera
- B. Shigellosis
- C. Typhoid fever
- D. Colienteritis
- E. Pseudotuberculosis

Growth & Cultural Characteristics

- Vibrios grow on a variety of simple media.
- They have a broad temperature range of 14°C - 40°C (optimum 37°C) for growth.
- The only **non-halophilic** (that do not require salt for growth) Vibrio species are *V. cholerae* and *V. mimicus*.
- Most other species are **halophilic** (require salt).
- They tolerate a wide range of pH (pH of 6.5 to 9.0); optimum of pH 8.2).
- **Peptone Water:**
 - Incubated at 37°C, it forms a fine surface pellicle in 6-9 hrs.
- **Nutrient Agar:**
 - Glistening and translucent colonies, 1-2 mm in diameter after 18-24 hrs.

From the feces of a patient with acute gastroenteritis a pure culture of microorganisms was obtained. The microorganisms are small mobile slightly curved gram-negative bacilli that within 6 hours grow into a light blue film on the 1% alkaline peptone water. Such properties are characteristic of the following microorganism:

- A. Bacillus
- B. Clostridium
- C. Spirochete
- D. Spirillum
- E. **Vibrio**

While studying a microslide obtained from the punctuate of a regional lymph node and stained by Romanovsky-Giemsa method a physician revealed some light pink thin microorganisms with 12-14 regular spiral coils and pointed ends, up to 10-13 micrometer long. This might be the causative agent of the following disease:

- A. **Syphilis**
- B. Trypanosomiasis
- C. Leptospirosis
- D. Relapsing fever
- E. Leishmaniasis

T pallidum subspecies pallidum

Morphology

Small , about 5-15 µm in length, slender gram negative spiral bacilli

Actively motile



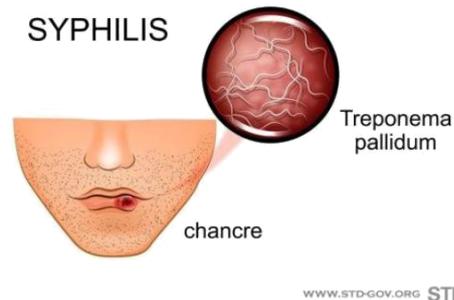
http://homasidirect.org/
Treponema pallidum Morphology

So thin (very difficult to be seen by gram stain)

Can only be seen using dark field illumination or immuno-fluorescent stain

In the micropreparation made from patient's regional lymph node punctate and stained according to Romanovsky-Giemsa method, the doctor found out thin microorganisms with 12-14 equal ringlets and pale-pink sharp pointes 10-13 mkm in length. The pathogen of what disease is it about?

- A. Leishmaniasis
- B. Leptospirosis
- C. Surra
- D. Syphilis**
- E. Relapsing fever



In a microslide of the patient's regional lymph node stained with Giemsa method a doctor detected thin microorganisms with 12-14 uniform tendrils with pointed tips, 10-13 micrometers in length, pale pink in color. In this case they can be identified as infectious agents of the following disease:

- A. Syphilis**
- B. Trypanosomiasis
- C. Leptospirosis
- D. Relapsing fever
- E. Leishmaniasis

Bacterioscopic examination of chancre material revealed some mobile, long, convoluted microorganisms with 8-12 regular coils. These features are typical for:

- A. Treponema**
- B. Borrellia
- C. Leptospira
- D. Vibrios
- E. Campylobacter

A man died from an acute infectious disease accompanied by fever, jaundice, haemorrhagic rash on the skin and mucous membranes as well as by acute renal insufficiency. Histological examination of renal tissue (stained by Romanovsky-Giemsa method) revealed some convoluted bacteria looking like C and S letters. What bacteria were revealed?

- A. Leptospira**
- B. Treponema
- C. Spirilla
- D. Borrelia
- E. Campilobacteria

Leptospira interrogans

- Morphology – stained with Giemsa/ silver impregnation, **hooked ends** resemble umbrella handles
- Culture – media (semi solid/ liquid) enriched with rabbit serum - **Fletcher's medium**
- Pathogenicity – causes **Weil' disease (leptospirosis)**

Microscopic examination of a microbial culture revealed fusiform spore-forming microorganisms that get violet-blue Gram's stain. What microorganisms were revealed?

- A. Clostridia
- B. Streptococci
- C. Spirochaete
- D. Actinomycete
- E. Diplococci

Clostridia

- Gram-positive, spore forming, motile or non motile bacilli
- Some species are potentially highly pathogenic to humans or animals and produce potent exotoxins
- Found in soil (especially soil fertilized with animal excreta) and in the lower intestinal tract of humans and animals

On microscopic examination of leftovers of the canned meat eaten by patient with severe food toxicoinfection the following was detected: gram-positive bacilli with subterminal staining defect and configuration alteration of bacilli generally resembling a tennis racket. What agent was detected?

- A. C.botulinum
- B. P.vulgaris
- C. E.coli
- D. S.aureus
- E. S.enteritidis

Clostridium botulinum




- ▶ Gram positive rods
- ▶ Spore forming
- ▶ Anaerobic bacteria
- ▶ Produces toxin that causes botulism
- ▶ Seven neurotoxic subtypes, labeled A-G
- ▶ First recognized and isolated in 1896 by Van Ermengem

Botulism agent causes severe food toxicoinfection. Point out the most characteristic morphologic feature of botulism agent.

- A. Gram-positive spore-forming bacilli with subterminal spore
- B. Thick gram-positive non-sporeforming bacilli
- C. Gram-positive spore-forming bacilli with terminal spore
- D. Thin mobile spore-forming bacilli with central spore
- E. Thick gram-positive non-sporeforming bacilli

The causative agent of botulism causes severe food poisoning. Specify the most characteristic morphological feature of botulism causative agent:

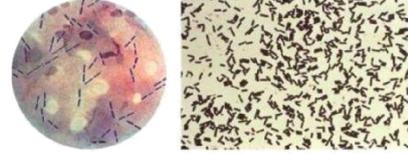
- A. Gram-positive bacillus with subterminal spore
- B. Thick gram-positive non-spore-forming bacillus
- C. Gram-positive bacillus with terminal spore
- D. Thin mobile bacillus with central spore
- E. Thick gram-positive bacillus without spores and flagella

A patient has food poisoning. Laboratory analysis revealed a culture of anaerobic gram-positive spore-forming bacteria. What is the most likely kind of the isolated causative agent?

- A. *C. perfringens*
- B. *Proteus vulgaris*
- C. *P. mirabilis*
- D. *Vibrio parahaemolyticus*
- E. *Escherichia coli*

Clostridium perfringens

Morphology: Gram-positive, rod-shaped, anaerobic, spore-forming pathogenic bacterium of the genus *Clostridium*.



Infection: *Clostridium perfringens* is the most common bacterial agent for gas gangrene. Some symptoms include blisters, tachycardia, swelling, and jaundice.



Biochemical properties: Catalase: Negative, Spot indole: Positive, Lecithinase: Positive, Lipase: Negative, Litmus Milk: Stormy Fermentation, Reverse CAMP plate: Positive, Gas Liquid Chromatography products: (Acetic, Butyric and Lactic Acids).



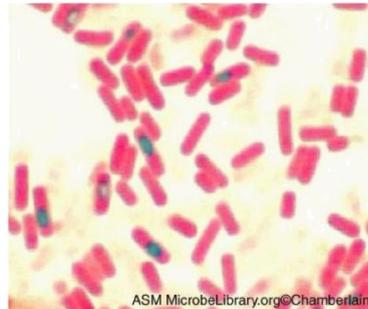
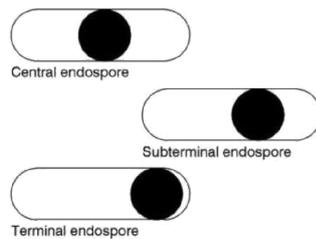
Clostridium perfringens on blood agar

A smear of streptobacillus preparation stained by Ozheshko method has been studied microscopically with oil immersion. What structural feature of the bacteria has been studied?

- A. Spores
- B. Capsule
- C. Flagella
- D. Inclusions
- E. Structure of cell wall

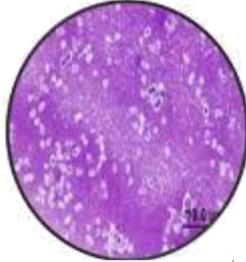
Special Stains

- Spore stain



A specimen stained by Ozheshko method contains rod-like microorganisms stained blue with round terminal components stained red. What are these components called?

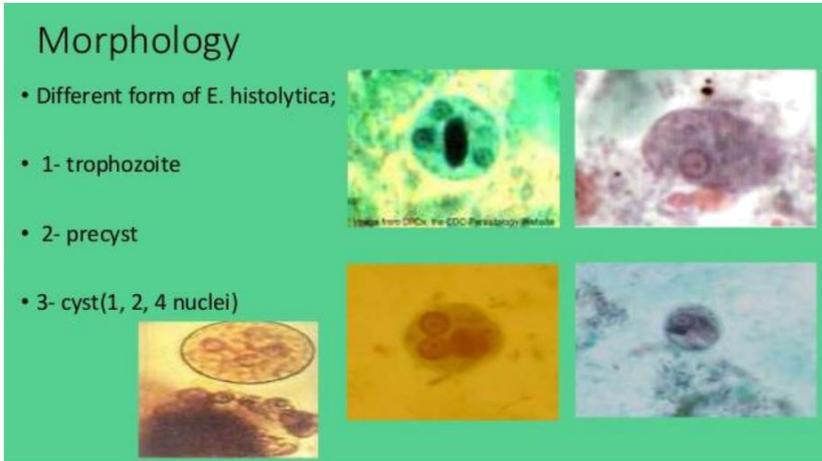
- A. Spores
- B. Cilia
- C. Flagella
- D. Capsules
- E. Mesosomes

<p>The laboratory for especially dangerous infections conducts microscopic examination of pathological material from a patient with suspected plague. The sample was stained by Burri-Gins technique. What property of the causative agent can be identified by this technique?</p> <p>A. Capsule formation B. Spore formation C. Acid resistance D. Alkali resistance E. Presence of volutin granules</p>	 <p>Capsule - Staining</p> <ul style="list-style-type: none"> A stain used to reveal negatively charged bacterial capsules. The encapsulated cells will have a halo appearance under the microscope.
<p>When a smear is stained by Burry- Gins method a mucous structure that is tightly bound with the cellular wall of bacteria and has well-defined outer boundaries can be detected. This element of a bacteria cell is called:</p> <p>A. Capsule B. Spore C. Filaments D. Ribosomes E. Episomes</p>	
<p>Capsuliferous bacteria has been detected during microbiological inspection of crude drugs. What method of staining has been used to detect capsules?</p> <p>A. Burri-Gins B. Ziehl–Neelsen C. Neisser D. Gram E. Aujeszky</p>	
<p>During microbiological inspection of crude drugs encapsulated bacteria were revealed. What method was applied for capsule detection?</p> <p>A. Burry-Gins B. Ziehl-Neelsen C. Neisser D. Gram E. Ozheshko</p>	
<p>Microbiological analysis of medicinal raw materials revealed capsular bacteria. What stain method was used to detect the capsules?</p> <p>A. Gin's B. Ziehl-Neelsen's C. Neisser's D. Gram's E. Ozheshko's</p>	

Protozoa

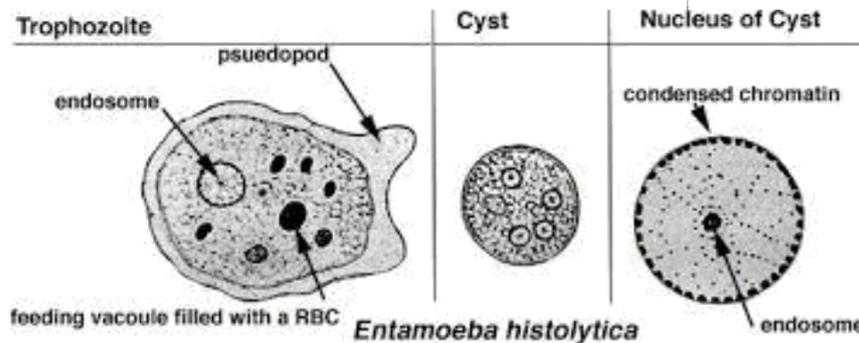
Patients with similar complaints applied to the doctor: weakness, pain in the intestines, disorder of GIT. Examination of the feces revealed that one patient with four nucleus cysts should be hospitalized immediately. For what protozoa are such cysts typical?

- A. Lamblia **B. Dysenteric amoeba**
 C. Balantidium D. Trichomonas
 E. Intestinal amoeba



5. Several patients with similar complaints came to the doctor. They all present with weakness, pain in the intestines, indigestion. Feces analysis revealed the need for urgent hospitalization of the patient, who had microbial cysts with four nuclei detected in his samples. Such cysts are characteristic of the following protozoon:

- A. Entamoeba histolytica.**
 B. Entamoeba coli.
 C. Balantidium.
 D. Trichomonad.
 E. Lamblia



Microscopy of dental plaque revealed unicellular organisms. Their cytoplasm had two distinct layers, barely visible core, wide pseudopodia. The patient is most likely to have:

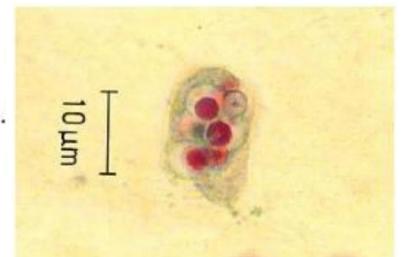
- A. Entamoeba gingivalis**
 B. Entamoeba histolytica
 C. Trichomonas tenax
 D. Lamblia
 E. Entamoeba coli

Entamoeba gingivalis

Hosts: Prevalence is from 50 to 95%.

Stage:

Trophozoite lives on the surface of teeth and gums. Parasites feed on epithelial cells of the mouth, bacteria, food debris, and other cells available to them.



Organisms are more common in persons with pyorrhea (gum disease) but they are not the cause of the condition.

Carious cavities of a 29-year-old patient contain the parasitic protozoa. It is established that they relate to the Sarcodina class. Specify these single-celled organisms:

- A. **Entamoeba gingivalis**
- B. Entamoeba histolytica
- C. Entamoeba coli
- D. Amoeba proteus
- E. Lamblia intestinalis

A patient complains of acute spastic abdominal pain, frequent urge to defecate, liquid bloody feces with mucus. Laboratory analysis of fecal smear revealed inconstant in shape organisms with erythrocyte. What is the most likely diagnosis?

- A. **Amebiasis.**
- B. Lambliasis.
- C. Schistosomiasis.
- D. Intestinal trichomoniasis.
- E. Balantidiasis.

Amebiasis



Entamoeba histolytica Life Cycle



Amebiasis is infection with *Entamoeba histolytica*.

This organism can cause:

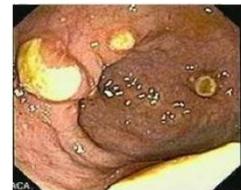
Asymptomatic intestinal infection.

Mild to moderate colitis.

Severe intestinal infection (dysentery).

Ameboma (a tumor-like mass in the intestines in amebiasis which results in a large local lesion of the bowel).

Liver abscess and other extraintestinal infection.



Ameboma

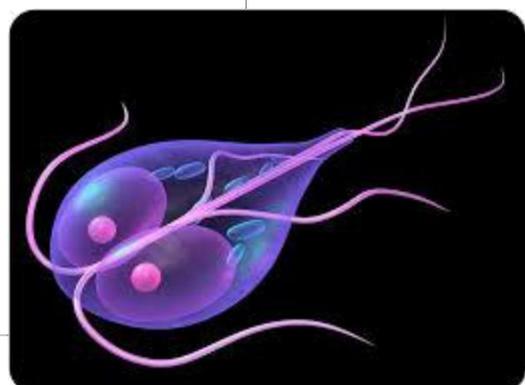


A 40-year-old patient presents with abdominal pain, frequent loose stools with mucus and blood. Stool analysis revealed vegetative forms of some protozoa sized 30-40 microns, with short pseudopodia, containing large amounts of phagocytosed erythrocytes. What protozoan disease does the patient have?

- A. **Amebiasis**
- B. Leishmaniasis
- C. Trichomoniasis
- D. Giardiasis
- E. Toxoplasmosis

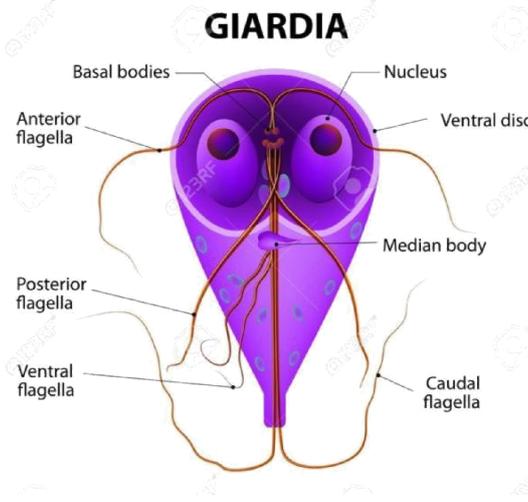
Examination of duodenal contents revealed some pyriform protozoa with twin nuclei and four pairs of flagella. There were two supporting filaments between the nuclei and a suckorial disc on the ventral side. What representative of protozoa was revealed in this patient?

- A. **Lamblia**
- B. Toxoplasma
- C. Leishmania
- D. Intestinal trichomonad
- E. Trypanosome



Examination of the duodenal contents revealed some pear-shaped protozoa with two nuclei and four pairs of flagella. The organisms had also two axostyles between the nuclei and a ventral adhesive disc. What protozoan representative was found in the patient?

- A. **Lamblia**
- B. Toxoplasma
- C. Leishmania
- D. Intestinal trichomonad
- E. Trypanosome



A duodenal content smear of a patient with indigestion contains protozoa 10-18 micrometers large. They have pear-shaped bodies, 4 pairs of filaments, two symmetrically located nuclei in the broadened part of body. What kind of the lowest organisms is it?

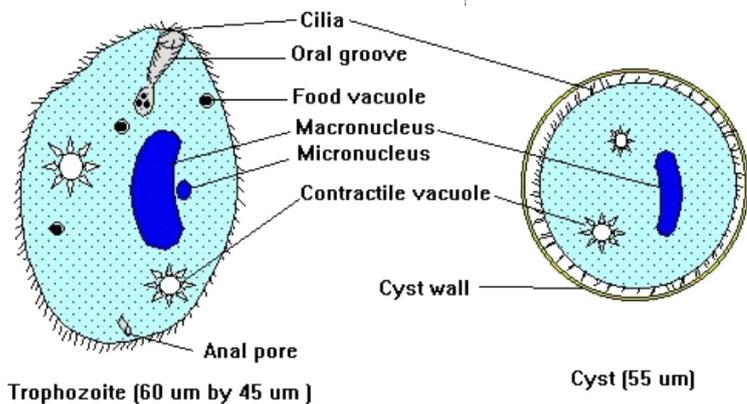
- A. **Lamblia**
- B. Dysentery ameba
- C. Trichomonas
- D. Intestinal ameba
- E. Balantidium

A 13 year old child complains about poor appetite, pain in the right subcostal area. Microscopical examination of duodenal contents revealed big pyriform cells with two nuclei. What microorganism was revealed?

- A. Lamblia
- B. Trichomonas
- C. Amoeba
- D. Trypanosoma
- E. Toxoplasma

27. Sanitary assessment of a pond, where the children from a recreation summer camp take their swims, detected there oval cysts 50-60 micrometers in diameter, with 2 nuclei visible in their cytoplasm (macronucleus and micronucleus). What protozoa do these cysts belong to?

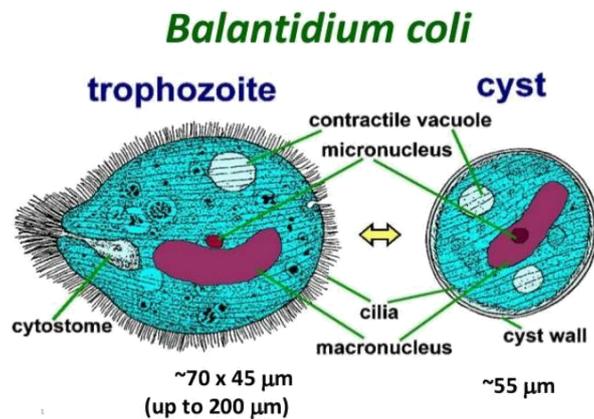
- A. Toxoplasma
- B. Amoeba
- C. **Balantidium**
- D. Lamblia
- E. Euglena



Balantidium coli

A patient working at a pig farm complains about paroxysmal abdominal pain, liquid feces with admixtures of mucus and blood, headache, weakness, fever. Examination of large intestine revealed ulcers from 1 mm up to several cm large, feces contained oval unicellular organisms with cilia. What disease should be suspected?

- A. Balantidiasis
- B. Amebiasis
- C. Toxoplasmosis
- D. Lambliasis
- E. Trichomoniasis



Slime, blood and protozoa 30-200 microns of length have been revealed in a man's feces. The body is covered with cilia and has correct oval form with a little bit narrowed forward and wide round shaped back end. On the forward end a mouth is visible. In cytoplasm there are two nucleuses and two short vacuoles. For whom are the described attributes typical?

- A. Balantidium
- B. Lamblia
- C. Dysenteric amoeba
- D. Trichomonas
- E. Intestinal amoeba

A patient has symptoms of inflammation of urogenital tracts. Examination of a vaginal smear revealed big monocellular, pear-shaped organisms with the pointed spike at the posterior end of body, big nucleus and undulating membrane. What protozoa were found in the smear?

- A. Trichomonas vaginalis
- B. Trichomonas hominis
- C. Trichomonas buccalis
- D. Trypanosoma gambiense
- E. Lamblia intestinalis



A gynaecologist was examining a patient and revealed symptoms of genital tract inflammation. A smear from vagina contains pyriform protozoa with a spine, flagella at their front; there is also an undulating membrane. What disease can be suspected?

- A. Urogenital trichomoniasis
- B. Lambliasis
- C. Intestinal trichomoniasis
- D. Toxoplasmosis
- E. Balantidiasis

A female patient has symptoms of inflammation of urogenital tracts. A smear from the vaginal mucous membrane contained big unicellular pyriform organisms with a sharp spike on the back end of their bodies; big nucleus and undulating membrane. What protozoa were revealed in the smear?

- A. **Trichomonas vaginalis**
- B. Trichomonas hominis
- C. Trichomonas buccalis
- D. Trypanosoma gambiense
- E. Lamblia intestinalis

Trichomonas Vaginalis – Symptoms

- Only 30% of Infected persons show any symptoms
 - More common in females
 - 5-28 Days

Men:

- Itching/Irritation of Penis
- Burning Sensation
- Discharge

Women:

- "Strawberry Cervix" (2%)
- Itching, Burning, Redness, Soreness of Genitals
- Discomfort during Urination
- Odorous yellow-green discharge (12%)

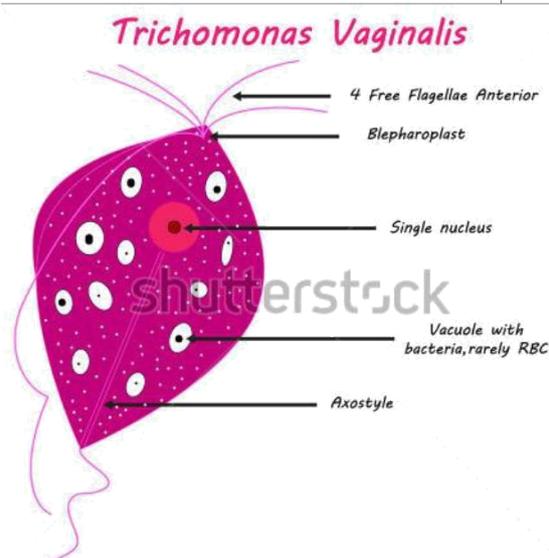


Microscopical examination of discharges from the gums of a patient ill with paradontosis revealed some protozoan pear-shaped organisms 6-13 micrometer long. The parasite has one nucleus and undulating membrane, there are four flagella at the front of its body. What protozoan were found?

- A. **Trichomonads**
- B. Leishmania
- C. Amoebae
- D. Balantidia
- E. Lamblia

A smear from frothy and purulent vaginal discharges of a 42 y.o. woman was stained by Romanovsky-Giemsa method. Its analysis revealed some microorganisms of flagellates class. What microorganism were the most probably revealed?

- A. **Trichomonas vaginalis**
- B. Leishmania donovani
- C. Trypanosoma gambiense
- D. Trihomonas hominis
- E. Lamblia intestinalis

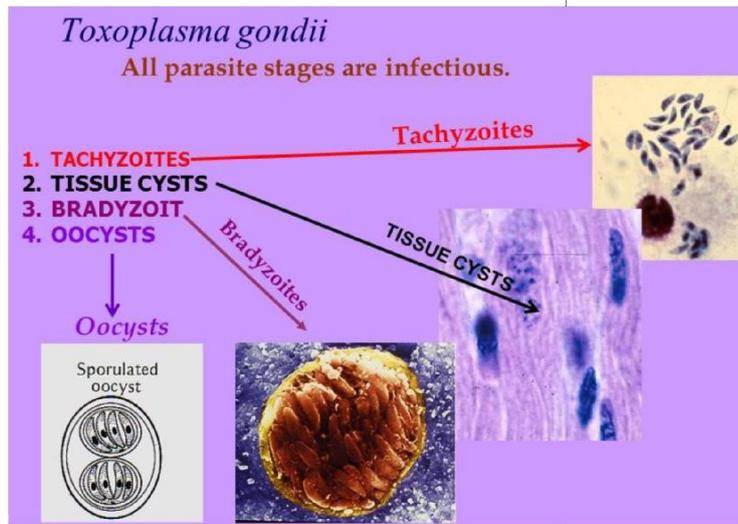


A 42-year-old female has foamy purulent vaginal discharges. The smear stained by Romanovsky-Giemsa's method has been found to include flagellated bacteria. What is the most likely microorganism that has been found by the doctor?

- A. **Trichomonas vaginalis**
- B. Trypanosoma gambiense
- C. Leishmania donovani
- D. Trihomonas hominis
- E. Lamblia intestinalis

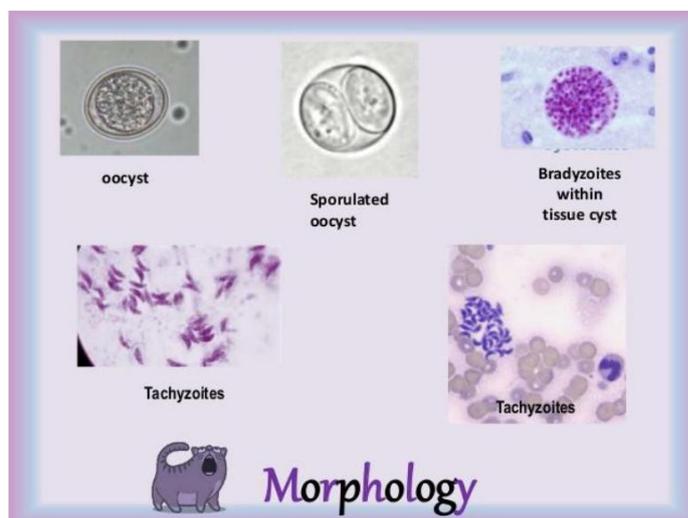
A lymph node punctate of a patient with suspected protozoa disease was examined. Examination of the stained specimen (Romanovsky's stain) revealed some crescent bodies with pointed end, blue cytoplasm and red nucleus. What protozoan were revealed in the smears?

- A. **Toxoplasmas**
- B. Malarial plasmodiums
- C. Dermotropic leishmania
- D. Viscerotropic leishmania
- E. Trypanosomes



A puncture sample taken from the lymph node of a patient with preliminary diagnosis of protozoan disease has been investigated. The preparation was processed with Giemsa stain and the following was detected: crescent-shaped bodies with pointed tips, blue cytoplasm and red nuclei. What protozoa have been detected in the preparation?

- A. **Toxoplasma**
- B. Plasmodium malariae
- C. Trypanosoma
- D. Viscerotropic Leishmania
- E. Dermatotropic Leishmania



Examination of a man revealed a protozoan disease that affected brain and caused vision loss. Blood analysis revealed unicellular half-moon-shaped organisms with pointed end. The causative agent of this disease is:

- A. **Toxoplasma**
- B. Leishmania
- C. Lamblia
- D. Amoeba
- E. Trichomonad

Toxoplasma gondii

- is an obligate intracellular protozoan parasite that infects all warm-blooded animals, including humans, and causes toxoplasmosis.
- In primary human infections, various mild symptoms may be observed, such as lymphadenopathy, low-grade fever, sore throat, and lethargy.
- Immunosuppressed patients may exhibit severe symptoms, including encephalitis, myocarditis, pneumonitis, hepatitis, splenomegaly and multisystem organ failure.

A man is ill with a protozoan disease characterized by cerebral affection and loss of sight. Blood analysis revealed halfmoon-shaped unicellular organisms with pointed ends. This disease is caused by:

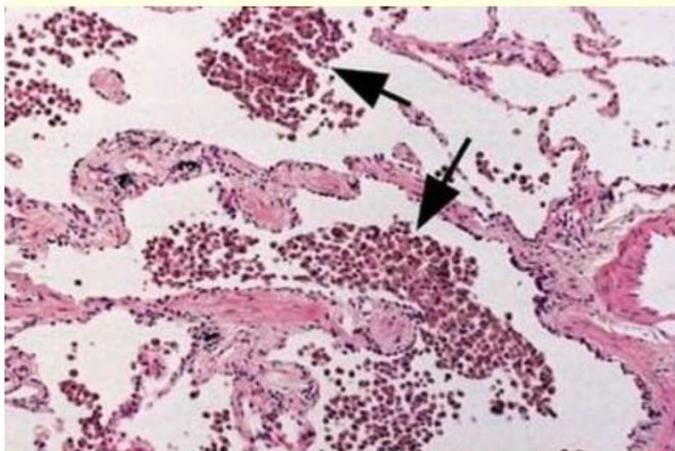
- A. **Toxoplasma**
- B. Leishmania
- C. Lamblia
- D. Amoeba
- E. Trichomonad

Viruses

The contents of vesicles that appeared on the mucous membrane of a patient with variola were sent to a virological laboratory. Which of the listed changes were revealed during the smear microscopy?

- A. **Paschen bodies**
- B. Babes-Negri bodies
- C. Guarnieri bodies
- D. Babes-Ernst bodies
- E. Syncytium

SMALLPOX (Variola)



- Caused by Variola virus
- Belongs to the genus Orthopoxvirus, the family Poxviridae and subfamily Chordopoxvirinae
- Single, linear, double-stranded DNA molecules and replicate in cell cytoplasm.
- Shaped like bricks and measure about 300 x 200 nm in size
- Incubation: 12–14 days (range 7–17d)
- 2 clinical forms:
 - Variola major
 - Variola minor

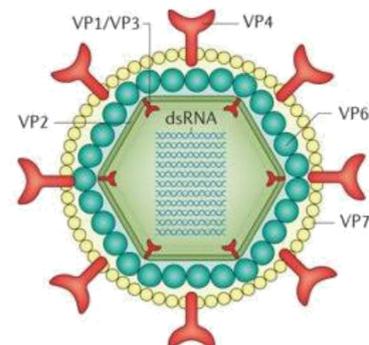
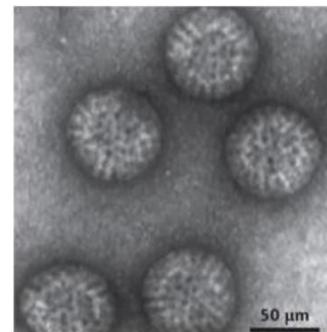
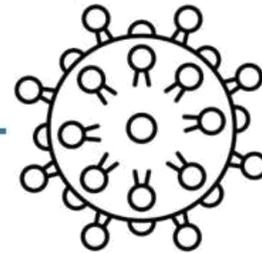
Paschen bodies - smallpox viruses

A three-year-old child has had marked diarrhea for three days. Immune electron microscopy of his excrements revealed bilayer pseudocapsid viruses that looked like small spoke wheels. What viruses have been revealed?

- A. Rotaviruses
- B. Coxsackie viruses
- C. ECHO viruses
- D. Coronaviruse
- E. Reoviruses

What is rotavirus disease?

- Rotavirus disease is a diarrheal disease caused by a virus called rotavirus
- The name rotavirus comes from the wheel-like appearance of the virus under the microscope
- Rotavirus is a virus that infects the intestines
- Rotavirus is the most common cause of severe diarrheal disease in infants and young children worldwide
- Rotavirus is not the only cause of diarrhea, several other agents may also cause diarrhea



An outbreak of an intestinal infection occurred in a kindergarten on the eve of New Year holidays. Bacteriological examination of patients' feces didn't reveal any pathogenic bacteria. Electron microscopy revealed roundish structures with clear outer edges and a thick core resembling a wheel. Specify the most likely causative agent of this infection:

- A. Rotavirus
- B. Adenovirus
- C. Coxsacki-virus
- D. E.coli
- E. P.vulgaris

Actinomyces

A 40 year old man noticed a reddening and an edema of skin in the area of his neck that later developed into a small abscess. The incised focus is dense, yellowish-green. The pus contains white granules. Histological examination revealed drusen of a fungus, plasmatic and xanthome cells, macrophages. What type of mycosis is the most probable?

- A. Actinomycosis
- B. Aspergillosis
- C. Candidosis
- D. Sporotrichosis
- E. Coccidioidomycosis

ACTINOMYCES

Anaerobic, filamentous, gram positive bacillus

- Exhibit true branching
- “Mykes” – Greek for “fungus”



A 40-year-old man developed skin redness and an swelling in the neck area, where eventually a small abscess appeared. The section the focus is dense and yellow-green colored. In the purulent masses there are white granules. Histologically there are fungal druses, plasma and xanthome cells, and macrophages detected. Specify the most correct etiological name of this pathological process?

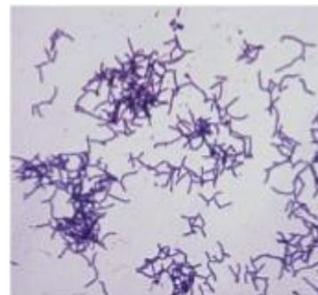
- A. Actinomycosis
- B. Furuncle
- C. Carbuncle
- D. Syphilis
- E. Leprosy

ACTINOMYCES

MORPHOLOGY & GROWTH

- Elongated branching Gram-positive bacilli
- Anaerobic or microaerophilic
- Temperature range 35-37°C
- Slow growth on blood agar in 4-7 days

DISEASE: Actinomycosis



Microscopical examination of an infiltrate removed from the submandibular skin area of a 30 y.o. man revealed foci of purulent fluxing surrounded by maturing granulations and mature connective tissue, the pus contains druses consisting of multiple short rod-like elements with one end attached to the homogenous centre. What disease is it?

- A. Actinomycosis
- B. Tuberculosis
- C. Syphilis
- D. Candidosis
- E. –

A 32-year-old patient who lives in the countryside consulted a doctor about a painful swelling and a fistula in the submandibular region. Examination revealed an infiltration with a fistula discharging thick pus and containing white granules. On dissection the infiltration tissues turned out to be dense, yellow-green and had honeycomb structure because of multiple abscesses. What is the most likely diagnosis?

A. Actinomycosis

B. Tuberculosis

C. Lepra

D. Syphilis

E. Submandibular abscess

ACTINOMYCOSIS

Source of infection

- Endogenous

Pathogenesis

- After local trauma, organisms invade tissues
- Due to low oxygen tension, organisms multiply
- Form hard yellow granules (called **sulfur granules**) which are bacterial filaments solidified with tissue exudates
- These granules drain outside through sinuses

Microscopic examination of pus sample taken from mandibular fistula canal and stained by Gram's method has revealed druses with gram-positive coloring in the center and cone-shaped structures with gram-negative coloring. Such morphology is characteristic of the agent of:

A. Fusobacteriosis

B. Actinomycosis

C. Staphylococcal osteomyelitis

D. Anaerobic infection

E. Candidiasis

Physiology of microbes

The sterile Petri dishes and pipettes are necessary to prepare for microbiological tests in bacteriological laboratory. What way of sterilization should be applied in this case?

- A. Dry-heat sterilization
- B. Tyndallization
- C. Pasteurization
- D. Boiling
- E. Steam sterilization in autoclave

STERILIZATION AND DISINFECTION

Sterilization methods

• Physical methods

- Moist heat in autoclaves
- Dry-heat in ovens
- Gamma irradiation
- Filtration
- Plasma sterilization

• Chemical agents

- Ethylene oxide
- Glutaraldehyde (high concentration)

Disinfection methods

• Chemical agents

- Alcohols
- Aldehydes
- Halogens
- Phenols
- Surfactants
- Heavy metals
- Dyes
- Oxidants

• Physical methods

- Boiling and pasteurisation
- Ultraviolet radiation

What method should be applied for sterilization of heatproof and moistureproof stomatological instruments in order to ensure total destruction of viruses, vegetative and spore forms of microorganisms?

- A. Autoclaving
- B. Boiling
- C. Pasteurization
- D. Tyndallization
- E. Burning in the flame of gas burner

Autoclave is a pressurized device designed to heat aqueous solutions above their boiling point at normal atmospheric pressure to achieve sterilization.

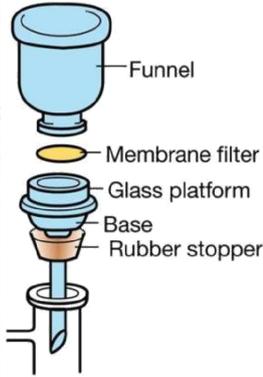
Auto → self

Clavis → self locking device



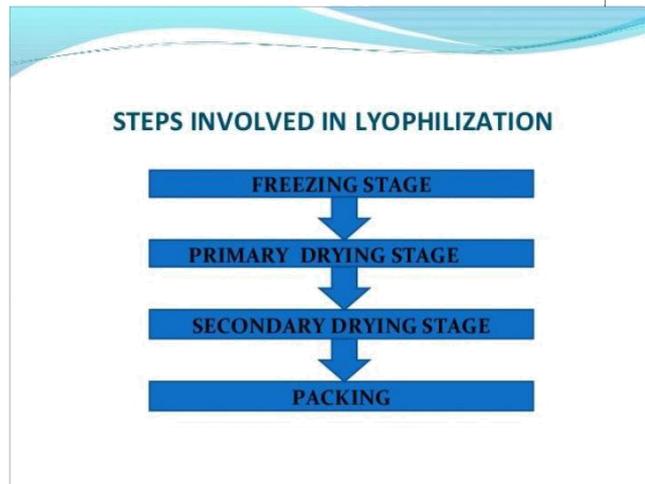
Autoclave Machine

- When pressure is increased in a closed vessel the temperature increases proportionately. i.e. for about 15 pounds of pressure per square inch (Psi) the temperature rises to 121°C.
- This pressure and temperature is kept constant for 20 minutes during autoclaving.
- It is sufficient to kill all the vegetative forms and spores of the organism.

<p>Which of the following sterilization methods ensures total death of microorganisms and their spores during onetime thermal processing of an object?</p> <p>A. Autoclaving B. Boiling C. Tyndallization D. Pasteurization E. –</p>	
<p>Meat peptone broth is prepared for sterilization in bacteriological laboratory. What sterilization method is advisable?</p> <p>A. Autoclaving B. Ignition C. Boiling D. Filtering E. Dry heat</p>	
<p>In the surgical ward, the dressing material was undergoing sterilization in an autoclave. Through an oversight of a nurse the mode of sterilization was changed and the temperature in the autoclave reached only 100°C instead of the due 120°C. What microorganisms can stay viable under these conditions?</p> <p>A. Bacilli and clostridia B. Staphylococci and streptococci C. Mold and yeast fungi D. Salmonella and klebsiella E. Corynebacteria and mycobacteria</p>	
<p>Bacteriological laboratory has the task to sterilize nutrient mediums containing substances that convert under the temperature over 100°C (urea, carbohydrates). What method of sterilization should be used?</p> <p>A. Fluid steam sterilization B. Autoclaving C. Boiling D. Tindalization E. Pasteurization</p>	
<p>What method of sterilization should be used during the manufacturing liquid dosage forms containing proteins?</p> <p>A. Filtering B. Boiling C. Gas sterilization D. Autoclaving E. Pasteurization</p>	<div data-bbox="411 1444 1246 2067" style="border: 2px solid red; padding: 10px;"> <p style="text-align: center;">Sterilization by filtration</p> <p style="text-align: center;">Types</p> <p>Seitz filters</p> <ul style="list-style-type: none"> ◦ Formed of asbestos with pore size 0.5-0.75µm. ◦ Used for removing bacteria from serum and fluid culture media.  <p style="text-align: center;">(a)</p> </div>

In order to keep vitality and stability of eubiotics microorganisms in frozen state are dried under conditions of high vacuum. What method is it?

- A. Lyophilization
- B. Pasteurization
- C. Tyndallization
- D. Inactivation
- E. Hybridization



What method ensures reliable sterilization of biological liquids (serums, solutions, enzymes, vitamins etc.) that cannot be exposed to high temperatures?

- A. Tyndallization
- B. Dry heat
- C. Flowing steam
- D. Moist steam under pressure
- E. Flaming

TYNDALLIZATION

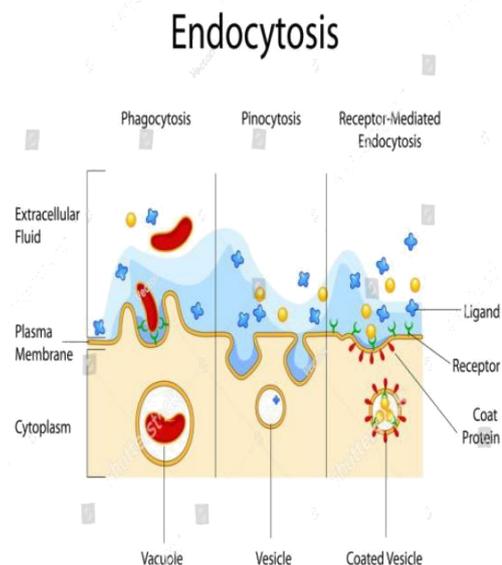
- Also called Fractional Sterilization.
- John Tyndall gave the idea about tyndallization.
- The substance is heated at temp. of about 80-100°C for 30 mins and then the material is incubated. If spores are present, they will germinate and become vegetative cells.
- The procedure is repeated for 3 successive days.
- On heating between 80-100°C for 30 mins on successive days with incubation will result in resistant spores to germinate and the vegetative cells are killed on second and third days.

Having completed work in a laboratory, a student must tidy up the workspace, perform disinfection of the workbench and tools. What chemicals should be used for disinfection?

- A. Chloramine
- B. Hydrochloric acid
- C. Formalin
- D. Chloroform
- E. Ether

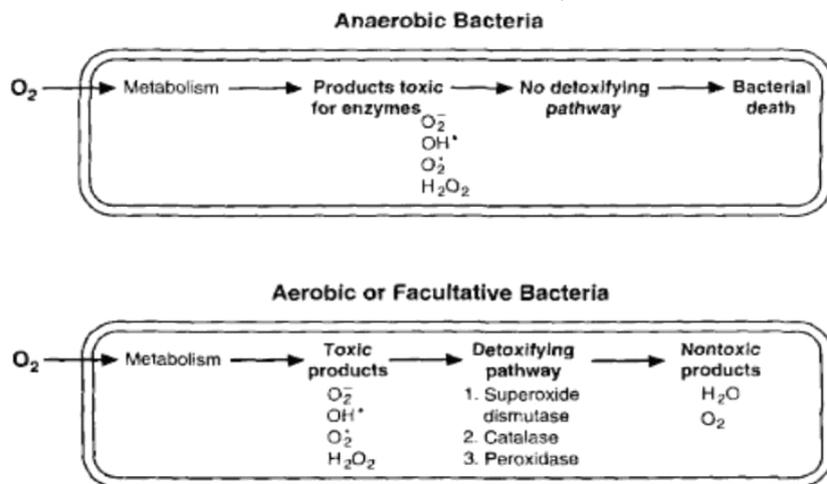
Passive and active transport of substances is realized through the cell membrane. Name the type of active transport by which the membrane changes its structure:

- A. Endocytosis
- B. Osmosis
- C. Filtration
- D. Diffusion
- E. Facilitated diffusion



Those organisms which in the process of evolution failed to develop protection from H_2O_2 can exist only in anaerobic conditions. Which of the following enzymes can break hydrogen peroxide down?

- A. Peroxidase and catalase
- B. Oxygenase and hydroxylase
- C. Cytochrome oxidase, cytochrome B5
- D. Oxygenase and catalase
- E. Flavin-dependent oxidase



A bacterial cell obtains nutrients by different ways. One of them is the facilitated diffusion that is realized by special membrane carrier proteins. What are these proteins called?

- A. Permeases
- B. Lyases
- C. Oxidoreductases
- D. Isomerases
- E. Ligases

Pathogenic microorganisms produce various enzymes in order to penetrate body tissues and spread there. Point out these enzymes among those named below.

- A. Hyaluronidase, lecithinase
- B. Lyase, ligase
- C. Transferase, nuclease
- D. Oxidase, catalase
- E. Esterase, protease

- Enzymes
 - β lactamase (deactivates penicillins)
 - Ribosylase (causes diarrhea)
 - Catalase
 - Coagulase (causes blood clots)
 - Staphylokinase (dissolves blood clots)
 - Streptokinase (dissolves blood clots)
 - IgA or IgG protease (deactivates Ab's)
 - Hyaluronidase (can move thru tissues)
 - SOD (superoxide dismutase; deactivates WBC lysosomes)

Pathogenic microorganisms are characterized by presence of aggression enzymes that determine their virulence. Select an aggression enzyme:

- A. Hyaluronidase
- B. Carbohydrase
- C. Transferase
- D. Oxidase
- E. Lyase

Pathological material taken from a patient suffering from pulpitis was inoculated onto Kitt-Tarozzi cultural medium. It is planned to find the following microorganisms:

- A. Anaerobic
- B. Acid-resistant
- C. Acidophilic
- D. Haemolytic
- E. Aerobic

<p>A patient was taken to a hospital with acute food poisoning caused by homemade canned mushrooms. The product analysis revealed some microorganisms that develop only in the absence of oxygen. What microorganisms caused the poisoning?</p> <p>A. Obligate anaerobes B. Facultative anaerobes C. Microaerophiles D. Obligate aerobes E. Capnophiles</p>	<p>▲ Obligate anaerobes (Strictly anaerobes) : need an oxygen-free environment to live. They cannot grow in places with oxygen, which can sometimes damage and destroy them.</p> <p>▲ Aerotolerant bacteria (moderate anaerobes) : do not use oxygen to live, but can exist in its presence for a period of time.</p> <p>▲ Facultative anaerobes use fermentation to grow in places without oxygen, but use aerobic respiration in places with oxygen.</p>
<p>The causative agents of intestinal infections can grow at refrigerator temperatures, which may cause infection in people. What type of temperature optimum do these microorganisms relate to?</p> <p>A. Psychrophilic B. Mesophilic C. Thermophilic D. Anthropophilic E. Necrophilic</p>	<p style="text-align: center;">Psychrophilic</p> <ul style="list-style-type: none"> • These grow best at about <u>20°C</u> but also down to -10°C in unfrozen media. • Psychrophilic bacteria can cause food spoilage at low temperatures. • Several of the microorganisms found in the soil and water belong to this group.
<p>For cultivation of Brucella, pure cultures should be incubated in CO₂ enriched atmosphere. What type of breathing is typical for Brucella?</p> <p>A. Capnophilic B. Facultative anaerobic C. Obligate anaerobic D. Obligate aerobic E. Any</p>	<p style="text-align: center;">Types of microorganisms</p> <ul style="list-style-type: none"> ○ Aerotolerant anaerobes: They are anaerobic parasites that are not killed by exposure to oxygen. ○ Capnophiles: Capnophilic parasites require increased concentration of carbondioxide (5% to 10%) and approximately 15% oxygen. The examples of capnophilic bacteria includes: <i>Haemophilus influenzae</i>, <i>Neisseria gonorrhoeae</i> etc. ○ Microaerophiles: Microaerophiles are those groups of parasites that can grow under reduced oxygen (5% to 10%) and increased carbondioxide (8% to 10%). Higher oxygen tensions may be inhibitory to them. Examples of Microaerophiles are: <i>Campylobacter jejuni</i>, <i>Helicobacter pylori</i> etc.
<p>A patient underwent esophagogastroduodenoscopy. Analysis of the biopsy material enabled doctors to diagnose him with helicobacteriosis. What property of the bacteria found in this patient had to be obligatory taken into account during their cultivation?</p> <p>A. Microaerophilic ability B. Presence of urease C. Colonisation of gastral cells D. Absence of spores and capsules E. Presence of six polar flagella</p>	

In microbiology class students had been growing pure bacterial culture. Bacterial inoculation of solid medium was performed to obtain separate visible colonies, resulting in two colonies, R-type and S-type, grown in thermostat after one day of incubation. What microorganism properties were described by students?

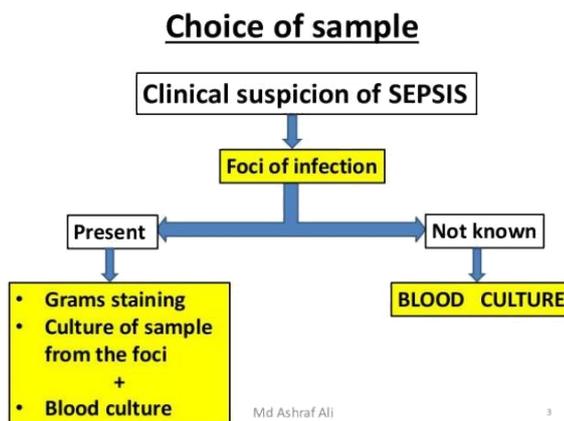
- A. Cultural
- B. Tinctorial
- C. Biochemical
- D. Morphologic
- E. Antigenic

Cultural Characteristics

- Provides additional information for the identification of the bacterium. The characters revealed in different types of media are noted.
- While studying colonies on solid media following characteristics are observed :
Size, Shape, Margins, Surface, Their elevations, Edge, colour, structure, consistency.

A 55-year-old male patient was hospitalized to a surgical clinic for suspected septicemia. What material should be taken for analysis?

- A. Blood, sugar broth
- B. Liquor, serum agar
- C. Urine, beef-extract broth
- D. Pus, yolk saline agar
- E. Lymph node punctate, cysteine agar



A patient operated for acute paraproctitis undergoes antibacterial and detoxification therapy. According patient state doctor suspected sepsis. What study will confirm the diagnosis?

- A. Blood culture for a pathogen
- B. X-ray of lungs
- C. Liver ultrasound
- D. Determining the rate of microbial contamination of wound
- E. Determining the rate of average-weight molecules

A 4-year-old child presents with general weakness, sore throat and deglutitive problem. After his examination a doctor suspected diphtheria and sent the material to the bacteriological laboratory. In order to determine the diphtheria causative agent the material should be inoculated into the following differential diagnostic medium:

- A. Blood tellurite agar
- B. Endo's agar
- C. Ploskyrev's agar
- D. Sabouraud's agar
- E. Levenshtein-Yessen agar

Classification

3 morphological types of *C. diphtheriae* are found on tellurite containing media:

△ **Mitis** – black colonies with a gray periphery

△ **Gravis** – large, gray colonies

△ **Intermedius** – small, dull gray to black.

All produce an immunologically identical toxin



Mitis



Gravis



Intermedius

It is suspected that the workers of a serum drugs plant at a regional hemotransfusion station are carriers of pathogenic staphylococcus aureus. In order to detect staphylococcus carriage, the material from the nasopharynx of the workers should be inoculated into the following medium:

- A. Egg-yolk-salt agar
- B. Endo agar
- C. Meat infusion broth
- D. Kessler medium
- E. Blood agar

Egg yolk agar test

Principle :

- **Lecithinase** are enzyme released by bacteria that destroy animal tissues. Lecithin is a normal component of egg yolk in EYA .
- Lecithoviteclin $\xrightarrow{\text{lecithinase}}$ phosphorylcholine + diglyceride
- Diglyceride forms a ppt in the medium, this ppt appears as a white opaque halo surrounding the colony that produce lecithinase.
- Bacterial **lipase** hydrolyze the breakdown of triglyceride into glycerol and free fatty acids .
- Fatty acids are insoluble and cause opacity in EYA , producing an iridescent sheen on the colonies and surface.
- Lipase is not diffusible and the reaction occurs on the surface of agar in the immediate vicinity of the colony.

Microbiological studies of air in the pharmacy room revealed the presence of pathogenic staphylococci. Select the medium in which you can detect the lecithinase activity of the isolated microorganism:

- A. Yolk-salt agar
- B. Blood agar
- C. Bismuth sulfite agar
- D. Sugar agar
- E. Meat-extract agar

It was suspected that among workers of serum medications factory of regional hemotransfusion station there are carriers of pathogenic cocci. What medium should the material from nasopharynx of workers be inoculated of in order to reveal Staphylococccous carriage?

- A. Yolk-salt medium
- B. Endo agar
- C. Beef-extract broth
- D. Ressler's medium
- E. Blood agar

Examination of air state in drugstore premises for preparation of injection drugs was done by method of sedimentation. It revealed 5 small roundish colonies with zone of hemolysis around them. Inoculations were made on the following cultural medium:

- A. Blood agar
- B. Endo agar
- C. Meat infusion agar
- D. Egg yolk and salt agar
- E. Lewin's agar

Hemolysis on Blood agar



beta-hemolysis
Streptococcus pyogenes



alpha hemolysis
Escherichia coli



gamma hemolysis (no hemolysis)
Staphylococcus epidermidis

In order to establish the possible contamination of a medication with fungi, a nutrient medium was inoculated, which resulted in growth of large cream-like colonies. What nutrient medium was used in this case?

A. Sabouraud

B. Lowenstein-Jensen

C. Roux

D. Loeffler

E. Finn-2

- **Sabouraud's dextrose agar (SDA)**: the standard media for most fungi. Chloramphenicol added to inhibit bacterial growth.



Crude herbal drugs must be examined for yeast-like fungi. What agar can ensure development of these microorganisms so that associating microflora will grow very slowly or won't grow at all?

A. Sabouraud's peptone agar

B. Endo agar

C. Meat infusion agar

D. Milk-salt agar

E. Blood agar

A 3 month old infant has got a white deposition on the mucous membrane of his mouth, tongue and lips. The doctor suspected candidosis. What nutrient medium should be used for inoculation of the material under examination in order to confirm this diagnosis?

A. Sabouraud

B. Endo

C. Loewenstein-Jensen

D. Roux

E. Clauberg

A 3 m.o. baby has white film on the mucous membrane of his mouth, tongue and lips. A doctor suspected candidosis. What nutrient medium should be applied for inoculation of the material under examination in order to confirm this diagnosis?

A. Sabouraud's

B. Endo

C. Jensen's

D. Roux

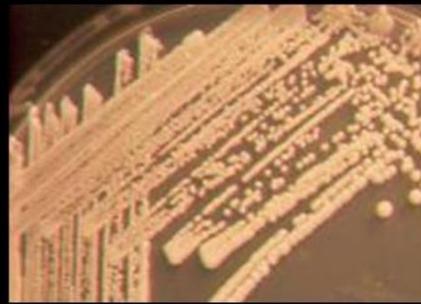
E. Clauberg's

Candida species

Candida albicans

Sabouraud Agar

Morphology: Creamy white yeast, may be dull, dry irregular and heaped up, glabrous and tough



A patient has a necrotizing phlegmon of his lower extremity. A doctor suspects a gas gangrene. Microscopy reveals grampositive bacilli. In order to confirm the diagnosis further bacteriological tests should include inoculation of the material into the following nutrient medium:

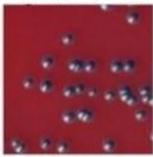
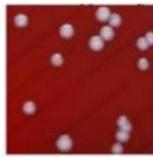
A. Kitt-Tarozzi medium

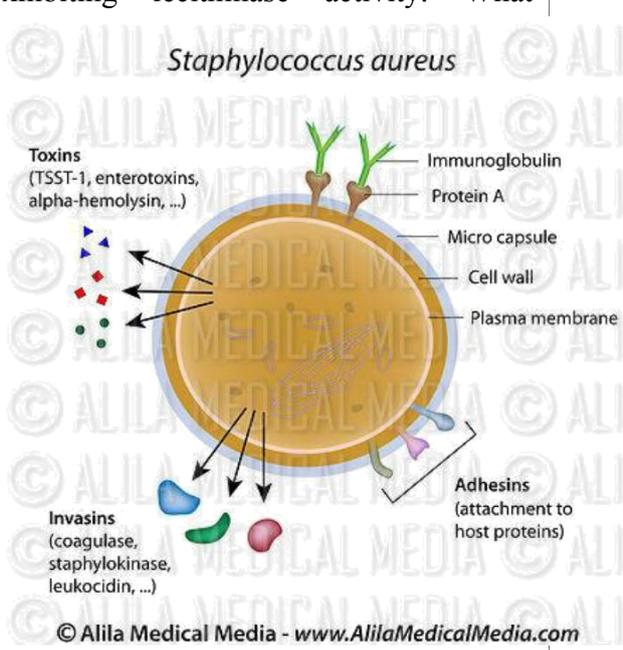
B. Endo agar

C. Levine agar

D. Meat-peptone agar

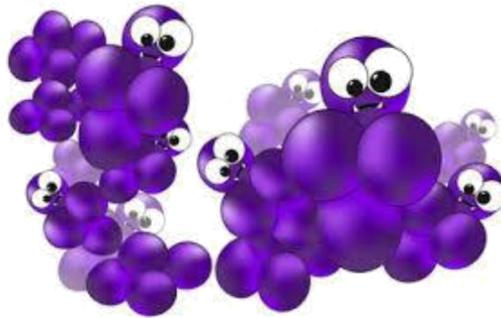
E. Milk-salt agar

<p>During bacteriological analysis of solutions prepared in a pharmacy some red colonies with metallic glitter have grown on Endo agar. What microbes were revealed?</p> <p>A. Escherichia B. Shigella C. Staphylococci D. Streptococci E. Salmonella</p>	
<p>Bacteriological examination of a patient with food poisoning required inoculation of a pure culture of bacteria with the following properties: gram-negative movable bacillus that grows in the Endo's medium in form of colourless colonies. A representative of which species caused this disease?</p> <p>A. Salmonella B. Shigella C. Yersinia D. Escherichia E. Citrobacter</p>	<p style="text-align: center;">RESULTS</p> <p>➤ On MacConkey agar</p> <ul style="list-style-type: none"> • Salmonella gives colourless colonies • E. coli gives pink colour colonies 
<p>On bacteriological study of rinsing water of the patient with food poisoning, the pure bacterial culture was inoculated with the following properties: gram-negative motile bacillus in the Endo environment grows like achromic colony. Representative of what genus has caused the illness?</p> <p>A. Yersinia B. Citrobacter C. Salmonella D. Shigella E. Escherichia</p>	
<p>A patient was admitted to the infectious department of a hospital. His provisional diagnosis was "acute gastroenteritis". Inoculation of feces on bismuth-sulfite agar induced growth of black colonies with metallic glitter. What microorganisms should you think of?</p> <p>A. Salmonella B. Escherichia C. Shigella D. Yersinia E. Brucella</p>	
<p>After inoculation of the material obtained from the pharynx of an angina patient onto the blood-tellurite agar, grey colonies could be observed. They were 4-5 mm in diameter, radially striated (in form of rosettes). Microscopical examination revealed gram-positive bacilli with clavate swollen ends arranged in form of wide-spread fingers. Identify these microorganisms:</p> <p>A. Diphtheria corynebacteriae B. Clostridium botulinum C. Diphtheroids D. Streptococci E. Streptobacilli</p>	<p style="text-align: center;"><i>C. diphtheriae</i> (culture)</p> <p>■ Tellurite-Blood agar (TBA or CTBA): selective & differential media</p> <ul style="list-style-type: none"> ■ Selective for <i>Corynebacterium</i>, because the tellurite inhibits many non-coryneform bacteria. ■ Differential for tellurite reduction, so there are 3 biotypes of <i>C. diphtheriae</i> depending on colony morphology as shown below: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p>Black colonies with gray periphery</p>  <p>Mitis</p> </div> <div style="text-align: center;"> <p>Large, gray colonies</p>  <p>Gravis</p> </div> <div style="text-align: center;"> <p>Small, dull, gray-black</p>  <p>Intermedius</p> </div> </div>

<p>Inoculum from pharynx of a patient ill with angina was inoculated into blood tellurite agar. It resulted in growth of grey, radially striated (in form of rosettes) colonies 4-5 mm in diameter. Gram positive bacilli with clublike thickenings on their ends placed in form of spread wide apart fingers are visible by microscope. What microorganisms are these?</p> <p>A. Diphtheria corynebacteriae B. Botulism clostridia C. Diphtheroids D. Streptococci E. Streptobacilli</p>	
<p>A sample taken from the pharynx of a patient with angina was inoculated on the blood-tellurite agar. This resulted in growth of grey, radially striated (in form of rosettes) colonies up to 4-5 mm in diameter. Microscopically there can be seen gram-positive rods with club-shaped ends arranged in form of spread fingers. What microorganisms are these?</p> <p>A. Corynebacteria diphtheriae B. Clostridium botulinum C. Diphtheroids D. Streptococci E. Streptobacilli</p>	
<p>Examination of a patient with pustular skin lesions allowed to isolate a causative agent that forms in the blood agar roundish yellow middle-sized colonies surrounded by haemolysis zone. Smears from the colonies contain irregular-shaped clusters of gram-positive cocci. The culture is oxidase- and catalase positive, ferments mannitol and synthesizes plasmocoagulase. What causative agent was isolated?</p> <p>A. Staphylococcus aureus B. Streptococcus agalactiae C. Str. pyogenes D. St. epidermidis E. St. saprophyticus</p>	
<p>During inspection of dental tools for sterility in one case gram-positive cocci were detected. They were situated in clusters and yielded positive plasma coagulation reaction; the cocci were fermenting mannitol in anaerobic conditions and exhibiting lecithinase activity. What microorganism as detected?</p> <p>A. St. saprophyticus B. St. epidermidis C. Corynebacterium xerosis D. Staph. aureus E. Str. Pyogenes</p>	 <p>The diagram illustrates the structure of <i>Staphylococcus aureus</i>. It shows a cross-section of the bacterium with several layers: an outer microcapsule, a thick cell wall, and an inner plasma membrane. Various virulence factors are depicted: toxins (TSST-1, enterotoxins, alpha-hemolysin, etc.) are shown as small colored dots; immunoglobulin and Protein A are shown as Y-shaped structures on the surface; adhesins are shown as blue and pink structures for attachment to host proteins; and invasins (coagulase, staphylokinase, leukocidin, etc.) are shown as larger, multi-colored structures.</p> <p>© Alila Medical Media - www.AlilaMedicalMedia.com</p>

Microbiological purity of tableted drugs had been tested at factory. Samples cultivation in mannitol salt agar resulted in growth of golden-yellow colonies, microscopic examination of colonies detected grampositive globular bacteria positioned in clusters; microorganisms had plasma coagulation properties. What pure bacterial culture was obtained?

- A. **Staphylococcus aureus**
- B. Enterobacteriaceae
- C. Staphylococcus epidermidis
- D. Staph. saprophyticus
- E. Pseudomonas aeruginosa



Bacilli were extracted from investigated sample. The bacilli are curved, extremely mobile, gram-negative, form no spores or capsules, have anaerobic form of respiration. They form transparent smooth colonies in alkaline agar, ferment saccharose and mannose into acid, produce exotoxin, fibrinolysin, collagenase, and hyaluronidase. What agent was extracted?

- A. **Comma bacillus**
- B. Proteus
- C. Dysentery bacillus
- D. Blue pus bacillus
- E. Colibacillus

Vibrio sp.

- Gram-negative rods
- Curves or comma shaped
- Non-spore forming
- Highly motile-single polar flagella
- Associated with salt water
- Oxidase positive
- Facultative anaerobe
- Tolerate alkaline conditions to pH9.0
- Readily cultivated, Simple nutritional requirements



Initial inoculation of water in 1% peptone water resulted in growth of a thin film on the medium surface in 6 hours. Such cultural properties are characteristic of causative agent of the following disease:

- A. **Cholera**
- B. Plague
- C. Tuberculosis
- D. Dysentery
- E. Pseudotuberculosis

Alkaline peptone water

- Alkaline Peptone Water is an enrichment medium used for the cultivation of *Vibrio* species from feces and other infected materials.
- Peptones provide nitrogen, vitamins, minerals and amino acids essential for growth.
- Sodium chloride supplies essential electrolytes for transport and osmotic balance and encourages the growth of *Vibrio cholerae*.

After inoculation of feces sample into the 1% alkaline peptonic water and 8-hour incubation in the thermostat at a temperature of 37°C a culture in form of a tender bluish film has grown. Such cultural properties are typical for the causative agent of the following disease:

- A. **Cholera**
- B. Plague
- C. Typhoid fever
- D. Paratyphoid fever
- E. Dysentery

A 4-year-old child presents with general weakness, sore throat and deglutitive problem. After his examination a doctor suspected diphtheria and sent the material to the bacteriological laboratory. In order to determine the diphtheria causative agent the material should be inoculated into the following differential diagnostic medium:

- A. **Blood tellurite agar**
- B. Levenshtein-Yessen agar
- C. Ploskyrev's agar
- D. Sabouraud's agar
- E. Endo's agar

LABORATORY DIAGNOSIS : CULTURE

- If the swabs can not be inoculated promptly, they should be kept moistened with serum;
- Inoculate on :
 - **Loeffler's serum slope**
 - **Tellurite blood agar or Tinsdale medium**
 - **Blood agar (for differentiating Staphylococcal or Streptococcal pharyngitis that simulate diphtheria);**
- *Tellurite medium is particularly useful for isolating the organism from – convalescents, contacts or carriers;*

A bacteriological laboratory received a sample of dried fish from an outbreak of food poisoning. Inoculation of the sample on Kitt-Tarozzi medium revealed microorganisms resembling tennis racket. These microorganisms are causative agents of the following disease:

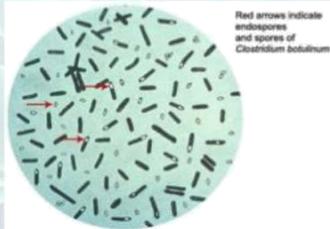
- A. **Botulism.**
- B. Diphtheria.
- C. Typhoid fever.
- D. Salmonellosis.
- E. Dysentery

A bacteriological laboratory studied the home-made dried fish which had caused a severe food poisoning. Microscopy of the culture grown on the Kitt-Tarozzi medium revealed microorganisms resembling a tennis racket. What is the most likely diagnosis?

- A. **Botulism**
- B. Salmonellosis
- C. Cholera
- D. Dysentery
- E. Typhoid fever

C.botulinum

- **Characteristics:**
 - Gram positive rod
 - Subterminal endospore
 - Noncapsule
 - Obligate anaerobe
- **Morphology:**
 - able to produce the neurotoxin during sporulation, which can only happen in an anaerobic environment.
 - is a lipase negative microorganism that grows between pH of 4.8 and 7 and it can't use lactose as a primary carbon source
 - Spores of the organism are highly resistant to heat, withstanding 100 °C for several hours.



A bacteriological laboratory has been investigating a sample of homemade dried fish that was the cause of severe food poisoning. Microscopy of the culture inoculated in Kitt-Tarozzi medium revealed microorganisms resembling a tennis racket. What diagnosis can be made?

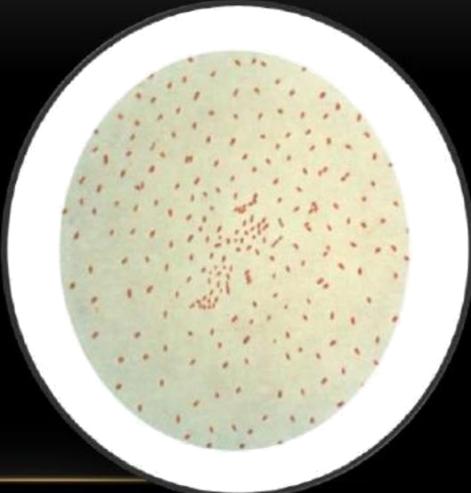
- A. Botulism
- B. Salmonellosis
- C. Cholera
- D. Dysentery
- E. Typhoid fever

A patient has severe catarrhal symptoms. Material growth on Bordet-Gengou agar showed mercury-drop like colonies. Examination of the blood smears revealed some small ovoid gram-negative bacilli sized 1-3 microns. What microorganisms were isolated?

- A. Bordetella
- B. Corynebacteria
- C. Mycobacteria
- D. Meningococcus
- E. Brucella

BORDETELLA PERTUSSIS (B G BACILLUS)

- Gram negative organism
- Small, ovoid, cocobacillus.
- Length is 0.5 microns
- Have bipolar metachromatic granules when stained with Toluidine blue



During bacteriological examination of sputum of a child with choking cough and fever there were revealed glossy smooth colonies growing on casein-charcoal agar and reminding of mercury drops. Microscopic examination revealed short Gram-negative bacteria. What microorganism was secured from the sputum?

- A. Bordetella pertussis
- B. Haemophilus influenzae
- C. Corynebacterium diphtheriae
- D. pneumoniae pneumonia
- E. Streptococcus pyogenes

Mercury Drop colonies on Bordet-Gengou Medium

- Growth takes longer upto 48 – 72 hours
- On blood agar appear as small dome shaped opaque viscid grayish white retractile glistening
- Resembles bisected pearly or mercury drops



On the base of the clinical data a child was diagnosed with atypical pneumonia resistant to the effects of beta-lactam antibiotics. The patient's sputum was cultured and incubated in a special medium, which resulted in growth of microorganisms forming microscopic colonies with a dense center (looking like fried eggs). What microorganism caused the disease?

- A. **Mycoplasma pneumoniae**
- B. *Klebsiella pneumoniae*
- C. *Str. pneumoniae*
- D. *L. pneumophila*
- E. *Chlamidia pneumonia*

Introduction



- *Mycoplasma* species are the smallest free-living organisms. (150-250 nm)
- Pleomorphic organism
 - unlike bacteria, lacks a cell wall,
 - unlike viruses, does not need a host cell for replication.
- Prokaryotes - lack a cell wall - Lack of a reaction to Gram stain and lack of susceptibility to many antimicrobial agents
- Usually associated with mucosal surfaces, residing extracellularly in the respiratory and urogenital tracts.
- *Mycoplasma pneumoniae*, *Mycoplasma hominis*, *Mycoplasma genitalium*, and *Ureaplasma* species.

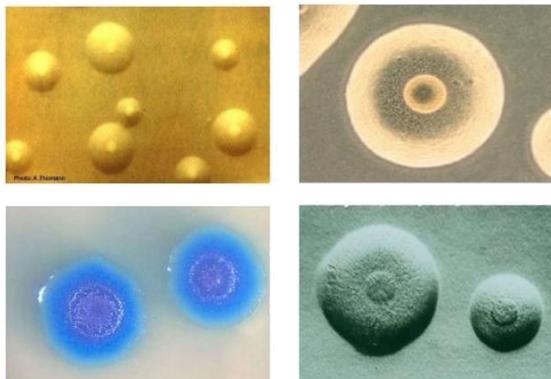
From a medicinal herb a certain phytopathogenic microorganism was secured. In the nutrient medium it forms "fried egg" colonies. What is the most likely agent?

- A. **Mycoplasma**
- B. Yeasts
- C. Actinomycetes
- D. *Nocardia*
- E. *Pseudoonas*



"Fried Egg" Colonies of Mycoplasma

M. pneumoniae colonies have a granular appearance



Bacteriological examination of the urine of the patient with pyelonephritis revealed microorganisms that produced yellow-green pigment and a characteristic odor in meat-peptone agar. What are they called?

- A. **Pseudomonas**
- B. Escherichia
- D. Klebsiella

- C. Proteus
- E. Azotobacter

Pseudomonas aeruginosa is ...




- Gram –negative
- rod-shaped
- Motile
- A facultative aerobe
- usually fluoresced blue-green on culture
- grows well at 37-42 degrees Celsius
- releases a 'sweet' grape like odor
- found in most environments, including soil, humans, animals, plants, water, sewage, and hospitals

Many diseases of medicinal plants are caused by bacteria of the Pseudomonas genus. Select the bacteria relating to this genus:

- A. **Blue pus bacillus**
- B. Colon bacillus
- C. Proteus
- D. Mycoplasma
- E. Micrococci

***Pseudomonas aeruginosa* – blue-greenish pus**

- Skin graft infected with *Pseudomonas aeruginosa*
- Pyocyanin – blue pigment produced by *Ps.aeruginosa* (pyocyanic bacillus)



Urine examination of a patient with acute cystitis revealed leukocytes and a lot of gram-negative bacilli. Inoculation resulted in growth of colonies of mucous nature that formed green soluble pigment. What microorganism is the most probable cause of the disease?

- A. **Pseudomonas aeruginosa**
- B. Klebsiella pneumoniae
- C. Escherichia coli
- D. Proteus mirabilis
- E. Salmonella enteritidis

***P. aeruginosa* is an opportunistic pathogen**

- Extremely broad host spectrum
- Hardly any infections in the normal human host
- Severe immunodeficiencies and medical devices predispose the patients to *P. aeruginosa* infections
- Broad spectrum of clinical symptoms
 - Urinary tract infections
 - Pulmonary infections
 - Soft tissue infections
 - Sepsis
 - Bone and joint infections
 - Endocarditis



A patient of surgical department complains about pain in the small of her back and in the lower part of her belly; painful and frequent urination. Bacteriological examination of urine revealed gram-negative oxidase-positive rod-like bacteria forming greenish mucoid colonies with specific smell. What causative agent can it be?

A. Pseudomonas aeruginosa

B. Mycoplasma pneumoniae

C. Str. pyogenes

D. E. coli

E. Proteus mirabilis

Diagnosis of *P. aeruginosa*

- Isolation and lab identification of the pathogen
- *P. aeruginosa* grows well on most laboratory media
- Identified on the basis of its:
 - Gram morphology,
 - inability to ferment lactose,
 - a positive oxidase reaction,
 - its characteristic odor,
 - its ability to grow at 42° C.
 - Fluorescence is helpful in early identification of *P. aeruginosa* colonies and may also help identify its presence in wounds.



A patient has wound abscess. Bacteriological examination of the wound content revealed a gram-negative bacillus which forms semi-transparent mucous colonies of blue-green color with a pearlescent appearance on the beef-extract agar. Culture has a specific odor of violets or jasmine. What type of pathogen was isolated from the patient's wound?

A. P. aeruginosa

B. P. vulgaris

C. S. aureus

D. S. pyogenes

E. S. faecalis

Pseudomonas aeruginosa

- Gram negative aerobic rod
- "bacillus of blue-green pus"
 - pyocyanin pigment
- fermented grape smell
- normal flora
 - skin & intestine
- unusual carbon sources
- antibiotic resistant
- infections
 - wound, ear, urinary, respiratory, burns



A patient of oral surgery department has developed a purulent complication. Bacteriological analysis of the wound discharge allowed to isolate a culture producing a blue-and-green pigment. Which of the listed microorganisms may be a causative agent of the infection?

A. Pseudomonas aeruginosa

B. Staph. epidermidis

C. B. subtilis

D. Pr. vulgaris

E. Klebsiella pneumoniae

A patient in the oral surgery department has got purulent complication. Bacteriological analysis of the wound material found a culture that produces cyan pigment. What microorganism is the most probable causative agent?

- A. **Pseudomonas aeruginosa**
- B. Staph. epidermidis
- C. B. subtilis
- D. Kleb. pneumoniae
- E. Pr.vulgaris

Pseudomonas aeruginosa

- Gram-negative aerobic bacteria
- Commonly found in the environment
 - At any moist location
- Common cause of nosocomial infections



Dr.T.V.Rao MD

4

A patient being treated in the burns department has suppurative complication. The pus is of bluish-green color that is indicative of infection caused by Pseudomonas aeruginosa. What factor is typical for this causative agent?

- A. **Gram-negative stain**
- B. Presense of spores
- C. Coccal form
- D. Cell pairing
- E. Mycelium formation

Bacteriological inspection of disinfection quality at a pharmacy revealed a microorganism in an utility room (in the sink). The microorganism has the following properties: mobile nonspore-forming gram-negative bacteria that form capsular substance, grow well on ordinary nutrient media, secrete the blue-green pigment. This microorganism is most likely to be of the following genus:

- A. **Pseudomonas**
- B. Proteus
- C. Clostridium
- D. Shigella
- E. Vibrio

A sample of a finished dosage form was found to be contaminated with some microorganisms exhibiting the following properties: greenish fluorescent colonies of gram-negative nonsporeforming bacilli that grew on the medium for the detection of pyocyanin. The bacilli release the bluegreen pigment into the medium.

What microorganisms contaminated the finished dosage form?

- A. **Pseudomonas aeruginosa**
- B. Enterobacteriaceae
- C. Staphylococcus aureus
- D. Staphylococcus epidermidis
- E. Staph. saprophyticus

Colony characters differ

19

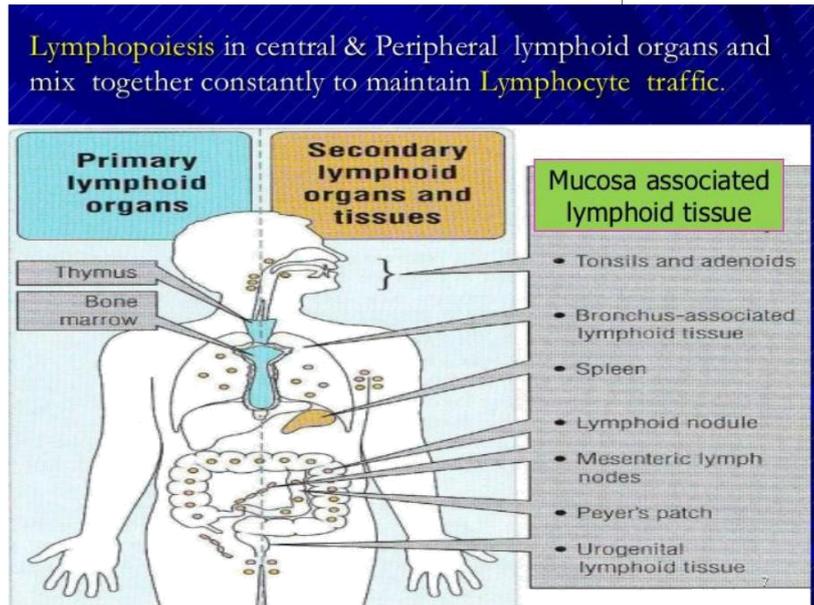
- *P. aeruginosa* isolates may produce three colony types. Natural isolates from soil or water typically produce a small, rough colony. **Clinical samples, in general, yield one or another of two smooth colony types.** One type has a fried-egg appearance which is large, smooth, with flat edges and an elevated appearance. Another type, frequently obtained from respiratory and urinary tract secretions, has a mucoid appearance, which is attributed to the production of alginate slime. The smooth and mucoid colonies are presumed to play a role in colonization and virulence.

 A petri dish showing Pseudomonas aeruginosa colonies. The medium is dark, and there are several colonies of different types: some are small and rough, while others are larger and smoother, illustrating the variability in colony morphology.

<p>During bacteriological examination of the purulent discharge obtained from a postoperative wound an inoculation on meat infusion agar has been performed. The inoculation has resulted in large colorless mucous colonies that in 24 hours with exposure to sunlight developed green-blue pigmentation and smell of honey or jasmine. Bacterioscopy revealed gram-negative lophotricha. What bacterial culture is contained in purulent discharge?</p> <p>A. Pseudomonas aeruginosa B. Klebsiella osaeanae C. Streptomyces griseus D. Proteus vulgaris E. Brucella abortus</p>	
<p>Virological laboratory has received patient's nasopharyngeal lavage. What can be used to single out influenza virus from the patient's lavage?</p> <p>A. Chick embryo B. Endo's medium C. Meat infusion agar D. Meat infusion broth E. Lowenstein-Jensen medium</p>	
<div style="background-color: #e6f2e6; padding: 10px; border: 1px solid #ccc;"> <h2 style="margin: 0;">LAB DIAGNOSIS</h2> <ul style="list-style-type: none"> • VIRUS ISOLATION - • Viral culture in egg culture (Gold Standard) </div>	
<p>Immunity</p>	
<p>Examination of a child who frequently suffers from infectious diseases revealed that IgG concentration in blood serum was 10 times less than normal, IgA and IgM concentration was also significantly reduced. Analysis showed also lack of B-lymphocytes and plasmocytes. What disease are these symptoms typical for?</p> <p>A. Bruton's disease B. Swiss-type agammaglobulinemia C. Dysimmunoglobulinemia D. Louis-Bar syndrome E. Di George syndrome</p>	
<p>Parents of a 5-year-old child report him to have frequent colds that develop into pneumonias, presence of purulent rashes on the skin. Laboratory tests have revealed the following: absence of immunoglobulins of any type; naked cells are absent from the lymph nodes punctate. What kind of immune disorder is it?</p> <p>A. X-linked hypogammaglobulinemia (Bruton type agammaglobulinemia) B. Autosomal recessive agammaglobulinaemia (Swiss type) C. Hypoplastic anemia D. Agranulocytosis E. Louis-Barr syndrome</p>	

A doctor examined a patient, studied the blood analyses, and reached a conclusion, that peripheral immunogenesis organs are affected. What organs are the most likely to be affected?

- A. Tonsils
- B. Thymus
- C. Kidneys
- D. Red bone marrow
- E. Yellow bone marrow

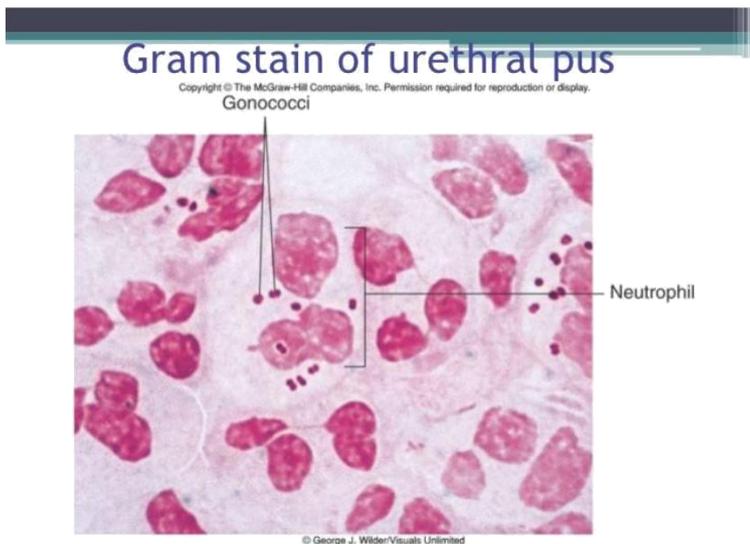


A 32-year-old patient has purulent wound in the lower third of forearm. Smear of purulent wound content has been made. What cells will be generally detected, if it is stained using Romanovsky-Giemsa stain?

- A. Neutrophil
- B. Eosinophil
- C. Lymphocyte
- D. Erythrocyte
- E. Basocyte

Cellular composition of exudate largely depends on the etiological factor of inflammation. What leukocytes are the first to be involved in the focus of inflammation caused by pyogenic bacteria?

- A. Neutrophil granulocytes
- B. Monocytes
- C. Myelocytes
- D. Eosinophilic granulocytes
- E. Basophils

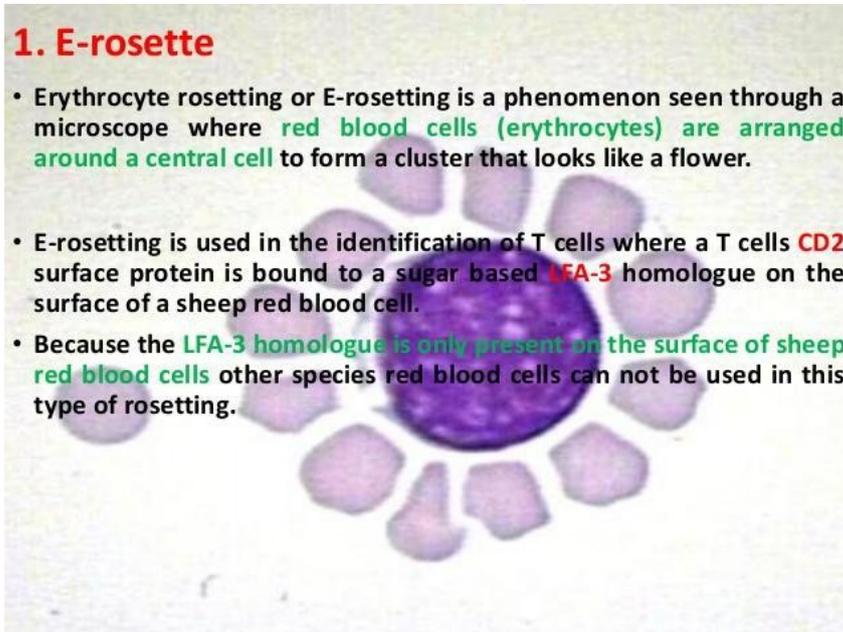


A patient with clinical presentations of immunodeficiency has undergone immunological tests. They revealed significant decrease in number of cells that form rosettes with sheep erythrocytes. What conclusion can be done on the ground of the analysis data?

- A. Decrease in T-lymphocyte level
- B. Decrease in B-lymphocyte level
- C. Decrease in natural killer level (NKcells)
- D. Decrease in complement system level
- E. Lack of effector cells of the humoral immunity

1. E-rosette

- Erythrocyte rosetting or E-rosetting is a phenomenon seen through a microscope where red blood cells (erythrocytes) are arranged around a central cell to form a cluster that looks like a flower.
- E-rosetting is used in the identification of T cells where a T cells CD2 surface protein is bound to a sugar based LFA-3 homologue on the surface of a sheep red blood cell.
- Because the LFA-3 homologue is only present on the surface of sheep red blood cells other species red blood cells can not be used in this type of rosetting.



A patient with clinical presentations of immunodeficiency went through immunological examinations. They revealed significant loss of cells that form rosettes with erythrocytes of a ram. What conclusion can be made according to the analysis data?

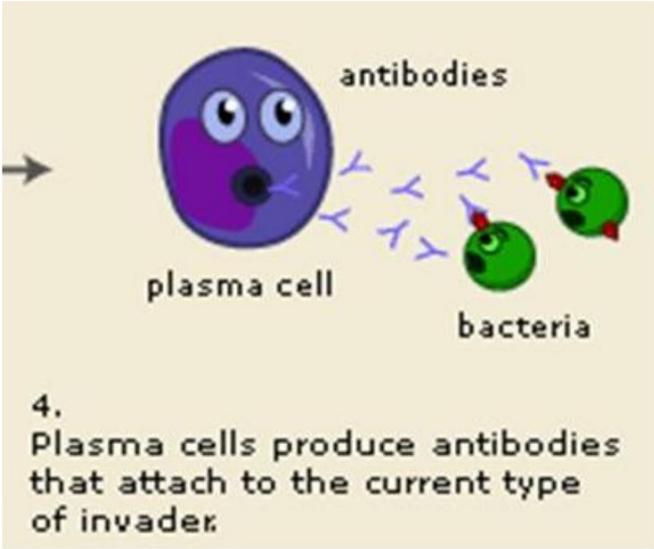
- A. Decrease of T-lymphocytes rate
- B. Decrease of B-lymphocytes rate
- C. Decrease of natural killer cell rate
- D. Decrease of complement system
- E. Insufficiency of effector cells of humoral immunity

Donor skin transplantation was performed to a patient with extensive burns. On the 8-th day the graft became swollen and changed colour; on the 11-th day graft rejection started. What cells take part in this process?

- A. T-lymphocytes
- B. Erythrocytes
- C. Basophils
- D. Eosinophils
- E. B-lymphocytes

Clinical phases of rejection

1. **Hyperacute rejection** (minutes to hours)
 - Preexisting antibodies to donor HLA antigens
 - Complement activation, macrophages
2. **Accelerated rejection**
3. **Acute rejection** (around 10 days to 30 days)
 - Cellular mechanism (CD4, CD8, NK, Macrophages)
4. **Chronic rejection** (months to years !!)
 - Mixed humoral and cellular mechanism
 - CHRONIC REJECTION IS STILL HARD TO MANAGE !

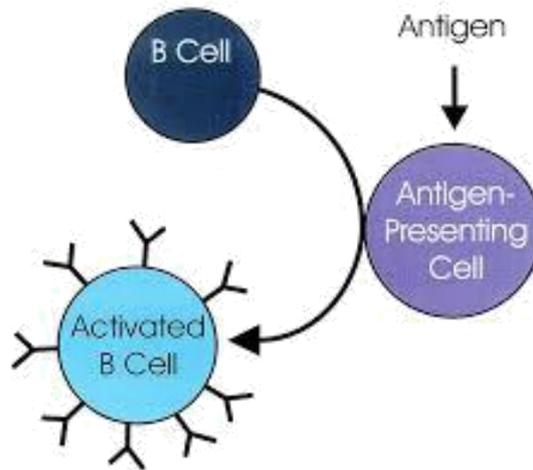
<p>A female patient underwent liver transplantation. 1,5 month after it her condition became worse because of reaction of transplant rejection. What factor of immune system plays the leading part in this reaction?</p> <p>A. T-killers B. Interleukin-1 C. Natural killers D. B-lymphocytes E. T-helpers</p>	
<p>A patient with skin mycosis has disorder of cellular immunity. The most typical characteristic of it is reduction of the following index:</p> <p>A. T-lymphocytes B. Immunoglobulin G C. Immunoglobulin E D. B-lymphocytes E. Plasmocytes</p>	
<p>Recovery from an infectious disease is accompanied by neutralization of antigens by specific antibodies. What cells produce them?</p> <p>A. Plasmocytes B. Fibroblasts C. Tissue basophils D. Eosinophils E. T-lymphocytes</p>	 <p>The diagram illustrates a plasma cell (a purple cell with a large nucleus) on the left, labeled 'plasma cell'. It is shown producing 'antibodies' (represented by blue Y-shaped structures) that are directed towards 'bacteria' (represented by green, rod-shaped organisms) on the right. The antibodies are shown attaching to the bacteria. Below the diagram, the text reads: '4. Plasma cells produce antibodies that attach to the current type of invader.'</p>
<p>Throughout a year a 37-year-old woman periodically got infectious diseases of bacterial origin, their course was extremely lingering, remissions were short. Examination revealed low level of major classes of immunoglobulins. The direct cause of this phenomenon may be the following cell dysfunction:</p> <p>A. Plasmocytes B. Phagocytes C. Neutrophils D. Macrophages E. Lymphocytes</p>	
<p>Loose fibrous connective tissue of salivary glands contains oval average-sized cells which synthesize antibodies. The cells have round eccentric nucleus and "spoke-wheel" chromatin pattern made by small clumps of chromatin. What are these cells called?</p> <p>A. Plasma cells B. Adipocytes C. Neutrophils D. Fibroblasts E. Macrophages</p>	

A 37-year-old woman periodically got infectious diseases of bacterial origin, their course was extremely lingering, remissions were short. Examination revealed low level of major classes of immunoglobulins. The direct cause of this phenomenon may be the following cell dysfunction:

- A. Plasmocytes
- B. Phagocytes
- C. Neutrophils
- D. Macrophages
- E. Lymphocytes

Blood analysis of a 16-year-old girl suffering from the autoimmune inflammation of thyroid gland revealed multiple plasmatic cells. Such increase in plasmocyte number is caused by proliferation and differentiation of the following blood cells:

- A. B-lymphocytes
- B. T-helpers
- C. Tissue basophils
- D. T-killers
- E. T-suppressors



Humoral immune response to an antigen results in generation of antibodies produced by plasmocytes. Plasmocytes arise as a result of immunostimulated division from the following cells of immune system:

- A. B-lymphocytes
- B. Monocytes
- C. Granulocytes
- D. T-helpers
- E. T-killers

In a patient with clinical signs of immunodeficiency the number and functional activity of T and B lymphocytes are not changed. Defect with dysfunction of antigen-presentation to the immunocompetent cells was found during investigation on the molecule level. Defect of what cells is the most probable?

- A. T-lymphocytes, B-lymphocytes
- B. 0-lymphocytes
- C. Fibroblasts, T-lymphocytes, B-lymphocytes
- D. NK-cells
- E. Macrophages, monocytes

A patient with clinical presentations of primary immunodeficiency displays disturbance of antigen-presenting function by immunocompetent cells. What cells may have structure defect?

- A. Macrophages, monocytes
- B. T-lymphocytes
- C. B-lymphocytes
- D. Fibroblasts
- E. 0-lymphocytes

Professional antigen-presenting cells			
	Dendritic cell	Macrophage	B cell
Cell type	<p>viral antigen virus infecting the dendritic cell</p>	<p>bacterium</p>	<p>microbial toxin</p>

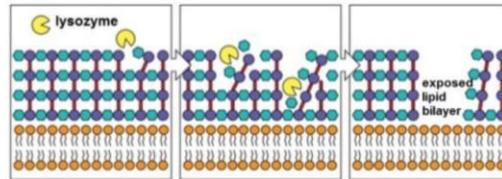
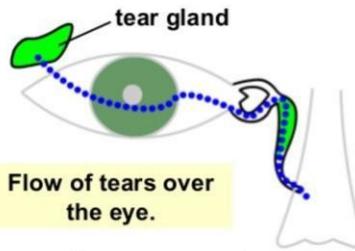
Live vaccine is injected into the human body. Increasing activity of what cells of connective tissue can be expected? A. Fibroblasts and labrocytes

- B. Adipocytes and adventitious cells
- C. Macrophages and fibroblasts**
- D. Plasmocytes and lymphocytes
- E. Pigmentocytes and pericytes

In order to speed up healing of a wound of oral mucosa a patient was prescribed a drug that is a thermostable protein occurring in tears, saliva, mother's milk as well as in a new-laid hen's egg. It is known that this protein is a factor of natural resistance of an organism. What is it called?

- A. Lysozyme**
- B. Complement
- C. Interferon
- D. Interleukin
- E. Imanine

Tear fluid contains lysozyme : destroys bacterial cell walls

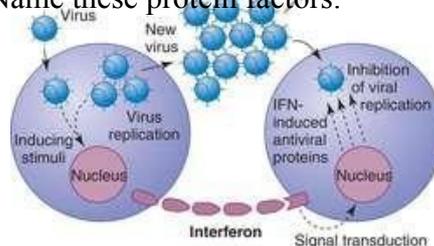


In order to administer general health improving therapy a parodontist intends to study factors of nonspecific resistance of saliva and mucous secretion. Which of the following factors of nonspecific resistance should be studied in the first line?

- A. Lysozyme**
- B. Secretory IgA
- C. Properdin
- D. Interferon
- E. Complement

Lymphocytes and other cells of our body synthesize universal antiviral agents as a response to viral invasion. Name these protein factors:

- A. Interferon**
- B. Interleukin-2
- C. Cytokines
- D. Interleukin-4
- E. Tumor necrosis factor

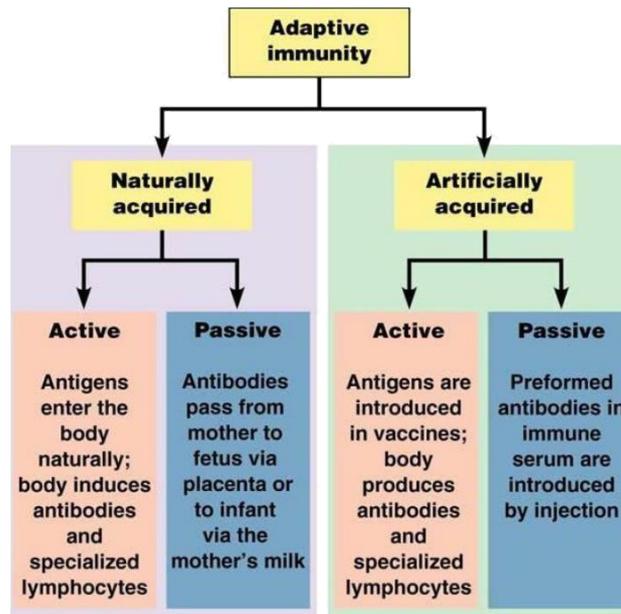


Examination of patients with periodontitis revealed the interdependence between the rate of affection of periodontal tissues and the amount of lysozymes in saliva and gingival liquid. These results can be obtained during studying the following protection system of an organism:

- A. Non-specific resistance**
- B. Humoral immunity
- C. Cellular immunity
- D. Autoresponsiveness
- E. Tolerance

Blood serum of a newborn contains antibodies to measles virus. What kind of immunity is this indicative of?

- A. Natural passive
- B. Natural active
- C. Artificial passive
- D. Artificial active
- E. Heredoimmunity



A patient diagnosed with botulism has been prescribed antitoxin serum for treatment. What immunity will be formed in the given patient?

- A. Antitoxic passive immunity
- B. Infection immunity
- C. Antitoxic active immunity
- D. Antimicrobial active immunity
- E. Antimicrobial passive immunity

For the specific prevention of influenza, the employees of an enterprise were vaccinated with "Influvac". What type of immunity will develop in the body of the vaccinated?

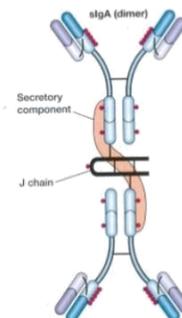
- A. Artificial active
- B. Innate congenital
- C. Artificial passive
- D. Natural active
- E. Natural passive

In our country, routine preventive vaccinations against poliomyelitis involve using live vaccine that is administered orally. What immunoglobulins are responsible for the development of local post-vaccination immunity in this case?

- A. Secretory IgA
- B. IgM
- C. IgG
- D. Serum IgA
- E. IgE

Immunoglobulin A (Ig A)

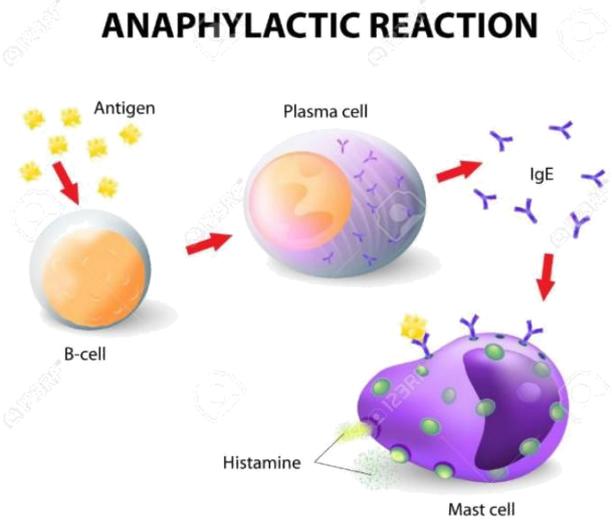
- Constitutes 10-15 % of total immunoglobulins
- Present in milk, saliva, tears, mucous of respiratory tract, digestive tract and genitourinary tract.
- In serum exist as monomer
- In external secretions exist as dimer called secretory Immunoglobulin.
- Has 'J' chain and secretory piece.
- Half life: 6-8 days



Various cells of the oral mucous membrane and antimicrobial substances synthesized by these cells play an important part in the local immunity of the oral cavity. Specify the key factors for the local immunity:

- A. Secretory IgA
- B. B-lymphocytes
- C. IgG
- D. Macrophages
- E. Eosinophils

<p>A child cut his leg with a piece of glass while playing and was brought to the clinic for the injection of tetanus toxoid. In order to prevent the development of anaphylactic shock the serum was administered by Bezredka method. What mechanism underlies this method of desensitization of the body?</p> <p>A. Binding of IgE fixed to the mast cells B. Blocking the mediator synthesis in the mast cells C. Stimulation of immune tolerance to the antigen D. Stimulation of the synthesis of antigenspecific IgG E. Binding of IgE receptors to the mast cells</p>	
<p>A 10-year-old child cut his leg with a piece of glass and was sent to a clinic for an anti-tetanus serum injection. In order to prevent the development of anaphylactic shock, the Besredka desensitization method was applied. What mechanism underlies this method?</p> <p>A. Binding to IgE fixed to mast cells B. Inhibited synthesis of mast cells mediators C. Stimulation of the immunological antigen tolerance D. Stimulation of antigen-specific IgG₂ synthesis E. Binding of IgE receptors on mast cells.</p>	
<p>The diagram illustrates the physiological effects of histamine release from a mast cell. On the left, a mast cell is shown with IgE receptors on its surface. Antigen (green star-shaped particles) binds to these receptors, causing the mast cell to release histamine (blue dots). The released histamine then acts on various parts of the body: it stimulates the stomach to secrete gastric acid, causes blood vessels to dilate (shown as a red vessel with green arrows), causes itching (shown as a skin cross-section with red spots), and causes the contraction of respiratory ways (shown as a bronchus narrowing).</p>	
<p>A 10-year-old child cut his leg with a glass shard, when playing, and was delivered to outpatient department to receive anti-tetanus serum. To prevent development of anaphylactic shock the serum was introduced by Bezredka method. This method of organism hyposensitization is based on the following mechanism:</p> <p>A. Stimulation of antigen-specific IgG₂ B. Stimulation of the immunological antigen tolerance C. Stabilization of mast cell membranes D. Blocking of mast cell mediators synthesis E. Binding of mast cell-fixed IgE</p>	
<p>A 27- year-old woman has dropped penicillin containing eye drops. In few minutes there appeared feeling of itching, burning of the skin, lips and eyelids edema, whistling cough, decreasing of BP. What antibodies take part in the development of this allergic reaction? A. IgA and IgM</p> <p>B. IgM and IgG C. IgM and IgD D. IgG and IgD E. IgE and IgG</p>	

<p>Skin samples of a patient with bronchial asthma revealed allergen sensitization of poplar fuzz. What factor of immune system plays the main part in development of this immunopathological state?</p> <p>A. IgE B. IgD C. IgM D. Sensitized T-lymphocytes E. –</p>	
<p>A youth, aged 15, from childhood suffers from atopic dermatitis and allergy to the shellfish. In the last 3 months after acquiring aquarium fish, rhinitis, conjunctivitis, itching in the nose developed. What level of immunologic index should be defined in this case?</p> <p>A. IgE B. IgG C. IgM D. IgA E. Circulating immunocomplexes</p>	
<p>A 7-year-old child complains of itching, papular erythematous rash, dry skin. Objectively: there is lichenification in the popliteal fossae and antecubital spaces. What immunologic indicator if found in the blood serum will verify the diagnosis (atopic dermatitis)?</p> <p>A. Total IgE B. Secretory IgA C. IgM D. IgG E. IgD</p>	
<p>What condition may develop 15-30 minutes after re-administration of the antigen as a result of the increased level of antibodies, mainly IgE, that are adsorbed on the surface of target cells, namely tissue basophils (mast cells) and blood basophils?</p> <p>A. Anaphylaxis B. Antibody-dependent cytotoxicity C. Delayed-type hypersensitivity D. Immune complex hyperresponsiveness E. Serum sickness</p>	<p style="text-align: center;">ANAPHYLACTIC REACTION</p>  <p>The diagram illustrates the process of an anaphylactic reaction. It starts with a B-cell (orange sphere) being stimulated by an antigen (yellow star-shaped particles). This leads to the formation of a plasma cell (purple sphere), which produces IgE antibodies (blue Y-shaped structures). These IgE antibodies then bind to a mast cell (purple sphere with green granules), causing it to release histamine (green particles).</p>
<p>A 22-year-old woman ate some seafood. 5 hours later the trunk and the distal parts of limbs got covered with small itchy papules which were partially fused together. After one day, the rash disappeared spontaneously. Specify the hypersensitivity mechanism underlying these changes:</p> <p>A. Atopy (local anaphylaxis) B. Systemic anaphylaxis C. Cellular cytotoxicity D. Immune complex hypersensitivity E. Antibody-dependent cell-mediated cytotoxicity</p>	
<p>A 30-year-old patient has dyspnea fits, mostly at night. He has been diagnosed with bronchial asthma. What type of allergic reaction according to the Gell-Coombs classification is most likely in this case?</p> <p>A. Anaphylactic B. Cytotoxic C. Stimulating D. Immune complex E. Delayed-type hypersensitivity</p>	

<p>During surgical manipulations a patient has been given novocaine injection for anesthesia. 10 minutes later the patient developed paleness, dyspnea, hypotension. What type of allergic reaction is it?</p> <p>A. Anaphylactic immune reaction B. Cellulotoxic immune reaction C. Aggregate immune reaction D. Stimulating immune reaction E. Cell-mediated immune reaction</p>	
<p>A 50 year old man who was referred to the hospital for treatment of cervical lymphadenitis underwent test for individual sensitivity to penicillin. 30 seconds after he went hot all over, AP dropped down to 0 mm Hg that led to cardiac arrest. What type of hypersensitivity reaction is it?</p> <p>A. Anaphylactic B. Delayed-type hypersensitivity C. Complement-mediated cytotoxic D. Immunocomplex-mediated E. –</p>	
<p>A 50-year-old patient has been referred for treatment of neck lymphadenitis. His individual penicillin sensitivity was tested. In 30 seconds fullbody fever raised in the patient and his arterial blood pressure dropped to 0mm Hg followed by cardiac arrest. Resuscitation was unsuccessful. Autopsy revealed acute venous hyperemia of viscera. Histological study revealed mastcells (tissue basocytes) degranulation in the skin (at the area of injections), myocardium and lungs. What kind of hypersensitivity reaction occurred in the patient?</p> <p>A. Anaphylactic B. Delayed-type hypersensitivity C. Complement-mediated cytotoxic D. Immune complex-mediated E.–</p>	
<p>Several minutes after a dentist administered novocaine for local anaesthesia of a patient's tooth, the following symptoms sharply developed in the patient: fatigue, skin itching. Objectively the following can be observed: skin hyperemia, tachycardia, BP dropped down to 70/40 mm Hg. What kind of allergic reaction is this pathology?</p> <p>A. Anaphylactic B. Cytotoxic C. Stimulating D. Cell-mediated immune reaction E. Immune complex</p>	
<p>A woman complaining of coryza, phonastenia, eyelids redness and lacrymation during spring period came to the doctor. What type of allergic reaction by Gell and Coombs classification develops in this case?</p> <p>A. Delayed type of hypersensitivity B. Immunocomplex C. Stimulating D. Cytotoxic E. Anaphylactic</p>	
<p>A patient who had been suffering for many years from bronchial asthma died from asphyxia. The histological examination of his lungs revealed the following: much mucus with eosinophiles contents in the lumen of bronchioles and small bronchi, sclerosis of interalveolar septa, dilation of alveolar lumen. Which of the mechanisms of allergy development is it?</p> <p>A. Immunocomplex B. Cytolysis, caused by lymphocytes C. Cytotoxic D. Reagin E. Granulomatosis</p>	

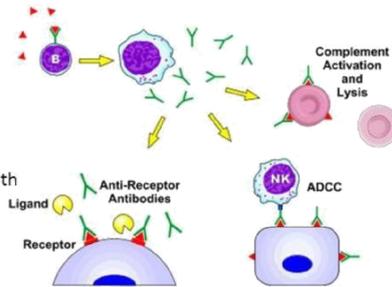
<p>A patient with paroxysmal attacks of asphyxia, which appear after inhalation of different aromatic substances has been made a diagnosis of bronchial asthma. Ig E rate is elevated. What type of reaction is it the most typical for?</p> <p>A. Anaphylactic B. Delayed type of hypersensitivity C. Autoimmune D. Cytotoxic E. Immunocomplex</p>	
<p>A patient suffering from periodical attacks caused by inhalation of different flavoring substances was diagnosed with atopic bronchial asthma. IgE level was increased. This is typical for the following type of reactions:</p> <p>A. Anaphylactic reactions B. Cytotoxic reactions C. Immunocomplex reactions D. Delayed-type hypersensitivity E. Autoimmune reactions</p>	
<p>During anaesthetization of the oral cavity mucous tunic a patient developed anaphylactic shock (generalized vasodilatation, increase in vascular permeability along with escape of liquid to the tissues). What type of hypersensitivity has the patient developed?</p> <p>A. I type (anaphylactic) B. II type (antibody-dependent) C. III type (immune complex) D. IV type (cellular cytotoxicity) E. V type (granulomatosis)</p>	
<p>A teenager had his tooth extracted under novocain anaesthesia. 10 minutes later he presented with skin pallor, dyspnea, hypotension. When this reaction is developed and the allergen achieves tissue basophils, it reacts with:</p> <p>A. IgE B. IgA C. IgD D. IgM E. T-lymphocytes</p>	
<p>A surgeon used novocaine as an anaesthetic during surgical manipulations. 10 minutes after it the patient became pale, he got dyspnea and hypotension. What type of allergic reaction is it?</p> <p>A. Anaphylactic B. Cytotoxic C. Immune complex D. Stimulating E. Cell-mediated</p>	
<p>During anesthesia of the oral mucosa a 37-year-old patient has had anaphylactic reaction (widespread vasodilation, increased vascular permeability with liquid exiting the blood vessels and penetrating in the tissues). What type of hypersensitivity reaction occurred in the patient?</p> <p>A. Type I (anaphylactic) B. Type II C. Type III D. Type IV E. Type V</p>	
<p>After anaesthetic application during tooth extraction the patient developed marked soft tissue edema of the upper and lower jaw, skin rash on the face, reddening, and itching. What pathological process results in such reaction to the anaesthetic?</p> <p>A. Toxic action of drug B. Disturbed lymph drainage C. Allergy D. Inflammation E. Circulatory deficiency</p>	

Hemotransfusion stimulated development of intravascular erythrocyte hemolysis. The patient has the following type of hypersensitivity:

- A. **II type hypersensitivity (antibodydependent)**
- B. I type hypersensitivity (anaphylactic)
- C. III type hypersensitivity (immune complex)
- D. IV type hypersensitivity (cellular cytotoxicity)
- E. V type hypersensitivity (granulomatosis)

Type II Hypersensitivity

- Type II hypersensitivity involves IgG or IgM induced damage to self cells (**Cell-surface or Matrix Antigen**)
- Either IgG or IgM is made
 - against normal self antigens- failure in immune tolerance
 - or a foreign antigen resembling some molecule on the surface of host cells enters the body and IgG or IgM made against that antigen then cross reacts with the host cell
 - Antibodies against drugs
- Immune Processes involved:
 - Classical Complement Pathway
 - Phagocytosis via FcR and Complement receptor
 - ADCC via NK cells or eosinophils
- Many autoimmune diseases result from type II hypersensitivity generated by **autoantibodies** Haut



The patient's condition after blood transfusion has been aggravated by posttransfusion shock. Name the type of allergic reaction causing this pathology.

- A. **Cytotoxic**
- B. Anaphylactic
- C. Immune complex
- D. Delayed-type hypersensitivity
- E. Receptor-mediated

During blood transfusion a patient has developed intravascular erythrocyte hemolysis. What kind of hypersensitivity does the patient have?

- A. **II type (antibody-dependent)**
- B. I type (anaphylactic)
- C. III type (immune complex)
- D. IV type (cellular cytotoxicity)
- E. IV type (granulomatosis)

On the 8th day since the patient was inoculated with antitetanic serum because of dirty wound of his foot he has developed rising temperature up to 38⁰C, pains in the joints, rash and itch. The blood tests revealed leukopenia and thrombocytopenia. Allergic reaction of what type has developed in this case?

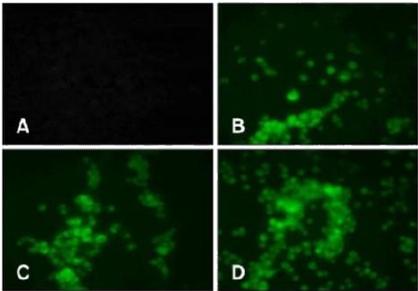
- A. Anaphylactic
- B. Cytotoxic
- C. Delayed type of hypersensitivity
- D. Stimulating
- E. **Immunocomplex**

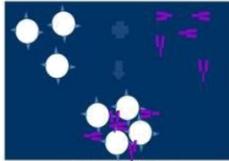
Type 3 allergic reactions (immune complexes)

- Immune complex glomerulonephritis
- Serum sickness
- Arthus reaction (local reaction)

Antigens – antibiotics, Ig (serum as medicine), bacteria, viruses

<p>A 16-year-old adolescent was vaccinated with DTP. In eight days there was stiffness and pain in the joints, subfebrile temperature, urticarial skin eruption, enlargement of inguinal, cervical lymph nodes and spleen. What kind of allergic reaction is observed?</p> <p>A. Immune complex B. Hypersensitivity of immediate type C. Cytotoxic D. Hypersensitivity of delayed type E. –</p>	
<p>A patient has been diagnosed with acute glomerulonephritis that developed after he had had streptococcal infection. It is most likely that the affection of basal glomerular membrane is caused by an allergic reaction of the following type:</p> <p>A. Immune complex B. Anaphylactic C. Cytotoxic D. Delayed E. Stimulating</p>	
<p>10 days after having quinsy caused by beta-hemolytic streptococcus a 6-year-old child exhibited symptoms of glomerulonephritis. What mechanism of glomerular lesion is most likely in this case?</p> <p>A. Immune complex B. Cellular cytotoxicity C. Anaphylaxis D. Atopy E. Antibody-dependent cell-mediated cytotoxicity</p>	
<p>A male patient has been diagnosed with acute post-streptococcal glomerulonephritis. It is most likely that the lesion of the basement membrane of renal corpuscles was caused by the following allergic reaction:</p> <p>A. Immune complex B. Anaphylactic C. Cytotoxic D. Delayed E. Stimulating</p>	
<p>A 12-year-old child has developed nephritic syndrome (proteinuria, hematuria, cylindruria) 2 weeks after the case of tonsillitis, which is a sign of affected glomerular basement membrane in the kidneys. What mechanism is the most likely to cause the basement membrane damage?</p> <p>A. Immune complex B. Granulomatous C. Antibody-mediated D. Reaginic E. Cytotoxic</p>	
<p>A 30 year old woman has applied a lipstick with a fluorescent substance for a long time. Then she got a limited erythema and slight peeling on her lip border, later there appeared transversal striae and cracks. Special methods of microscopic examination of the affected area helped to reveal sensitized lymphocytes and macrophages in the connective tissue; cytolysis. What type of immunological hypersensitivity was developed?</p> <p>A. IV type (cellular cytotoxicity) B. I type (reaginic) C. II type (antibody cytotoxicity) D. III type (immune complex cytotoxicity) E. Granulomatosis</p>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p style="text-align: center;">Cell-Mediated Cytotoxicity</p> <ul style="list-style-type: none"> • Cytotoxicity describes the ways in which leukocytes recognize and destroy other cells. • Cell-mediated cytotoxicity is an essential defense against: <ul style="list-style-type: none"> • intracellular pathogens, including viruses; • some bacteria; • some parasites. • Tumor cells, eukaryotic pathogens, and even cells of the body may also become the target of cytotoxic cells. • Several types of cell have cytotoxic activity including: <ul style="list-style-type: none"> • cytotoxic T lymphocytes (CTLs); • natural killer (NK) cells • CTLs and NK cells use a variety of different mechanisms to kill their targets. These include: <ul style="list-style-type: none"> • direct cell–cell signaling via surface molecules; and • granule-associated killing </div>

<p>Medical examination of the first-year pupils included Mantoux test. 15 pupils out of 35 had negative reaction. What actions should be taken against children with negative reaction?</p> <p>A. BCG vaccination B. Antitoxin vaccination C. Rabies vaccination D. Repeat Mantoux test E. Examination of blood serum</p>	
<p>Planned mass vaccination of all newborn 5-7 day old children against tuberculosis plays an important role in tuberculosis prevention. In this case the following vaccine is applied:</p> <p>A. BCG B. Diphtheria and tetanus toxoids and pertussis vaccine C. Diphtheria and tetanus anatoxin vaccine D. Adsorbed diphtheria vaccine E. –</p>	
<p>For tuberculosis prevention the newborns got an injection of a vaccine. What vaccine was used?</p> <p>A. BCG B. Mantoux C. DTaP vaccine D. Anatoxin E. Oral polio vaccine (Sabin vaccine)</p>	
<p>In a maternity hospital a newborn should receive vaccination against tuberculosis. What vaccine should be chosen?</p> <p>A. BCG vaccine B. STI vaccine C. EV vaccine D. DPT vaccine E. Tuberculin</p>	
<p>There is a suspicion of active tuberculosis development in patient. The doctor has appointed Mantoux test to make a diagnosis. What immunobiological agent has to be administered?</p> <p>A. Tuberculin B. BCG vaccine C. DPT vaccine D. Tularin test E. DT vaccine</p>	
<p>A 6-year-old child with suspected active tuberculosis process has undergone diagnostic Mantoux test. What immunobiological preparation was injected?</p> <p>A. Tuberculin B. BCG vaccine C. DTP vaccine D. Tularinum E. Td vaccine</p>	
<p>The first grade pupils went through a medical examination aimed at selection of children needing tuberculosis revaccination. What test was applied?</p> <p>A. Mantoux test B. Schick test C. Cutaneous tularin test D. Burne test E. Anthracene test</p>	
<p>A virological laboratory obtained pathological material (mucous discharges from nasal meatuses) taken from a patient with provisional diagnosis "influenza". What quick test will allow to reveal specific viral antigen in the material under examination?</p> <p>A. Direct and indirect immunofluorescence test B. Direct and indirect fluorescence immunoassay C. Hemagglutination inhibition assay D. Radioimmunoassay E. –</p>	<div style="text-align: center;"> <p>SEROLOGICAL METHODS</p> <p>Express-diagnosis IF</p>  </div>

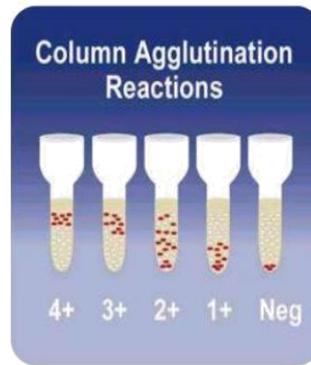
<p>During the breakout of acute respiratory infection in order to diagnose influenza the express-diagnosis, based on revealing of specific viral antigen in the examined material (nasopharyngeal lavage), is carried out. Which reaction is used for this?</p> <p>A. Immunofluorescence B. Agglutination C. Precipitation D. Opsonization E. Complement binding</p>	
<p>Laboratory of extremely dangerous infections received a sample taken from a patient with assumed cholera. What express-diagnostics method can confirm this diagnosis?</p> <p>A. Immunofluorescence test B. Complement binding reaction C. Agglutination test D. Precipitation reaction E. Hemagglutination reaction</p>	
<p>Serological diagnostics of infectious diseases is based upon specific interaction with antigens. Specify the serological reaction that underlies adhesion of microorganisms when they are affected by specific antibodies in presence of an electrolyte:</p> <p>A. Agglutination reaction B. Precipitation reaction C. Complement-binding reaction D. Hemadsorption reaction E. Neutralization reaction</p>	<div style="text-align: center;"> <h2 style="color: red;">Direct agglutination</h2> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Principle</p> <ul style="list-style-type: none"> • combination of an insoluble particulate antigen with its soluble antibody <ul style="list-style-type: none"> – forms antigen-antibody complex – particles clump/agglutinate • used for antigen detection <p>Examples</p> <ul style="list-style-type: none"> – bacterial agglutination tests for sero-typing and sero-grouping e.g., <i>Vibrio cholerae</i>, <i>Salmonella spp</i> </div> <div style="width: 45%; text-align: center;">  <p style="font-size: small;">Ag-Ab complex</p>  <p style="font-size: x-small;">Positive Negative</p> </div> </div> </div>
<p>A physician is planning to diagnose an infectious disease by means of agglutination test. What is required for this reaction apart from the serum of a patient?</p> <p>A. Diagnosticum B. Diagnostic serum C. Complement D. Hemolytic serum E. Anatoxin</p>	
<p>To conduct serum diagnostics of typhoid fever a test is carried out, when diagnosticums of three types of microorganisms are being added into different solutions of patient's serum; then agglutinate formation is checked. Name the author of that test.</p> <p>A. Widal B. Wassermann C. Ouchterlony D. Wright E. Sachs-Witebsky</p>	
<p>For serological diagnostics of the whooping cough it was made large-scale reaction with parapertussis and pertussis diagnosticums. At the bottom of the test-tubes with diagnosticum of Bordetella parapertussis grain-like sediment formed. What antibodies have this reaction revealed?</p> <p>A. Bacteriolysins B. Agglutinins C. Antitoxins D. Opsonins E. Precipitins</p>	

A large-scale reaction with paraptussis and pertussis diagnosticums was made in order to make serological diagnostics of the whooping cough. At the bottom of the test-tubes with diagnosticum of Bordetella paraptussis a granular sediment formed. What antibodies did this reaction reveal?

- A. Agglutinins
- B. Precipitins
- C. Opsonins
- D. Bacteriolysins
- E. Antitoxins

Agglutination

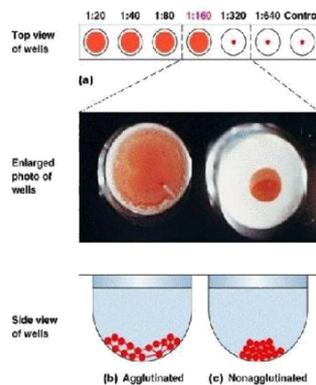
- **Agglutinins**
 - Antibodies that produce such reactions
- **Involves two-step process:**
 - Sensitization or initial binding
 - Lattice formation or formation of large aggregates



For the purpose of retrospective diagnostics of recent bacterial dysentery it was decided to perform serological examination of blood serum in order to determine antibody titer towards Shiga bacilli. What of the following reactions should be applied?

- A. Passive hemagglutination
- B. Bordet-Gengou test
- C. Precipitation
- D. Hemolysis
- E. Bacteriolysis

Passive Hemagglutination Test



- (a) Each well in this microtiter plate contains, from left to right, only half the concentration of serum that is contained in the preceding well. Each well contains the same concentration of particulate antigens, in this instance red blood cells.
- (b) In a positive (agglutinated) reaction, sufficient antibodies are present in the serum to link the antigens together, forming a mat of antigen-antibody complexes on the bottom of the well.
- (c) In a negative (nonagglutinated) reaction, not enough antibodies are present to cause the linking of antigens. The particulate antigens roll down the sloping sides of the well, forming a pellet at the bottom. In this example, the antibody titer is 160 because the well with a 1:160 concentration is the most dilute concentration that produces a positive reaction.

Retrospective diagnostics of bacterial dysentery involved serological analysis of blood serum intended for determination of Shigella antibody titer. Which of the following reactions should be applied for this purpose?

- A. Passive haemagglutination
- B. Complement binding
- C. Precipitation
- D. Haemolysis
- E. Bacteriolysis

In order to establish the level of antidiphtheric immunity in a child it was decided to use a passive hemagglutination test. This task can be completed by the sensibilization of erythrocytes by:

- A. Diphtheria anatoxin
- B. Diphtheria antitoxin
- C. Diphtheria bacillus antigens
- D. Antidiphtheric serum
- E. -

At a bacteriological laboratory animal skins are analyzed by means of Ascoli precipitaion test. What is detected if the reaction is positive?

- A. Anthrax agent antigens
- B. Anaerobic infection toxin
- C. Brucellosis agent
- D. Yersinia surface antigen
- E. Plague agent

The person was selling "homemade pork" sausages on the market. State sanitary inspector suspected falsification of the sausages. With help of what serological immune reaction can food substance be identified? A. Immunofluorescence test
 B. Indirect hemagglutination test
 C. Agglutination test
D. Precipitation test
 E. Complement- fixation test

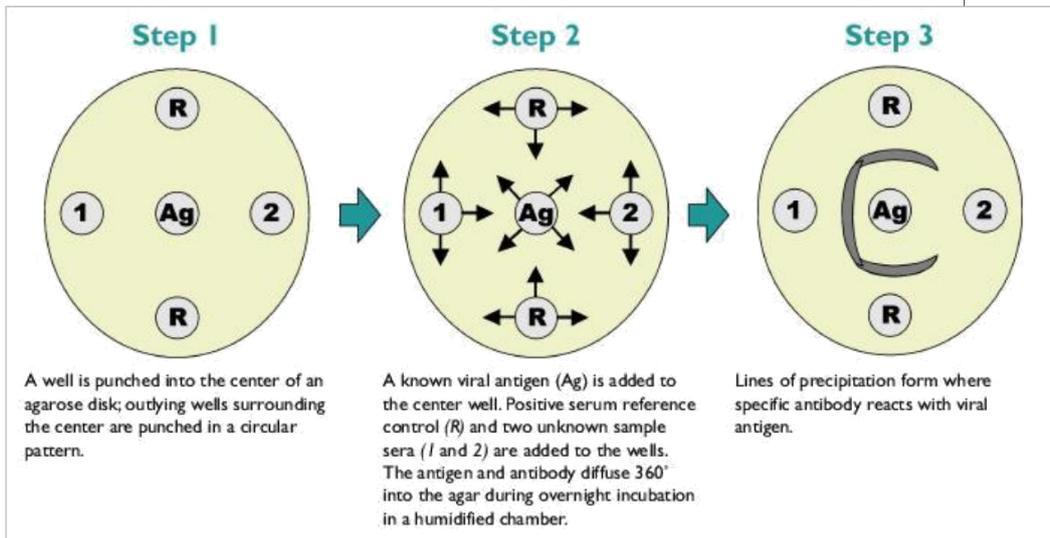


Figure 1. Agar gel immunodiffusion (AGID) for antibody detection. Interpretation: Precipitin lines from wells 1 and R fuse seamlessly in a pattern of "identity." A precipitate has not formed in well 2, indicating that this sample lacks specific antibody to the viral antigen.

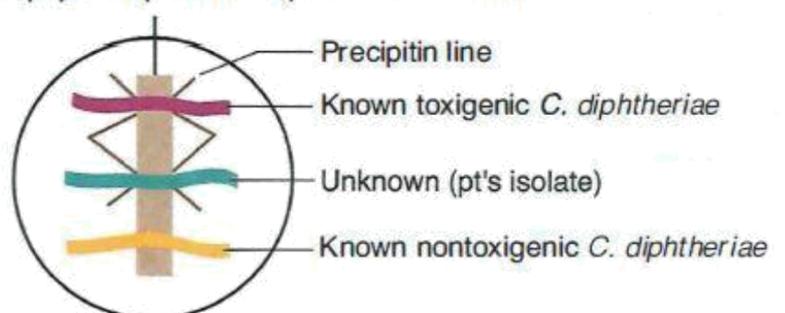
A forensic laboratory received clothes of a citizen, who a day before was reported missing. The clothes were found in a shed, there are red stains identified as blood by an expert. What reaction should be performed to determine whether these red stains are dried human blood? A.

- Complement binding
- B. Enzyme immunoassay
- C. Agglutination
- D. Flocculation
- E. Circular precipitation**

In order to determine toxigenicity of diphtheria bacilli a strip of filter paper impregnated with antitoxic diphtheria serum was put on the dense nutrient medium. There were also inoculated a microbial culture under examination and a strain that is known to be toxigenic. If the microbial culture under examination produces exotoxin, this will result in formation of:

- A. Precipitin lines**
- B. Haemolysis zones
- C. Zones of diffuse opacification
- D. Zones of lecithovitellinous activity
- E. Precipitin ring

Filter paper strip with *C. diphtheriae* antitoxin

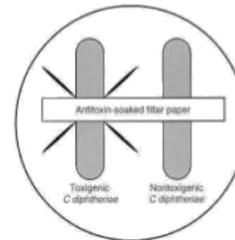


In order to estimate toxigenicity of diphtheria agents obtained from patients the cultures were inoculated on Petri dish with nutrient agar on either side of a filter paper strip that was put into the center and moistened with antidiphtheric antitoxic serum. After incubation of inoculations in agar the strip-like areas of medium turbidity were found between separate cultures and the strip of filter paper. What immunological reaction was conducted?

- A. Precipitation gel reaction
- B. Coomb's test
- C. Agglutination reaction
- D. Rings precipitation reaction
- E. Opsonization reaction

Elek immunodiffusion test

- A sterile, antitoxin-saturated filter paper strip is embedded in the culture medium, and *C diphtheriae* isolates are streak-inoculated at a 90° angle to the filter paper.
- The production of diphtheria toxin can be detected within 18 to 48 hours by the formation of a toxin-antitoxin precipitin band in the agar.



Sterile filter paper impregnated with diphtheria antitoxin is imbedded in agar culture medium. Isolates of *C diphtheriae* are then streaked across the plate at an angle of 90° to the antitoxin strip. Toxigenic *C diphtheriae* is detected because secreted toxin diffuses from the area of growth and reacts with antitoxin to form lines of precipitin.

A 7 year old girl was taken to an infectious diseases hospital. She had complaints of high temperature, sore throat, general weakness. A doctor assumed diphtheria. What will be crucial proof of diagnosis after defining pure culture of pathogenic organism?

- A. Toxigenity test
- B. Detection of volutine granules
- C. Cystinase test
- D. Hemolytic ability of pathogenic orhanism
- E. Phagolysability

When examining a child the dentist found the deposit on both tonsils and suspected atypical form of diphtheria. A smear was taken, and after the nutrient media inoculation the toxicity of the isolated pure culture was determined. What reaction was used to determine the toxigenicity of the isolated strain of diphtheria bacillus?

- A. Gel precipitation reaction
- B. Agglutination reaction on a glass slide
- C. Complement binding reaction
- D. Hemolysis reaction
- E. Ring precipitation reaction

A patient has pure culture of diphtheria corynebacteria. What immunological reaction should be used in order to determine bacteria toxigenity?

- A. Precipitation in agar
- B. Agglutination
- C. Complement binding
- D. Inhibition of hemagglutination
- E. Indirect hemagglutination

A pregnant woman applied to a doctor with complaints typical for toxoplasmosis. The doctor took a sample of her blood. What serological tests should be performed in this case?

- A. Complement binding assay
- B. Precipitation test
- C. Neutralization test
- D. Widal's test
- E. Wassermann test

Diagnostic Tests

Complement Fixation Test

1. Known antigen + Patient serum + Complement (guinea pig) = Incubate

2. Hemolysin (RBCs coated with antibody) = Incubate

Results: Patient Neg Control Pos Control

Patient negative for antibody, C not fixed in 1st step & available to lyse sensitized RBCs

A patient who came to the doctor because of his infertility was administered to make tests for toxoplasmosis and chronic gonorrhoea. Which reaction should be performed to reveal latent toxoplasmosis and chronic gonorrhoea in this patient?

- A. RIHA - Reverse indirect hemagglutination assay
- B. IFA - Immunofluorescence assay
- C. RDHA - Reverse direct hemagglutination assay
- D. Immunoblot analysis
- E. (R)CFT- Reiter's complement fixation test

Researchers of a bacteriological laboratory examine tinned meat for botulinic toxin. For this purpose a group of mice was injected with an extract of the material under examination and antitoxic antitoxin serum of A, B, E types. A control group of mice was injected with the same extract but without antitoxin serum. What serological reaction was applied?

- A. Neutralization
- B. Precipitation
- C. Complement binding
- D. Opsonocytaphagic
- E. Double immune diffusion

Toxin neutralization test in vivo (biologic method)

Control (only patient's material)	Patient's material + antitoxin (against type A)	Patient's material + antitoxin (against type B)	Patient's material + antitoxin (against type E)
Mice died	Mice survived	Mice died	Mice died

Bacteriological laboratory examines canned meat whether it contains botulinum toxin. For this purpose an extract of test specimen and antitoxic antitoxin serum of A, B, E types were introduced to a group of mice under examination; a control group of mice got the extract without antitoxin serum. What serological reaction was applied?

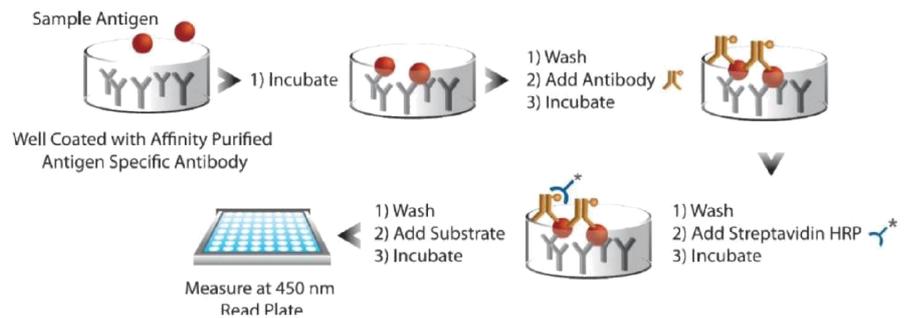
- A. Neutralization
- B. Precipitation
- C. Complement binding
- D. Opsono-phagocytic
- E. Double immune diffusion

A patient has been hospitalized with provisional diagnosis of botulism. What serological reaction should be used to reveal botulinum toxin?

- A. Neutralization reaction** B. Agglutination reaction
 C. Bordet-Gengou test D. Precipitation reaction E. IF

Antigens of *Shigella* placed on the objects of outdoor environment and foodstuffs can be revealed by means of a certain test with application of a diagnostic test system that includes a polystyrene tray with adsorbed specific antibodies. What reaction is it?

- A. Immune-enzyme assay**
 B. Immunofluorescence test
 C. Passive inverse hemagglutination test
 D. Direct hemagglutination test
 E. Immunoelectrophoresis test



In case of many infectious diseases patient's blood may contain antigens of causative agents. What reaction should be applied provided that the level of antigenemia is low?

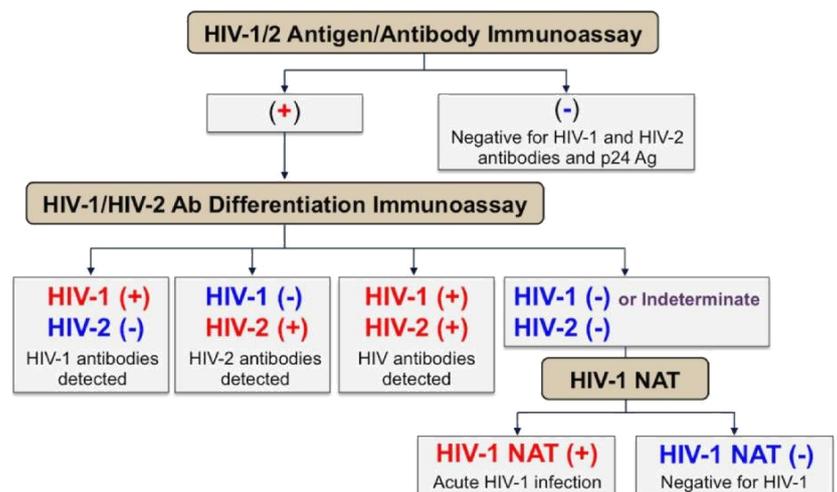
- A. Enzyme-linked immunosorbent assay**
 B. Agglutination test
 C. Indirect hemagglutination test
 D. Latex agglutination test
 E. Immunoelectrophoresis

During many infectious diseases patient's blood may contain antigens of pathogens. What reaction should be applied provided that antigenemia is at a low level?

- A. Enzyme-linked immunosorbent assay**
 B. Agglutination reaction
 C. Indirect hemagglutination
 D. Latex-agglutination
 E. Immunoelectrophoresis

Mass serological diagnosis of HIV infection is made by means of enzyme-linked immunosorbent assay techniques. What standard component of the reaction must be adsorbed on the solid phase of the test system?

- A. HIV antigens**
 B. Monoclonal HIV antibodies
 C. Enzyme-marked HIV antibodies
 D. Specific immunoglobulins
 E. Substrates to determine enzyme



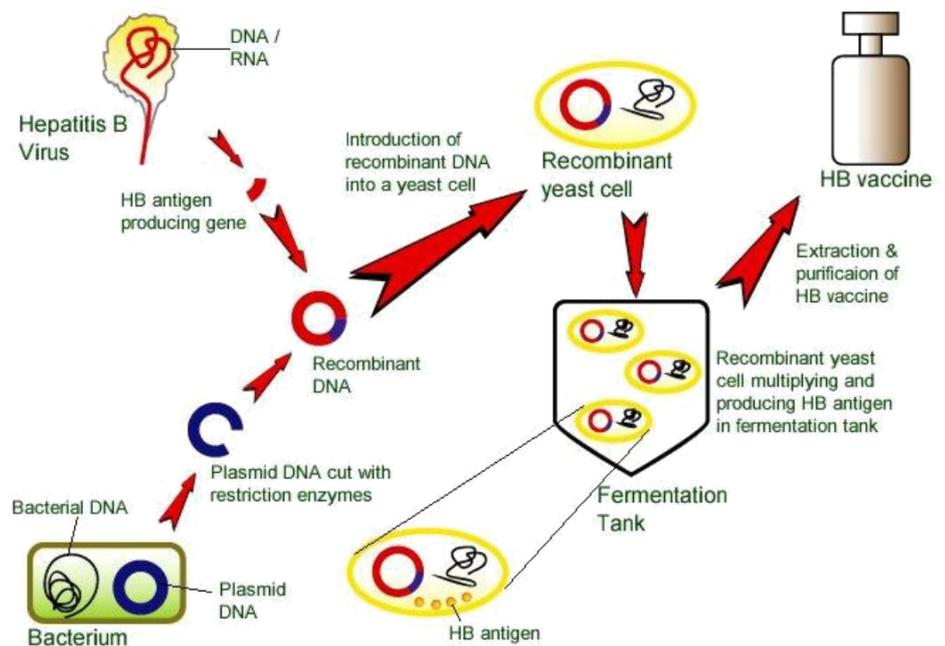
A patient has been hospitalized with provisional diagnosis of virus B hepatitis. Serological reaction based on complementation of antigen with antibody chemically bound to peroxidase or alkaline phosphatase has been used for disease diagnostics. Name this serological reaction:

- A. **Immune-enzyme analysis**
- B. Radioimmunoassay technique
- C. Immunofluorescence test
- D. Bordet-Gengou test
- E. Antigen-binding assay

Professional dentists belong to the risk group concerning professional infection with viral hepatitis type B. Name an effective method for active prevention of this disease among the dentists:

- A. **Vaccination with recombinant vaccine**
- B. Secure sterilization of medical instruments
- C. Working with gum gloves on
- D. Introduction of specific immunoglobuline
- E. Introduction of interferonogenes

Production of Recombinant HB Vaccine



In order to eliminate occupational risks dental workers underwent vaccination. The vaccine should protect them from a viral infection, whose pathogen may be found in blood of dental patients who had had this infection or who are its chronic carriers. What vaccine was used?

- A. **Genetically engineered HBs antigen**
- B. Live measles vaccine
- C. Inactivated hepatitis A vaccine
- D. Anti-rabies vaccine
- E. Subunit influenza vaccine

Specific prophylaxis involved application of a vaccine containing microorganisms and exotoxin detoxicated by formalin. It relates to the following type of vaccine:

- A. **Combined**
- B. Genetically engineered
- C. Anatoxin
- D. Chemical
- E. Live

To prevent the seasonal influenza epidemics in the city hospitals, sanitary epidemic station gave orders to immunize health care workers. Which of the following preparations should be used for immunization?

- A. **Subunit vaccine**
- B. Interferon
- C. Gamma-globulin
- D. Rimantadine
- E. Amantadine

SUBUNIT VACCINE

- These are defined as those containing one or more pure or semi pure antigens.
- Usually it consist of specific, purified macromolecules derived from pathogens.



Bacterioscopic examination of a smear from the pharynx of a diphtheria suspect revealed bacilli with volutine granules. What etiotropic drug should be chosen in this case?

- A. **Antidiphtheritic antitoxic serum**
- B. Bacteriophage
- C. Diphtheritic anatoxin
- D. Eubiotic
- E. Interferon

Diphtheria Antitoxin

- **First used in 1891**
- **Produced in horses**
- **Used only for treatment of diphtheria**
- **Neutralizes only unbound toxin**

A patient with suspected diphtheria went through bacterioscopic examination. Examination of throat swab revealed rod-shaped bacteria with volutin granules. What etiotropic preparation should be chosen in this case?

- A. **Antidiphtheric antitoxic serum**
- B. Bacteriophage
- C. Diphtheria antitoxin
- D. Eubiotic
- E. Interferon

It is necessary to carry out preventive vaccination of a student group because of an occurrence of diphtheria. Which preparation should be used for the creation of the artificial active immunity?

- A. **Diphtheria anatoxin**
- B. Specific immunoglobulin
- C. DTP vaccine
- D. Inactivated bacteria vaccine
- E. Anti-diphtheria serum

Artificial active immunization

- ◆ **Antigen:Vaccine or Toxoid**
- ◆ **inactivated vaccine (Dead vaccine)**
- ◆ **Live-attenuated vaccine**
- ◆ **Toxoid**
- ◆ **Recombinant Vaccine:HBsAg**

What preventive medications should be injected to a patient with open maxillofacial trauma provided that he has never got prophylactic vaccination before?

- A. **Antitetanus immunoglobulin and anatoxin**
- B. Anticonvulsive drugs and anatoxin
- C. Antitetanus serum and antibiotics
- D. Diphtheria, tetanus toxoids and pertussis vaccine and antibiotics
- E. Tetanus anatoxin and antibiotics

Tetanus Prophylaxis

History of Tetanus Immunization (Doses)	Clean minor Wounds		All other Wounds	
	Td	TIG	Td	TIG
Uncertain	Yes	No	Yes	Yes
0 - 1	Yes	No	Yes	Yes
2	Yes	No	Yes	No ¹
3 or more	No ²	No	No ³	No

1. unless wound is more than 24 hours old
 2. unless it has been more than 10 years since last dose
 3. unless it has been more than 5 years since last dose
- Td: tetanus and diphtheria toxoids for adults (> 7 y.o.)
DPT for children

A laboratory received a food product that had been taken from the focus of food poisoning and presumably contained botulinum toxin. To identify the type of toxin, the neutralization reaction must be performed on white mice. What biological product is used in this reaction?

- A. **Antitoxic serum**
- B. Normal serum
- C. Antibacterial serum
- D. Diagnosticum
- E. Allergen

Vaccination is done by means of a toxin that has been neutralized by a formaldehyde (0,4%) at a temperature 37 – 40⁰C for four weeks. Ramond was the first to apply this preparation for diphtheria prophylaxis. What preparation is it?

- A. **Anatoxin**
- B. Immunoglobulin
- C. Antitoxic serum
- D. Adjuvant
- E. Inactivated vaccine

Diphtheria exotoxin had been treated with 0,3-0,4% formalin and kept in a thermostat for 30 days at a temperature of 40⁰C. What preparation was obtained as a result of these manipulations?

- A. **Anatoxin**
- B. Antitoxin
- C. Diagnosticum
- D. Therapeutic serum
- E. Diagnostic serum

Biological preparations are subdivided into groups according to their purpose and production principles. What group do the preparations for initiation of active immunity relate to?

- A. **Vaccines**
- B. Immune sera
- C. Immunoglobulins
- D. Monoclonal antibodies
- E. Bacteriophages

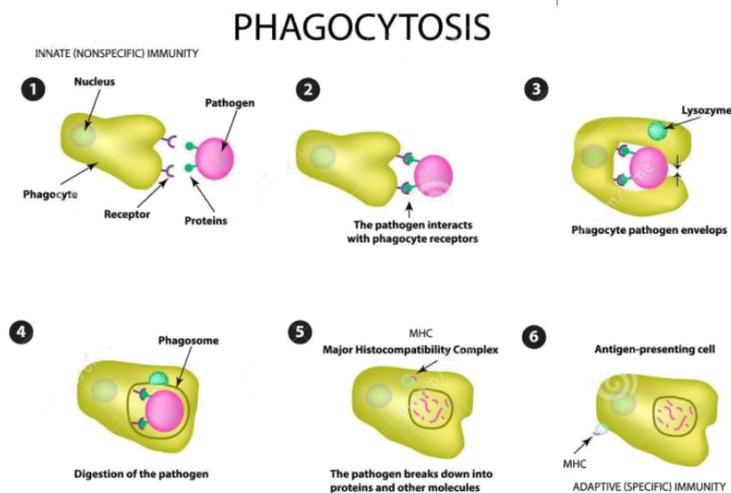
<p>A pharmaceutical company received from a laboratory a delivery order of diagnostic medications used for studying antigenic properties of causative agent. Name these preparations:</p> <p>A. Diagnostic sera B. Allergens C. Diagnosticums D. Immunoglobulins E. Bacteriophages</p>	
<p>In an inhabited locality there is an increase of diphtheria during the last 3 years with separate outbursts in families. What measure can effectively influence the epidemic process of diphtheria and reduce the morbidity rate to single cases?</p>	
<p>An 11-year-old girl has been immunized according to her age and in compliance with the calendar dates. What vaccinations should the children receive at this age?</p> <p>A. Diphtheria and tetanus B.TB C.Polio D. Hepatitis B E. Pertussis</p>	
<p>One of mass production drugs is produced by inactivation of bacterial exotoxin by formalin. What is this drug for?</p> <p>A. For active immunization B. For serodiagnostic assay C. For passive immunization D. For toxinemia treatment E. For immunocorrection</p>	
<p>Anti-tetanus gamma globulin is produced by hyperimmunization of donors with tetanus anatoxin. What class of immunoglobulins prevails in this preparation?</p> <p>A. IgG B. IgA C. IgM D. IgE E. IgD</p>	
<p>Vaccines are the artificial or natural preparations produced from bacteria, viruses and other microorganisms, their chemical components and waste products. They are used for the active immunization of humans and animals for the prevention and treatment of infectious diseases. The attenuated vaccines consist of:</p> <p>C. Anatoxin D. Dead microbes and toxoid E. Immunoglobulins</p>	
<p>A person has been in contact with influenza patient. What drug should be administered for specific passive influenza prophylaxis?</p> <p>B. Amizon C. Anaferon D. Vaccine influenza virus inactivated E. Leukocytic interferon</p>	
<p>A patient has been diagnosed with URTI. Blood serum contains immunoglobulin M. What stage of infection is it?</p> <p>A. Acute B.Prodromal C.Incubation D.Reconvalescence E.Carriage</p>	

A pregnant woman was detected with IgM to rubella virus. An obstetrician-gynecologist recommended therapeutic abortion due to the high risk of teratogenic affection of the fetus. Detection of IgM was of great importance as it is these specific immunoglobulins that:

- A. Indicate recent infection
- B. Penetrate placental barrier
- C. Have the largest molecular weight
- D. Are associated with anaphylactic reactions
- E. Are the main factor of antiviral protection

At the laboratory experiment the leukocyte culture was mixed with staphylococci. neutrophile leukocytes engulfed and digested bacterial cells. This process is termed:

- A. Phagocytosis
- B. Pinocytosis
- C. Diffusion
- D. Facilitated diffusion
- E. Osmosis



During the repeated Widal's agglutination test it was noticed that the ratio of antibody titers and O-antigens *S.typhi* in the patient's serum had increased from 1:100 to 1:400. How would you interpret these results?

- A. The patient has typhoid fever
- B. The patient is an acute carrier of typhoid microbes
- C. The patient is a chronic carrier of typhoid microbes
- D. The patient previously had typhoid fever
- E. The patient was previously vaccinated against typhoid fever

Lab Diagnosis: Typhoid Fever

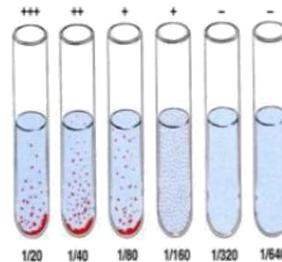
- **Widal Test** (serology):
 - Antibodies against *Salmonella Typhi*
 - Look for 4-fold rise in titer between acute and convalescent stage (~one month)

A patient was brought into the infectious diseases hospital on the 8th day since the disease onset. The patient complains of headache, malaise, and weakness. A sample of blood was taken for the serological test. Widal agglutination test results with blood sample diluted 1:200 and typhoid fever O-diagnosticum were positive. What diagnosis can be made based on the results of this test?

- A. Typhoid fever
- B. Leptospirosis
- C. Tuberculosis
- D. Dysentery
- E. Cholera

Widal Test

- Single test not diagnostic.
- Paired samples tests
- Diagnostic.
 - O > 1 in 80
 - H > 1 in 160



H agglutinins appear first

False positives in Unapparent infection,
Immunization
Previously infected

To conduct serum diagnostics of typhoid fever a test is carried out, when diagnosticums of three types of microorganisms are being added into different solutions of patient's serum; then agglutinate formation is checked. Name the author of that test.

- A. Widal
- B. Wassermann
- C. Ouchterlony
- D. Wright
- E. Sachs-Witebsky

Serology

- **WIDAL Test** – Tube agglutination test.
- Detects O and H antibodies
- Diagnosis of Typhoid and Paratyphoid
- Testing for H agglutinins in Dryers tubes, a narrow tube floccules at the bottom
- Testing for O agglutinins in Felix tubes, Chalky
- Incubated at 37° c overnight

Dr.T.V.Rao MD

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A child with diphtheria 10 days after injection of antitoxic antidiphtherial serum has developed skin rash, accompanied by severe itch, rising temperature up to 38⁰C and joints pain.

What is the cause of these symptoms?

- A. Delayed type of hypersensitivity
- B. Anaphylaxis
- C. Contact allergy
- D. Atopia
- E. Serum sickness

Serum Sickness

- * A systemic immune complex phenomenon
- * Injection of large doses of foreign serum
- * Antigen is slowly cleared from circulation
- * Immune complexes are deposited in various sites

* 10 days after injection

- fever
- urticaria
- arthralgia
- lymphadenopathy
- splenomegaly
- glomerulonephritis

e.g. treatment with

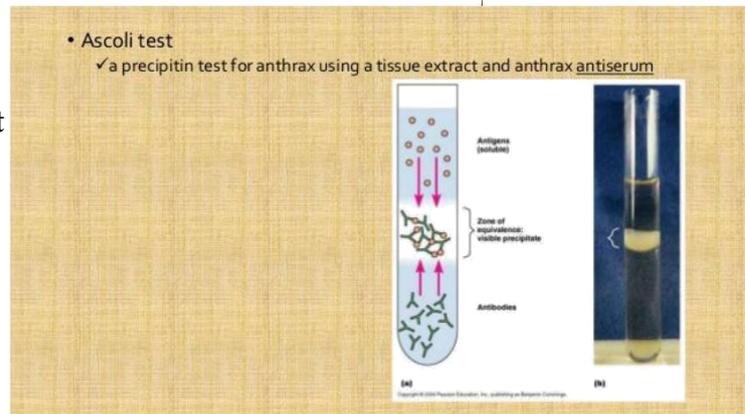
- Antitoxin
- Penicillin
- Sulphonamides

A toxin neutralized with 0.4% formaldehyde under 37-40°C for 4 weeks is used for vaccination. This preparation was first used by Gaston Ramon for diphtheria prevention. Name this preparation:

- A. Immunoglobulin
- B. Anatoxin**
- C. Antitoxic serum
- D. Inactivated vaccine
- E. Adjuvant

What diagnostic method should be used in industry to test the raw leather for presence of B. antracis?

- A. Microscopy with Burry-Gins stain
- B. Microscopy with Aujeszky stain
- C. Ascoli's thermo precipitation test**
- D. Bacteriological analysis
- E. Serological test



There was a record of some anthrax cases among animals in a countryside. The spread of disease can be prevented by means of immunization. What kind of vaccine should be used?

- A. STI live vaccine**
- B. BCG vaccine
- C. Salk vaccine
- D. Sabin's vaccine
- E. Diphteria and tetanus toxoids and pertussis vaccine

ANTHRAX VACCINES

Preparation:

- **Four countries** produce vaccines for anthrax.
- **Russia and China** use attenuated spore-based vaccine administered by scarification.
- **The US and Great Britain** use a bacteria-free filtrate of cultures adsorbed to aluminum hydroxide

In a village, a case of anthrax had been registered. Medical services began epidemiologically indicated specific prophylaxis of population against anthrax. What preparation was used for this purpose?

- A. Live vaccine**
- B. Inactivated vaccine
- C. Chemical vaccine
- D. Genetically engineered vaccine
- E. Anatoxin

An infectious diseases hospital admitted a veterinarian with assumed brucellosis. What serologic test can confirm this diagnosis?

- A. **Wright's agglutination reaction**
- B. Widal's agglutination reaction
- C. Ascoli's precipitation reaction
- D. Weigl's agglutination reaction
- E. Wassermann reaction of complement binding

Laboratory Diagnosis

- **Serology**
 - Main laboratory method of diagnosis
 - **Serum agglutination test** - most widely used
 - measures agglutination for IgG, IgM, IgA
 - 2ME - break sulf-hydrile bonds in IgM polymer - no agglutination

A patient diagnosed with botulism has been prescribed antitoxin serum for treatment. What immunity will be formed in the given patient?

- A. **Antitoxic passive immunity**
- B. Infection immunity
- C. Antitoxic active immunity
- D. Antimicrobial active immunity
- E. Antimicrobial passive immunity

Passive Immunization

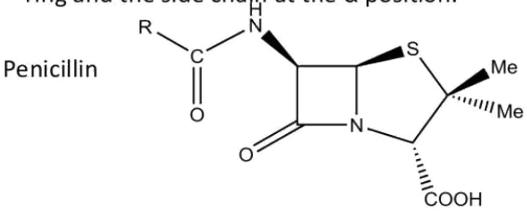
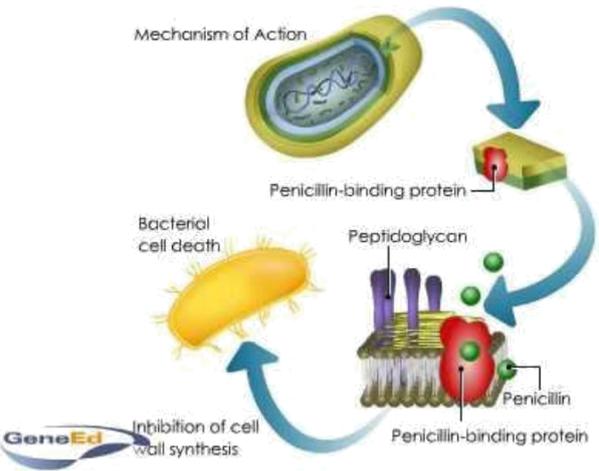
- **Is by injection of preformed antibodies of known specificity that:**
 - are obtained from **human (homologous)** or **animal (heterologous)** source (**heterologous antibodies** are produced by hyperimmunization of horses or cows)
 - induce **antitoxic, antibacterial** or **antiviral** immunity
 - produce **short-term protection**
 - are used for post-exposure prophylaxis and treatment of infectious diseases (=immunotherapy)
 - **can be a life-saving treatment**

Pathological material (mucosal excretion from the nasal passages) taken obtained from a patient provisionally diagnosed with influenza was delivered to the virological laboratory. What quick test allows detecting specific viral antigen in the investigated material?

- A. **Direct and indirect immunofluorescence (IF)**
- B. Reverse indirect haemagglutination (RIHA)
- C. Radioimmunoassay (RIA)
- D. Direct and indirect enzyme-linked immunosorbent assay (ELISA)
- E. Hemagglutination inhibition assay (HAI)

A drugstore received a supply of a drug that is widely used for treatment of many virus diseases since it is not virus specific. What drug is it?

- A. **Interferon**
- B. Remantadin
- C. Metisazone
- D. Immunoglobulin
- E. Vaccine

<p>Preventive vaccination against poliomyelitis is made with inactivated vaccine introduced parenterally. What immunoglobulins create the postvaccinal immunity in this case?</p> <p>A. Serum. IgA, IgM B. IgE, IgM C. IgM, secretory IgA D. IgM, IgG E. IgG, secretory IgA</p>	
<p>Dentists have high risk of contracting viral hepatitis type B in the course of their duties and therefore are subject to mandatory vaccination. What vaccine is used in such cases?</p> <p>A. Recombinant vaccine. B. Live vaccine. C. Anatoxin. D. Inactivated vaccine. E. Chemical vaccine.</p>	
<p>Antimicrobial therapy</p>	
<p>A patient with streptococcal infection of gums was prescribed a drug that contained beta-lactam ring in its structure. Which drug relates to this group?</p> <p>A. Benzylpenicillin B. Rifampicin C. Erythromycin D. Streptomycin sulfate E. Chloramphenicol</p>	<p style="text-align: center;">Classes of β-Lactams</p> <p>The classes of β-lactams are distinguished by the variation in the ring adjoining the β-lactam ring and the side chain at the α position.</p> <p>Penicillin</p> 
<p>A patient with streptococcal gingival infection was prescribed a medication that contains beta lactam ring in its structure. What preparation belongs to this group?</p> <p>A. Benzylpenicillin B. Rifampicin C. Erythromycin D. Streptomycin sulfate E. Chloramphenicol</p>	
<p>A patient suffering from syphilis was prescribed a drug the action of which based upon disturbed generation of murein leading to death of the causative agent. What drug is it?</p> <p>A. Benzylpenicillin sodium salt B. Bijochinol C. Ciprofloxacin D. Azithromycin E. Doxycycline</p>	<p style="text-align: center;">Mechanism of Action</p> 

To treat bronchitis the patient was prescribed a beta-lactam antibiotic. Its mechanism of action is based on inhibition of murein production, which results in death of the causative agent. Name this drug:

- A. Azithromycin
- B. Penicillin G Sodium Salt**
- C. Ciprofloxacin
- D. Streptomycin
- E. Bijochinol

A 60-year-old patient was hospitalized to the surgical department because of infection caused by blue pus bacillus (*Pseudomonas aeruginosa*) which is sensitive to penicillin antibiotics. Indicate which of the given penicillins has marked activity to the *Pseudomonas aeruginosa*?

- A. Carbenicillin disodium**
- B. Benzylpenicillin
- C. Phenoxymethylpenicillin
- D. Oxacillin
- E. Methicillin

Semisynthetic Penicillins:

For **parenteral** introduction:
Broad spectrum including
blue pus bacilli Pseudomonas aeruginosa:

<ul style="list-style-type: none"> • Carboxy penicillins: Carbenicillin disodium Ticarcillin 	<ul style="list-style-type: none"> • Ureidopenicillins: Piperacillin Azlocillin Mezlocillin
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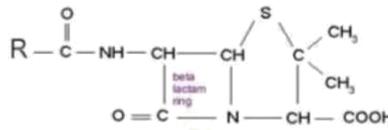
A 43-year-old patient is to be administered an antibiotic from the penicillin group which would be resistant to penicillinase. What drug can be recommended?

- A. Oxacillin**
- B. Amoxicillin
- C. Carbenicillin
- D. Azlocillin
- E. Ampicillin



Penicillinase Resistant:

- Methicillin
- Cloxacillin
- Dicloxacillin
- Oxacillin
- Flucloxacillin
- Nafcillin



Site of penicillinase action (break in β lactam ring)

- Side chains **protect** β- Lactam ring from penicillinase (staphylococcal)
- **Partially protects bacteria** from β- Lactam ring.

A patient has been diagnosed with bacillary dysentery. What drug of those listed below should be prescribed?

- A. Amoxicillin**
- B. Benzylpenicillin sodium salt
- C. Isonicotinic acid hydrazide (Isoniazid)
- D. Itraconazole
- E. Acyclovir

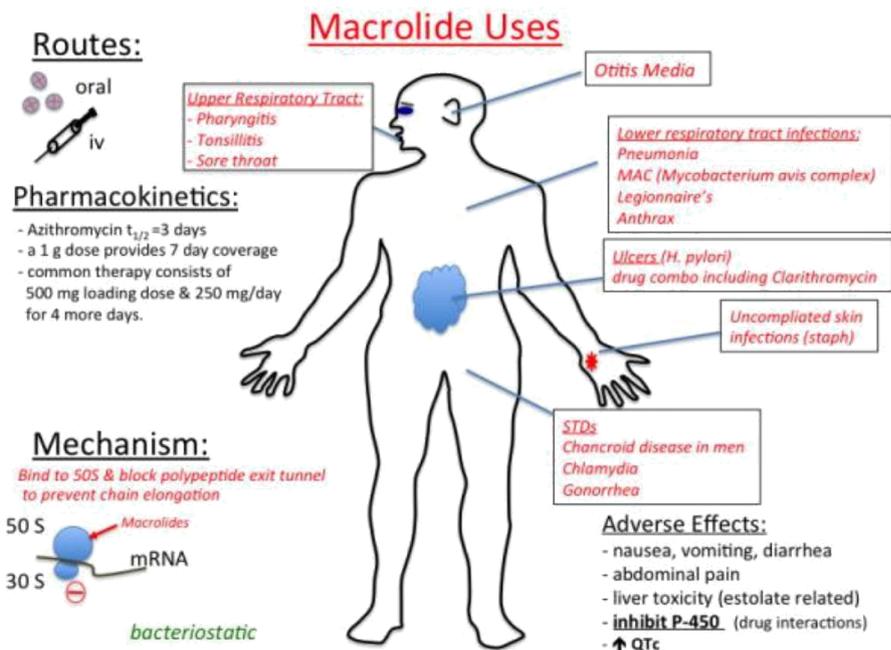
<p>A patient suffers from a severe life-threatening generalised septic infection. What group of chemotherapeutical drugs should be prescribed in this case?</p> <p>A. Cephalosporines B. Tetracyclines C. Sulfanilamides D. Chloramphenicol group E. Macrolides</p>													
<p>From urine of a 14-year-old boy with the exacerbation of secondary obstructive pyelonephritis <i>Pseudomonas aeruginosa</i> was isolated with a titer of 1000000 microbes per 1 ml. Which antibiotic is most advisable to be administered in this case?</p> <p>A. Ciprofloxacin B. Ampicillin C. Cefazolinum D. Azithromycin E. Chloramphenicol</p>	<p style="text-align: center;">Fluoroquinolone Antibiotics</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Brand Name</th> <th style="background-color: #0056b3; color: white;">Generic Name</th> </tr> </thead> <tbody> <tr> <td>Avelox</td> <td>Moxifloxacin</td> </tr> <tr> <td>Cipro</td> <td>Ciprofloxacin</td> </tr> <tr> <td>Factive</td> <td>Gemifloxacin</td> </tr> <tr> <td>Floxin</td> <td>Ofloxacin</td> </tr> <tr> <td>Levaquin</td> <td>Levofloxacin</td> </tr> </tbody> </table>	Brand Name	Generic Name	Avelox	Moxifloxacin	Cipro	Ciprofloxacin	Factive	Gemifloxacin	Floxin	Ofloxacin	Levaquin	Levofloxacin
Brand Name	Generic Name												
Avelox	Moxifloxacin												
Cipro	Ciprofloxacin												
Factive	Gemifloxacin												
Floxin	Ofloxacin												
Levaquin	Levofloxacin												
<p>A patient has been diagnosed with sepsis. It was decided to treat him with a drug from the fluoroquinolone group. Specify this drug:</p> <p>A. Ciprofloxacin B. Cefpirome C. Metronidazole D. Ampicillin E. Cephalexin</p>													
<p>Gonorrhoea was revealed in the patient on bacterioscopy of the smear from urethra. Taking into account that medicines for gonorrhoea are fluorquinolones, patient should be prescribed:</p> <p>A. Ciprofloxacin B. Fluorouracil C. Cefazoline D. Urosulfan E. Furazolidone</p>													
<p>A patient has been diagnosed with gonorrhea. As fluoroquinolones are the drugs of choice for treatment of gonorrhea the patient should be prescribed:</p> <p>A. Ciprofloxacin B. Furazolidone C. Fluorouracil D. Sulfacarbamide (Urosulfanum) E. Cefazolin</p>													
<p>A 54-year-old patient complains of frequent painful urination, chills, fever up to 38°C. Urine test results: protein - 0,33 g/L, WBCs - up to 50-60 in the field of vision, RBCs - 5-8 in the field of vision, gram-negative bacilli. Which of the listed antibiotics should be preferred in this case?</p> <p>A. Ciprofloxacin B. Oxacillin C. Erythromycin D. Tetracycline E. Tseporin</p>													

Patient with pneumonia has intolerance to antibiotics. Which of the combined sulfanilamide medicines should be prescribed to the patient?

- A. Biseptol
- B. Streptocid
- C. Aethazol
- D. Natrium sulfacyl
- E. Sulfadimethoxine

A 30-year-old patient with pneumonia has been administered a 3-day course of an antibiotic from the group of azalides that has bactericidal effect, prolonged action, the ability to bind to phagocytic cells and accumulate in the infection foci. What drug has been administered?

- A. Azithromycin
- B. Erythromycin
- C. Isoniazid
- D. Benzylpenicillin sodium salt
- E. Ciprofloxacin



A 5-year-old child has been diagnosed with acute right distal pneumonia. Sputum inoculation revealed that the causative agent is resistant to penicillin, but it is sensitive to macrolides. What drug should be prescribed?

- A. Azithromycin
- B. Tetracycline
- C. Gentamycin
- D. Streptomycin
- E. Ampicillin

An infectious patient manifests sensibilization to penicillin. Which of the following antibiotics is the safest to be applied in this case?

- A. Erythromycin
- B. Bicillin
- C. Ampicillin
- D. Amoxicillin
- E. Oxacillin

A 1,5 y.o. child fell seriously ill: chill, body temperature rise up to 40,1⁰C, then rapid dropping to 36, 2⁰ C, skin is covered with voluminous hemorrhagic rash and purple cyanotic spots. Extremities are cold, face features are sharpened. Diagnosis: meningococcosis, fulminant form, infection-toxic shock. What antibiotic must be used at the pre-admission stage?

- A. Soluble Levomycetine succinate
- B. Penicillin
- C. Lincomycin
- D. Gentamycin
- E. Sulfamonometoxin

A 26-year-old female patient with bronchitis has been administered a broad spectrum antibiotic as a causal treatment drug. Specify this drug:

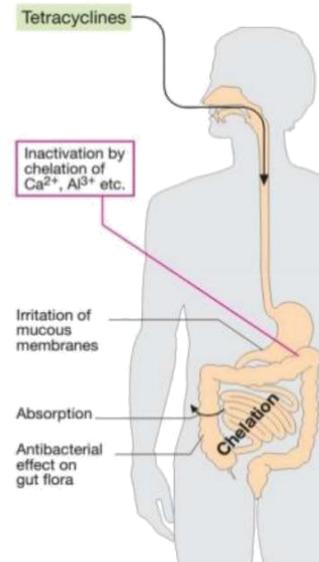
- A. Doxycycline
- B. Interferon
- C. BCG vaccine
- D. Ambroxol
- E. Dexamethasone

A patient with mandibular osteomyelitis has been administered an antibiotic from the tetracycline group. Specify this drug:

- A. Doxycycline hydrochloride
- B. Rifampicin
- C. Streptomycin
- D. Oxacillin
- E. Amikacin

Pharmacokinetics

- Oral absorption for
 - Chlortetracycline - 30%
 - Tetracycline, Oxytetracycline, Demeclocycline, and methacycline - 60–70%
 - Doxycycline and minocycline : 95–100%
- Impaired by food - divalent cations. Ex: dairy products and antacids
- Buffered tetracycline solutions are formulated for intravenous administration
- 40–80% bound by serum proteins



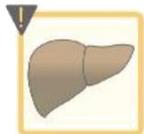
A stomatologists examined first-grade pupils and revealed that one of children had yellowish brown teeth, two of them were split. Heretofore the pupil was treated with "some pills" on account of pneumonia. What medication could have such a negative effect upon teeth?

- A. Doxycycline
- B. Oxacillin
- C. Erythromycin
- D. Ampicillin
- E. Biseptol

Tetracycline - Adverse Effects



GI disturbance



Liver failure



Vertigo



Deposition of drug in bones and teeth



Phototoxicity



Avoid in pregnancy

Adverse effects have restricted their usefulness

A stomatologists examined first-grade pupils and revealed that one of children had yellowish brown teeth, two of them were split. Heretofore the pupil was treated with "some pills" on account of pneumonia. What medication could have such a negative effect upon teeth?

- A. Doxycycline
- B. Oxacillin
- C. Erythromycin
- D. Ampicillin
- E. Biseptol

<p>A patient with acne has been prescribed doxycycline hydrochloride. What recommendations should be given to the patient, while he is taking this drug?</p> <p>A. Avoid long stay in the sun B. Take with large quantity of liquid, preferably milk C. Take before meal D. Do not take with vitamins E. The course of treatment should not exceed 1 day</p>	
<p>Administration of doxycycline hydrochloride caused an imbalance of the symbiotic intestinal microflora. Specify the kind of imbalance caused by the antibiotic therapy:</p> <p>A. Dysbacteriosis B. Sensibilization C. Idiosyncrasy D. Superimposed infection E. Bacteriosis</p>	
<p>The patient with pneumonia was treated with antibiotics for a long period. After treatment patient complains of frequent and watery stool, abdominal pain. What is the reason of intestine function disorder?</p> <p>A. Intestinal disbacteriosis development B. Antibiotics toxic influence on the GIT C. Autoimmune reaction D. Bacteria toxins influence E. Hereditary enzyme defect</p>	
<p>As a result of durative antibiotic therapy a 37-year old patient developed intestinal dysbacteriosis. What type of drugs should be used in order to normalize intestinal microflora?</p> <p>A. Eubiotics B. Sulfanilamides C. Bacteriophages D. Autovaccines E. Vitamins</p>	
<p>A patient underwent appendectomy. In the postoperative period he has been taking an antibiotic. The patient complains about hearing impairment and vestibular disorders. What group of antibiotics has such by-effects?</p> <p>A. Aminoglycosides B. Penicillins C. Tetracyclines D. Macrolides E. Cephalosporins</p>	
<p>Mother of a 2 year old child consulted a stomatologist. In the period of pregnancy she was irregularly taking antibiotics for an infectious disease. Examination of the child revealed incisor destruction, yellow enamel, brown rim around the dental cervix. What drug has apparent teratogenic effect?</p> <p>A. Doxacycline B. Furosemide C. Ampiox D. Xantinol nicotinate E. Octadine</p>	
<p>Mother of a two year old child consulted a dentist. In the period of pregnancy she was non-systematically taking antibiotics to treat an infectious disease. The child's examination revealed incisor destruction, yellow enamel, brown limbus of dental cervix. What preparation was mother taking during her pregnancy?</p> <p>A. Doxycycline B. Furosemide C. Ampiox D. Xanthinol nicotinate E. Octadine</p>	

<p>Systemic amebiasis with involvement of intestines, liver, lungs was diagnosed in a 52-year-old patient. What drug should be prescribed?</p> <p>A. Quiniofone B. Enteroseptol C. Metronidasol D. Tetracycline E. Quingamine</p> <div data-bbox="411 203 1136 584" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Metronidazole/Flagyl</p> <p style="text-align: center;">INDICATIONS</p> <ul style="list-style-type: none"> •Anaerobe infections •C. difficile •H. pylori •Bacterial vaginosis •Trichomonas •Amebiasis •Giardiasis    </div>	
<p>A patient consulted a doctor about bowels disfunction. The doctor established symptoms of duodenitis and enteritis. Laboratory examination helped to make the following diagnosis: lambliosis. What medication should be administered?</p> <p>A. Metronidazole B. Erythromycin C. Monomycin D. Chingamin E. Tetracycline</p>	
<p>A female patient consulted a doctor about a sense of epigastric discomfort, nausea and anorexia. A duodenal content analysis revealed lamblia. What drug should be prescribed?</p> <p>A. Metronidazole B. Chingamin C. Rifampicin D. Isoniazid E. Acyclovir</p>	
<p>A patient ill with amebiasis was prescribed a certain drug. The use of alcohol together with this drug is contraindicated because the drug inhibits metabolism of ethyl alcohol. What drug is it?</p> <p>A. Metronidazole B. Reserpine C. Clonidine D. Diazepam E. Aminazine</p>	
<p>A 30 y.o. patient is diagnosed with amebic dysentery. This diagnosis was bacteriologically confirmed. Name the preparation for its treatment:</p> <p>A. Metronidazole B. Mebendazole C. Itrakonazole D. Furacillin E. Acyclovir</p>	
<p>A 30-year-old patient complains about having abdominal pain and diarrhea for five days; body temperature rise up to 37,5°C along with chills. The day before a patient had been in a forest and drunk from an open water reservoir. Laboratory analyses enabled to make the following diagnosis: amebic dysentery. What is the drug of choice for its treatment?</p> <p>A. Metronidazole B. Furazolidonum C. Levomycetin D. Phthalazol E. Emetine hydrochloride</p>	
<p>A 30 year old patient consulted a doctor about having diarrhea and stomach aches for 5 days, temperature rise up to 37,5°C with chills. The day before the patient was in a forest and drank some water from an open pond. He was diagnosed with amebic dysentery that was bacteriologically confirmed. Name the medication for treatment of this disease:</p> <p>A. Metronidazole B. Furasolidone C. Chloramphenicol D. Phthalazole E. Emethine hydrochloride</p>	

<p>After the second abortion a 23 year old woman has been diagnosed with toxoplasmosis. Which drug should be used for toxoplasmosis treatment?</p> <p>A. Co-trimoxazole B. Itraconazole C. Mebendazole D. Azidothimidine E. Acyclovir</p>	
<p>A patient was diagnosed with active focal pulmonary tuberculosis. What drug should be prescribed in the first place?</p> <p>A. Isoniazid</p> <p>Isoniazid</p> <p>B. Sulfalen C. Cyclocerine D. Ethionamide E. Ethoxide</p> <ul style="list-style-type: none"> • Isoniazid-induced hepatitis-most common major toxic effect • Peripheral neuropathy • CNS toxicity-memory loss, psychosis, seizures • Fever and skin rashes • Drug-induced SLE • Hematologic abnormalities • Provocation of pyridoxine deficiency anemia • Tinnitus • Gastrointestinal discomfort 	
<p>A patient suffers from pulmonary tuberculosis. During treatment neuritis of visual nerve arose. What drug has caused this by-effect?</p> <p>A. Isoniazid B. Ethambutol C. Kanamycin D. Rifampicin E. Streptomycin</p>	
<p>After 4 months of treatment for tuberculosis the patient began complaining of toes and fingers numbness, sensation of creeps. He was diagnosed with polyneuritis. What antituberculous drug might have caused these complications?</p> <p>A. Isoniazid B. Rifampicin C. Ciprofloxacin D. Sodium salt of benzylpenicillin E. Iodine solution</p>	
<p>A patient suffering form tuberculosis was treated with rifampicin, which caused drug resistance of tuberculosis mycobacteria. In order to reduce mycobacteria resistance, rifampicin should be combined with the following drug:</p> <p>A. Isoniazid B. Acyclovir C. Intraconazole D. Metronidazole E. Amoxicillin</p>	
<p>Following treatment with a highly efficient anti-tuberculosis drug a 48-yearold female developed optic nerve neuritis, memory impairment, cramps. Which of these anti-TB drugs had the patient taken?</p> <p>A. Isoniazid B.PASA C.Rifampicin D.Ethambutol E.Kanamycin sulfate</p>	
<p>A patient with pulmonary tuberculosis is prescribed the most effective antituberculosis antibiotic. Name this drug:</p> <p>A. Tetracycline B. Furasolidone C. Rifampicin D. Bactrim (Co-trimoxazole) E. Streptocide</p>	

Tuberculosis can be treated by means of combined chemotherapy that includes substances with different mechanisms of action. What antituberculous medication inhibits transcription of RNA into DNA in mycobacteria?

- A. Rifampicin
- B. Isoniazid
- C. Streptomycin
- D. Ethionamide
- E. Para-aminosalicylic acid

ADVERSE EFFECTS

- ✘ Urine, sweat, tears, and contact lenses may take on an orange color because of rifampin administration, this effect is harmless.
- ✘ Light-chain proteinuria and impaired antibody response may occur.
- ✘ Rifampin induces hepatic microsomal enzymes and therefore, affects the half-life of a number of drugs.
- ✘ When taken erratically in large doses, a febrile "flu-like" syndrome can occur.

After starting treatment for pulmonary tuberculosis a patient complained about red tears and urine. What drug could cause such changes?

- A. Rifampicin
- B. Benzylpenicillin sodium salt
- C. Benzylpenicillin potassium salt
- D. Biseptol-480
- E. Cefazolin

A patient being treated for tuberculosis is suffering from hearing deterioration. What drug causes this complication?

- A. Streptomycin
- B. Isonicotinic acid hydrazide (Isoniazid)
- C. Rifampicin
- D. Ethionamide
- E. Kanamycin sulphate

A patient who has been taking tetracycline for a long time has developed candidosis of mucous membranes. What drug should administered for its treatment?

- A. Itraconazole
- B. Griseofulvin
- C. Nitrofungin
- D. Amphotericin
- E. Nitrofurantoin

A female who had been continuously taking antibiotics for an intestinal infection developed a complication manifested by inflammation of the oral mucosa and white deposit.

Bacteriological study of the deposit samples revealed yeast fungi *Candida albicans*. Which of the following medications is indicated for the treatment of this complication?

- A. Fluconazole
- B. Biseptol
- C. Tetracycline
- D. Furazolidone
- E. Polymyxin

Treatment for fungal Infection

Category	Drug	Formulation	Main Indication
Azoles (Trizoles)	Fluconazole	PO/IV	<i>Candida albicans</i>
	Itraconazole	PO/IV	Balstomycosis, histoplasmosis, aspergillosis, candidiasis, cryptococcal meningitis
	Posaconazole	PO	<i>Aspergillus</i> (alternative treatment), zygomycosis, fluconazole-resistant <i>Candida</i> spp.
	Voriconazole	PO/IV	Invasive aspergillosis, non-albicans candidaemia, coccidioidomycosis, fluconazole-resistant <i>Candida</i> spp.

"Fungal Infection in the Intensive care unit"

<p>Infectious diseases are treated with antibiotics (streptomycin, erythromycin, chloramphenicol). They inhibit the following stage of protein synthesis:</p> <p>A. Translation B. Transcription C. Replication D. Processing E. Splicing</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <h3>MECHANISM OF ACTION</h3> <p>◊ Streptomycin binds to 12 S ribosomal sub unit.</p> <p>Irreversible Inhibition of protein synthesis by:</p> <p>◊ Interference with initiation complex of peptide formation.</p> <p>◊ Misreading of code on mRNA --- incorporation of incorrect Amino acid into the peptide chain , resulting in non-functional or toxic protein.</p> <p>◊ Inhibition of translocation.</p> <p>◊ Break up of polysomes into non functional monosomes.</p> <p>◊ These activities occur simultaneously & overall effect is lethal for the cell</p> </div>	
<p>Streptomycin and other aminoglycosides prevent the joining of formyl-methionyl-tRNA by bonding with 30S ribosomal subunit. This effect leads to disruption of the following process:</p> <p>A. Translation initiation in eucaryotes B. Translation initiation in procaryotes C. Replication initiation in procaryotes D. Transcription initiation in eucaryotes E. Transcription initiation in procaryotes</p>		
<p>A patient with bacterial pneumonia was prescribed benzylpenicillin. What is the mechanism of its antibacterial effect?</p> <p>A. Inhibition of synthesis of microorganism wall B. Inhibition of intracellular protein synthesis C. Abnormal permeability of cytoplasmic membrane D. Inhibition of SH-groups of microorganism enzymes E. Antagonism with p-amino-benzoic acid</p>		
<p>A 19 year old woman suffers from primary syphilis. Doctor administered her complex therapy that includes benzylpenicillin sodium salt. What is the mechanism of action of this drug?</p> <p>A. It blocks synthesis of peptidoglycan of microbial membrane B. It blocks synthesis of cytoplasm proteins C. It blocks thiol enzymes D. It blocks RNA synthesis E. It blocks DNA synthesis</p>		
<p>A doctor prescribed a cephalosporin antibiotic to the patient after appendectomy for infection prevention. Antimicrobial activity of this group of antibiotics is based upon the disturbance of the following process:</p> <p>A. Microbial wall formation B. Nucleic acid synthesis C. Ribosome protein synthesis D. Energy metabolism E. Choline esterase block</p>		
<p>For infection prevention a patient who underwent appendectomy was prescribed a cephalosporin antibiotic. Antimicrobial activity of these antibiotics is called forth by the disturbance of the following process:</p> <p>A. Microbial wall formation B. Nucleic acid synthesis C. Ribosomal protein synthesis D. Energy metabolism E. Cholinesterase block</p>		

<p>Certain infections caused by bacteria are treated with sulphanilamides that block the synthesis of bacterial growth factor. What is the mechanism of these drugs action?</p> <p>A. They are antivitamins of paminobenzoic acid B. They inhibit the folic acid absorption C. They are allosteric enzyme inhibitors D. They are involved in redox processes E. They are allosteric enzymes</p>	
<p>A patient with herpetic stomatitis was prescribed acyclovir for topical application. What is its mechanism of action?</p> <p>A. It inhibits synthesis of nucleic acids of viruses B. It inhibits virus penetration into cells C. It inhibits virus maturation D. It increases the resistance of macroorganism cells to the viruses E. It inhibits virion assembly</p>	
<p>A patient is ill with herpetic stomatitis provoked by immunosuppression. What preparation introduced intravenously, internally and locally can provide antiviral and immunopotentiating effect?</p> <p>A. Acyclovir B. Remantadinum C. Levamisole D. Methisazonum E. Amoxicillin</p>	
<p>On the 5-th day of the respiratory disease a 24 y.o. man has developed progressive headaches systemic dizziness, feeling of seeing double, paresis of mimic muscles on the right, choking while swallowing. Acute viral encephalitis has been diagnosed. What is the main direction of urgent therapy?</p> <p>A. Zovirax B. Glucocorticoids C. Ceftriaxon D. Lasix E. Hemodesis</p>	
<p>What preparations are used for prevention of fungal infection?</p> <p>A. Fluconazol, Orungal, Nisoral B. Rubomycin, Bleomycin, Mytomyacin C. Cytosar, Cormyctin, Lomyctin D. Captopril, Enalapril E. Isoniazid, Ftibazid, Pyrazinamid</p>	
<p>Name the halogen-containing antiseptic with fungicidal properties, which is used to treat dermatomycosis:</p> <p>A. Iodine solution B. Formalin solution C. Methylene blue D. Brilliant green E. Boric acid solution</p>	
<p>Pathogenic staphylococcus was obtained from the purulent wound of the patient. Its antibiotic sensitivity was determined to be as follows: penicillin growth inhibition zone - 8 mm; oxacillin - 9 mm, ampicillin - 10 mm, gentamicin - 22 mm, lincomycin - 11 mm. What antibiotic should be chosen for treatment in this case?</p> <p>A. Gentamicin B. Penicillin C. Ampicillin D. Oxacillin E. Lincomycin</p>	

A patient with streptococcal gingival infection was prescribed a medication that contains beta lactam ring in its structure. What preparation belongs to this group?

- A. **Benzylpenicillin**
- B. Rifampicin
- C. Erythromycin
- D. Streptomycin sulfate
- E. Chloramphenicol

β-lactam Antibiotics

• The β-lactam ring is part of the core structure of several antibiotic families, the principal ones being the penicillins, cephalosporins, carbapenems, and monobactams, which are, therefore, also called β-lactam antibiotics. Nearly all of these antibiotics work by inhibiting bacterial cell wall biosynthesis. This has a lethal effect on bacteria



A patient with streptococcal infection of gums was prescribed a drug that contained beta-lactam ring in its structure. Which drug relates to this group?

- A. **Benzylpenicillin**
- B. Rifampicin
- C. Erythromycin
- D. Streptomycin sulfate
- E. Chloramphenicol

Gonorrhoea was revealed in the patient on bacterioscopy of the smear from urethra. Taking into account that medicines for gonorrhoea are fluorquinolones, patient should be prescribed:

- A. **Ciprofloxacin**
- B. Fluorouracil
- C. Cefazoline
- D. Urosulfan
- E. Furazolidone

Gonorrhea

■ Treatment:

- Ceftriaxone, 125 mg IM once
- Ciprofloxacin, 500 mg orally once
- Ofloxacin, 400 mg orally once
- Levofloxacin, 250 mg orally once PLUS Azithromycin, 1 g orally once
- Doxycycline, 100 mg orally bid for 7 days

A patient has been diagnosed with gonorrhea. As fluoroquinolones are the drugs of choice for treatment of gonorrhea the patient should be prescribed:

- A. **Ciprofloxacin**
- B. Furazolidone
- C. Fluorouracil
- D. Sulfacarbamide (Urosulfanum)
- E. Cefazolin

Fluoroquinolones

- Ciprofloxacin, ofloxacin(2nd generation)
- Levofloxacin(3rd generation)
- Moxifloxacin, Gatifloxacin(fourth generation)
- Efficacious against Gram positive and Gram negative bacteria, particularly staphylococci
- Low toxicity
- Enzymic inhibition of bacterial DNA production(DNA gyrase)

Genetics

Ability to divide is characteristic of prokaryotic and eukaryotic cells. Prokaryotic cell division is different from that of eukaryotic, but there is one molecular process that is the basis of both types of division. Name this process.

- A. **DNA replication**
- B. Transcription
- C. Reparation
- D. Translation
- E. Gene amplification

From the nasopharynx of a 5-year-old child it was excreted a microorganism which is identical to *Corynebacterium diphtheriae* dose according to morphological and biochemical signs. Microorganism does not produce exotoxin. As a result of what process can this microorganism become toxigenic?

A. Cultivation in the telluric environment
 B. Chromosome mutation
 C. Passing through the organism of the sensitive animals
D. Phage conversion
 E. Growing with antitoxic serum

Because of suspected intrahospital infection in the neonatal department of the maternity home the inspection was carried out. In some children and on some general things *Staphylococcus aureus* was revealed. What properties of these cultures allow to establish their origin from one source?

A. Antibioticogramma
 B. Antigenic structure
 C. Biochemical activity
D. Phagotype
 E. Chromogenesis

From the fecal sample of a patient *Shigella sonnei* were isolated. What additional studies are required to identify the source of infection?

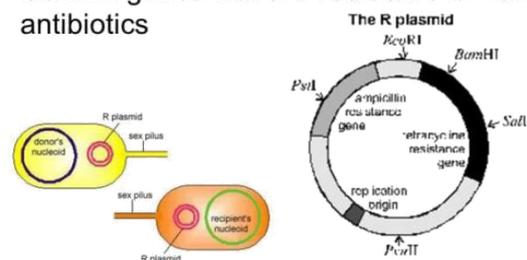
A. Phage-typing of the isolated pure culture
 B. Antibiogram C. Precipitation reaction D. Complement-fixation reaction E. Neutralization reaction

In the surgical department of a dental clinic cases of hospital-acquired staphylococcal infection were registered which was caused by strains with multiple drug resistance. Such feature can be identified by presence of:

A. **R-plasmids**
 B. F-plasmids
 C. Exotoxins
 D. T-phages
 E. Virulent phages

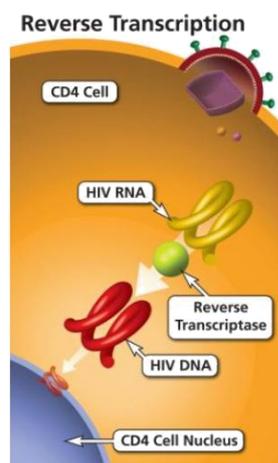
R Plasmid

- Contain genes that are **resistant** to many antibiotics



RNA that contains AIDS virus penetrated into a leukocyte and by means of reverse transcriptase forced a cell to synthesize a viral DNA. This process is based upon:

A. Reverse transcription
 B. Operon repression
 C. Reverse translation
 D. Operon depression
 E. Convariant replication



<p>During reproduction of some RNA-containing viruses that cause tumors in animals, genetic information can be transmitted in the opposite direction from the RNA to the DNA via a specific enzyme. The enzyme of reverse transcription is called:</p> <p>A. Reverse transcriptase B. DNA polymerase C. Ligase D. Primase E. Topoisomerase</p>	
<p>It was revealed that T-lymphocytes were affected by HIV. Virus enzyme - reverse transcriptase (RNA-dependent DNA polymerase) - catalyzes the synthesis of:</p> <p>A. DNA on the matrix of virus mRNA B. Virus informational RNA on the matrix of DNA C. DNA on virus ribosomal RNA D. Viral DNA on DNA matrix E. mRNA on the matrix of virus protein</p>	
<p>A doctor was addressed by a 30-year old man. There is a probability of the patient being HIV-positive. To clarify the diagnosis the doctor proposed to perform polymerase chain reaction. The basic process in this kind of investigation is:</p> <p>A. Gene amplification B. Transcription C. Genetic recombination D. Genomic mutation E. Chromosome mutation</p>	
<p>In the course of evolution there developed molecular mechanisms for correction of damaged DNA molecules. This process is called:</p> <p>A. Reparation B. Transcription C. Translation D. Replication E. Processing</p>	
<p>Genetic information is stored in DNA but does not participate directly in protein synthesis within DNA cells. What process ensures transfer of genetic information into polypeptide chain?</p> <p>A. Translation B. Formation of rRNA C. Formation of tRNA D. Formation of iRNA E. Replication</p>	
<p>5. A man is a carrier of HIV that is an RNA virus. The cells of this patient synthesize viral DNA. This process is based on:</p> <p>A. Transcription B. Repair C. Replication D. Reverse transcription E. Translation</p>	
Infection	
<p>A doctor made the diagnosis of gonorrhoea. It was known from the anamnesis that a patient had had gonorrhoea before and he had been treated completely. What type of infection can this new disease be attributed to?</p> <p>A. Superinfection B. Reinfection C. Relapse D. Secondary infection E. Autoinfection</p>	

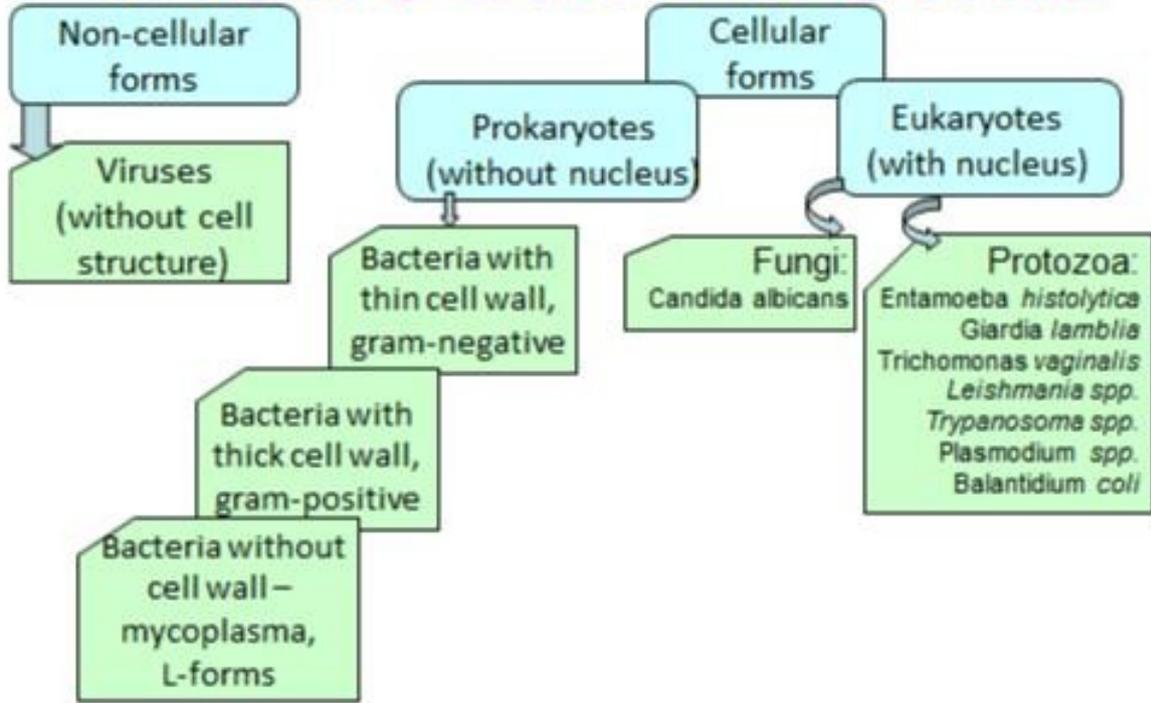
<p>A patient who suffered form syphilis took a course of antibiotic therapy and fully recovered. Some time later he was infected again with Treponema pallidum. What form of infection is it?</p> <p>A. Reinfection B. Recurrence C. Superinfection D. Relapse E. Complication</p>	
<p>A patient who suffered from syphilis took a course of antibiotic therapy and fully recovered. Some time later he was infected again with Treponema pallidum. What form of infection is it?</p> <p>A. Reinfection B. Recurrence C. Secondary infection D. Superinfection E. Complication</p>	
<p>Material obtained from a patient contains several types of microorganisms (staphylococci and streptococci) causative of the patient's disease. Name this type of infection:</p> <p>A. Mixed infection B. Superinfection C. Reinfection D. Consecutive infection E. Coinfection</p>	
<p>Mixed infection – several microbes grow simultaneously at the infection site – polymicrobial</p>	
<p>2 weeks since the blood transfusion a recipient has developed fever. What protozoal disease can it be?</p> <p>A. Trypanosomiasis B. Malaria C. Amebiasis D. Toxoplasmosis E. Leishmaniasis</p>	<ul style="list-style-type: none"> • Malaria can be transmitted by blood transfusion, needle-stick injury, sharing of needles by infected injection drug users, or organ transplantation. The incubation period in these settings is often short because there is no pre erythrocytic stage of development. • The clinical features and management of these cases are the same as for naturally acquired infections.
<p>Two weeks after hemotransfusion a patient developed fever. What protozoal disease can be suspected?</p> <p>A. Malaria B. Toxoplasmosis C. Leishmaniasis D. Amebiasis E. Trypanosomiasis</p>	

<p>A pregnant woman was registered in an antenatal clinic and underwent complex examination for a number of infections. Blood serum contained IgM to the rubella virus. What is this result indicative of?</p> <p>A. Of primary infection B. Of a chronic process C. The woman is healthy D. Of exacerbation of disease E. Of recurring infection with rubella virus</p>	<h2 style="text-align: center;">Antibody function : IgM</h2> <ul style="list-style-type: none"> ■ Is the first antibody produced in an immune response. ■ It is made principally by plasma cells resident in: <ul style="list-style-type: none"> <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Spleen (BASO) <input type="checkbox"/> Bone marrow ■ Circulates in blood and lymph.
<p>A pregnant woman was detected with IgM to rubella virus. An obstetrician-gynecologist recommended therapeutic abortion due to the high risk of teratogenic affection of the fetus. Detection of IgM was of great importance as it is these specific immunoglobulins that:</p> <p>A. Indicate recent infection B. Penetrate placental barrier C. Have the largest molecular weight D. Are associated with anaphylactic reactions E. Are the main factor of antiviral protection</p>	
<p>A patient has been diagnosed with ARVI. Blood serum contains immunoglobulin M. What is the stage of infection in this case?</p> <p>A. Acute B. Prodromal C. Incubation D. Convalescence E. Carriage</p>	
<p>As an example of specific human parasites one can name Plasmodium falciparum, human pinworm and some others. The source of parasite invasion is always a human. Such specific human parasites cause the diseases that are called:</p> <p>A. Anthroponoses B. Anthrozoonoses C. Zoonoses D. Multifactorial diseases E. Infections</p>	
<p>Anthroponoses = infections transmissible among human beings only (typhoid fever, shigelloses, venereal infections etc.)</p>	

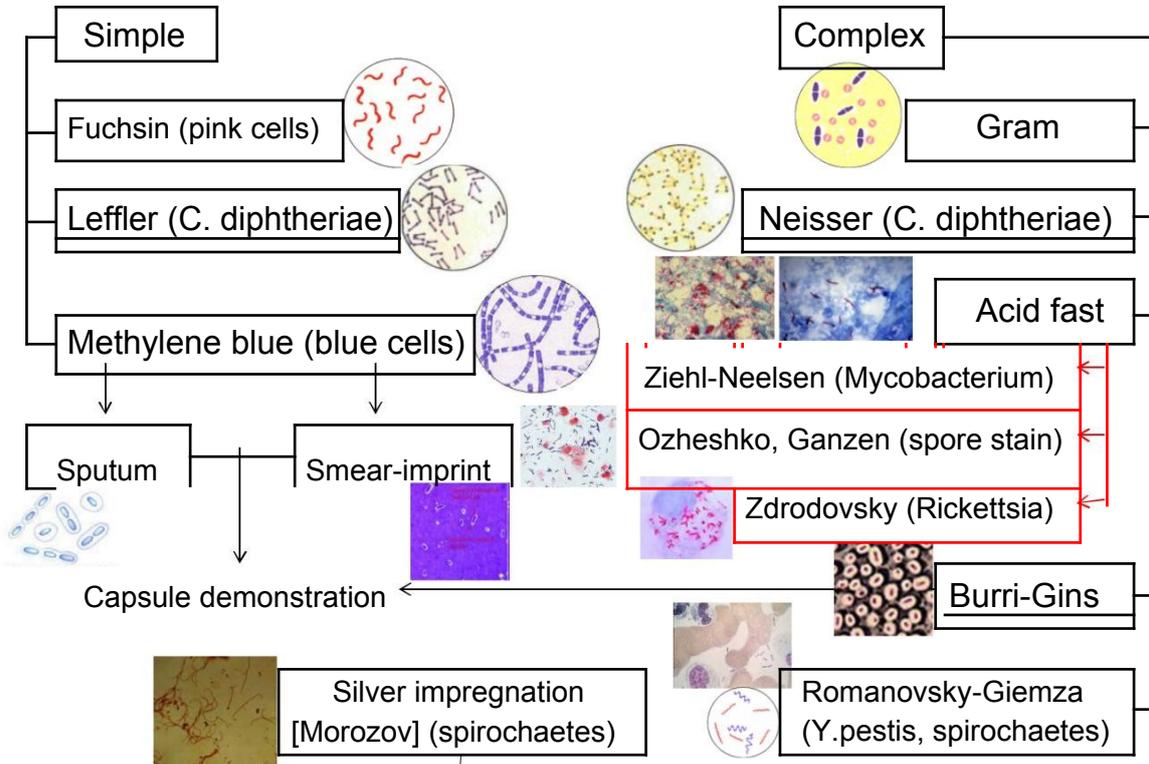
<p>Examples of human-specific parasites are malaria plasmodium, enterobius vermicularis and some other. The source of invasion of such parasites is always a human. Such human-specific parasites cause diseases that are called:</p> <p>A. Anthroponotic B. Zoonotic C. Anthroozoonotic D. Infectious E. Multifactorial</p>	
<p>A pregnant woman complains of vaginal mucosa irritation, itching and genital tracts secretion. Bacterioscopy of vaginal smears revealed large gram-positive oval oblong cells that form pseudomicelium. What is the most probable channel of infection?</p> <p>A. Endogenous infection B. Sexual transmission C. Contact infection D. Vector-borne transmission E. Wound infection</p>	
<p>A patient developed pyoinflammatory process of periodontal tissue caused by activation of the microorganisms inherent in the body, which are the part of oral mucosal microflora. What type of infection is it?</p> <p>A. Relapse B. Autoinfection C. Reinfection D. Exogenous infection E. Superinfection</p>	
<p>Typical signs of food poisoning caused by C. botulinum include diplopia, swallowing and respiration disorders. These signs develop due to:</p> <p>A. Enterotoxic shock development B. Enterotoxin action C. Adenylate cyclase activation D. Adhesion of the agent to enterocyte receptors E. Exotoxin action</p>	
<p>A laboratory has been investigating virulence of a diphtheria agent. In the process of the experiment the infection was introduced intraperitoneally into test animals. The dosage of bacteria resulting in 95% mortality of test animals was found. What unit of virulence measurement was determined?</p> <p>A. DLM B. DCL C. LD50 D. ID E. LD5</p>	
<p>A patient with signs of intestinal infection (vomiting, diarrhea, abdominal pain) has been presenting with increasing symptoms of intoxication for three days. Papular rash appeared on the uncovered skin areas and spread to the torso. A doctor suspected pseudotuberculosis. What laboratory test allows confirming this diagnosis within the first week from the onset of disease?</p> <p>A. Bacteriological B. Microscopic C. Serological D. Allergic E. Biological</p>	

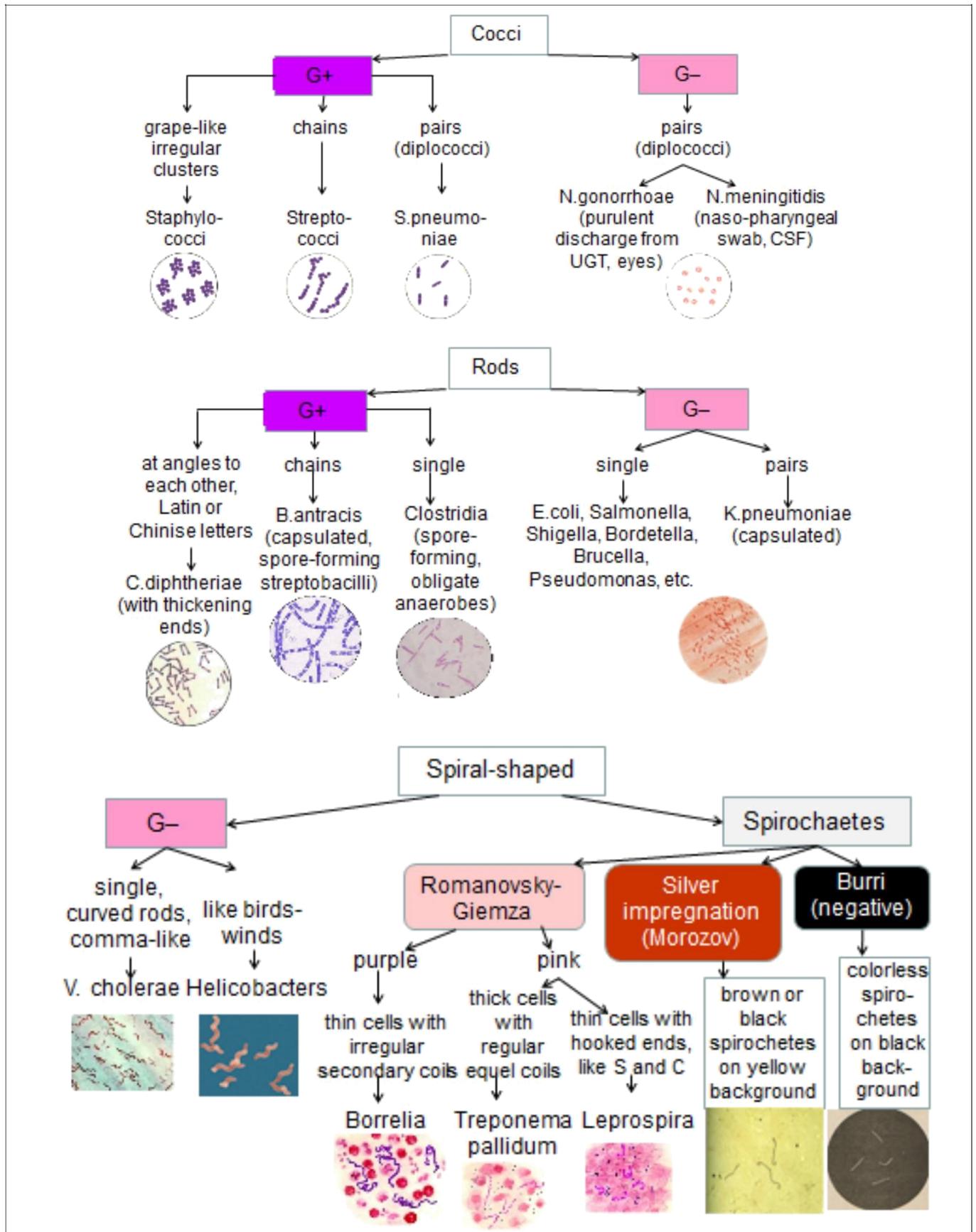
Morphology

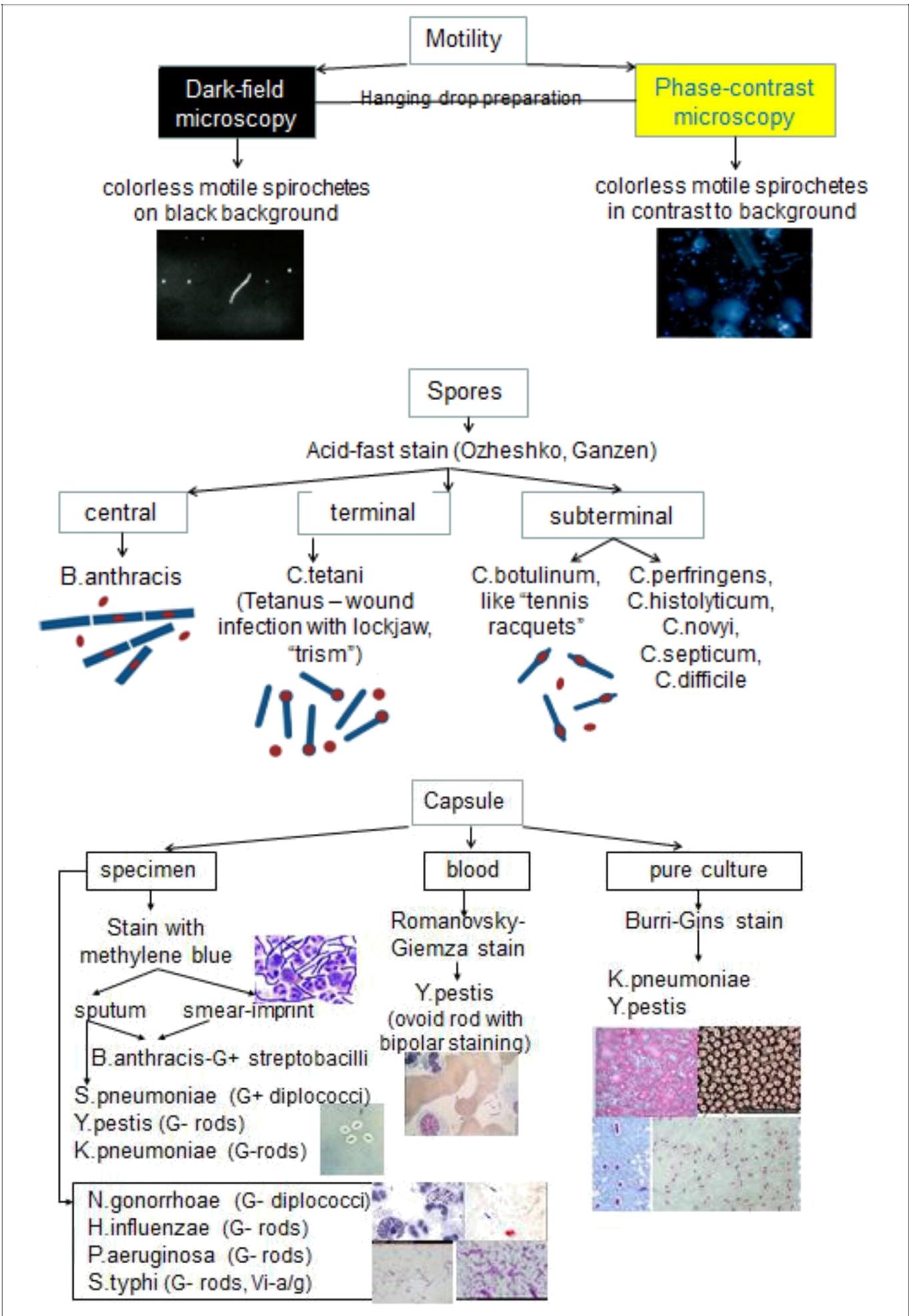
MICROBIAL WORLD



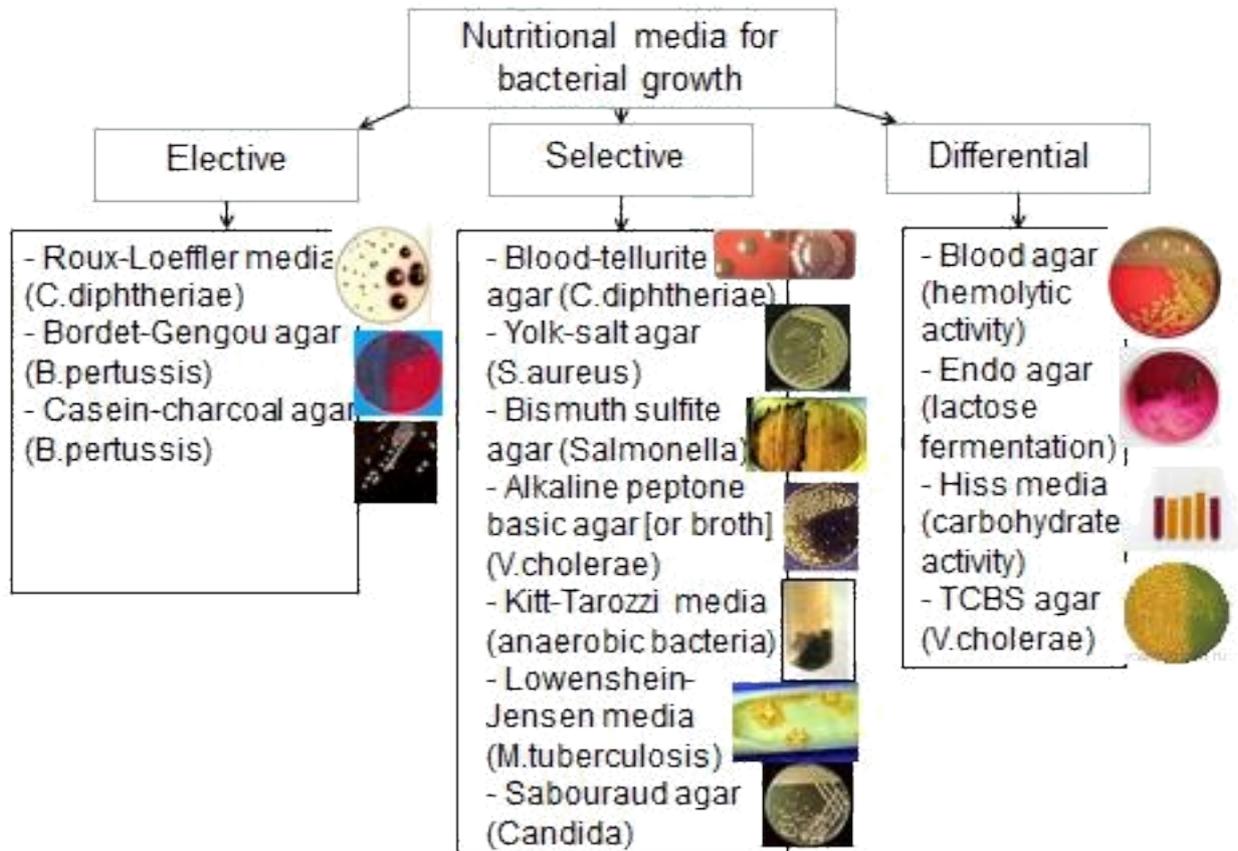
STAIN

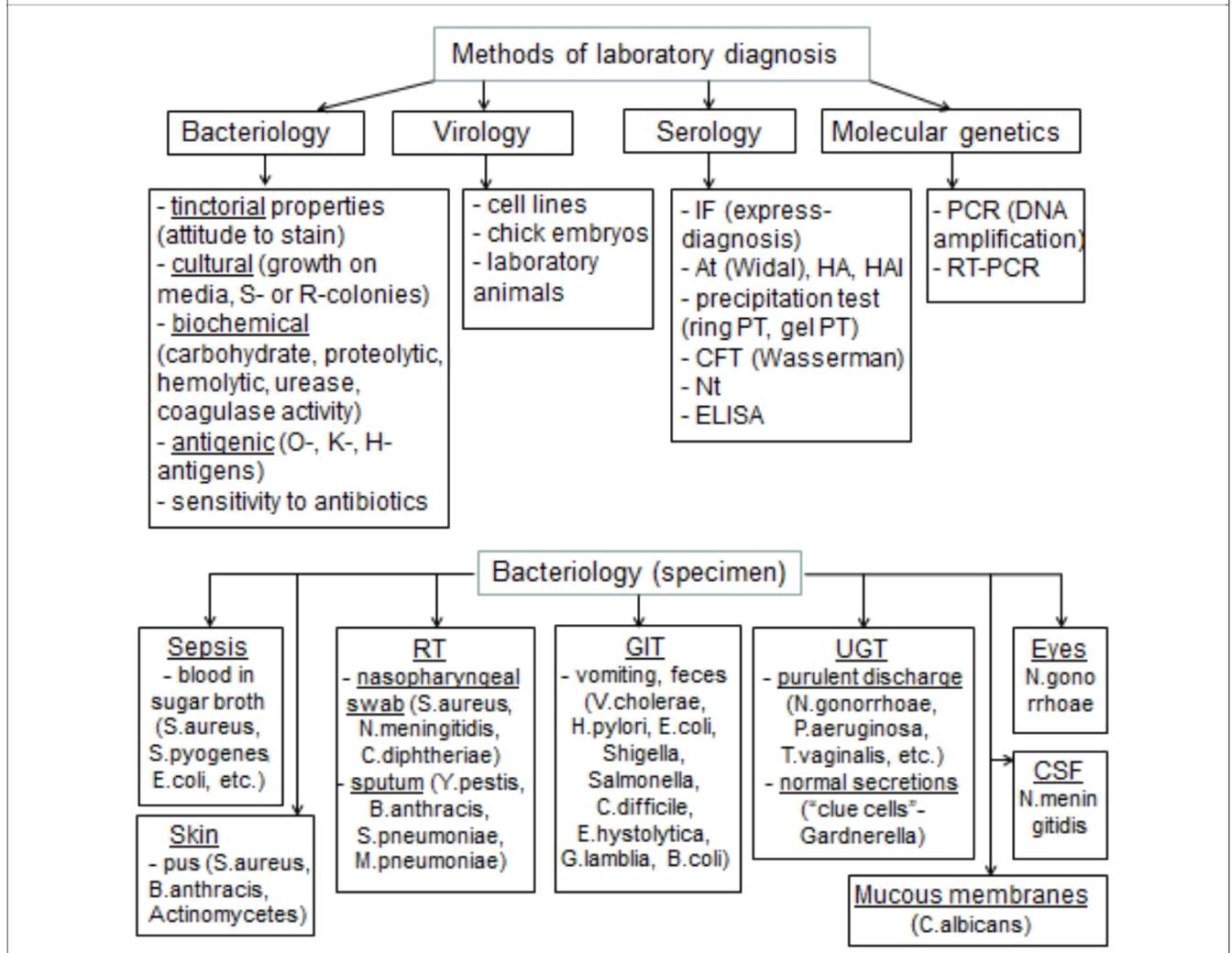
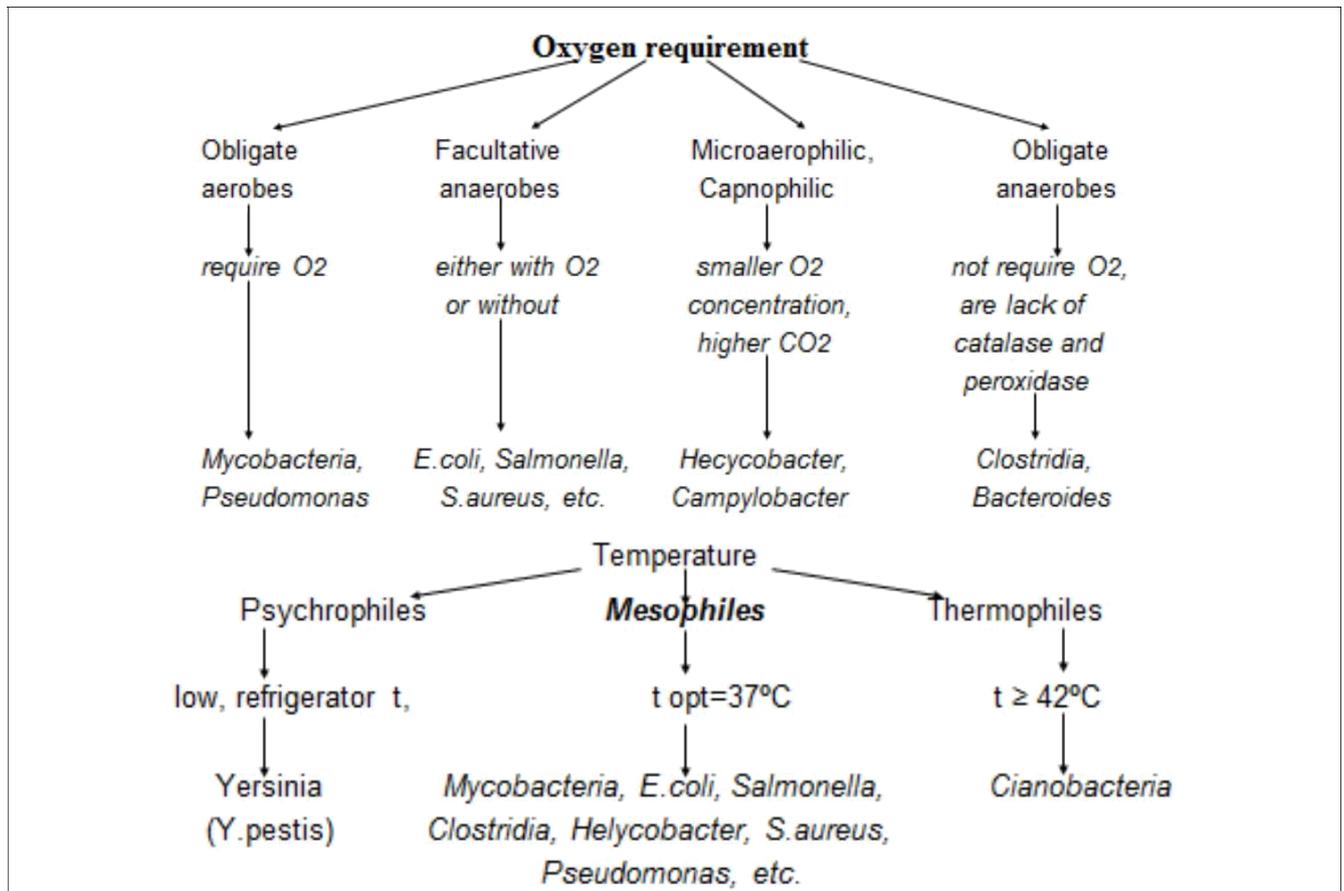






Physiology





Immunity

Serology

IF (express-diagnosis)

- direct – detection of Ag in patient specimen (one step reaction)
- indirect – detection either of Ag or Ab (2-step reaction)
- Conditions: using of fluorescent-labeled Ab or anti-Ab, result is seen under fluorescent microscope

ELISA (Enzyme-linked immune sorbent assay)

- ✓ in polystyrene tray may be absorbed either Ag or Ab
- ✓ enzymes: peroxidase or alkaline phosphatase
- ✓ useful if antigenemia is low
- ✓ diagnosis of HBV, HIV, etc.

Serology

Agglutination test

- adhesion of microorganisms when affected by specific Ab in the presence of electrolyte
- detection either of Ag (slide At) or Ab (tube At, using diagnosticums)
- result: granular sediment
- Widal (Typhoid fever)
- Wright (Brucellosis)
- At with B.pertussis (Whooping cough)

Passive hemagglutination

- RBC are sensitized with bacterial Ag
- diagnosis of Bacterial dysentery (Shigellosis), carriage of S.typhi (Vi-Ag),
- checking of antidiphtherial immunity

Precipitation test

- to identify belonging to certain species (food substances, blood, etc.)
- participates soluble Ag

Ring PT (in fluid)

- result: white ring
- diagnosis of anthrax (Ascoli), plague

Gel PT (in agar)

- double immunodiffusion
- result: precipitin lines
- to detect toxin production in C.diphtheriae (toxigenity test)

CFT

- result: if hemolysis (-), sediment (+)
- Wasserman (Syphilis)
- diagnosis of toxoplasmosis, chronic gonorrhoea

Nt

- neutralization of toxin (Ag) by serum (antitoxic Ab)
- diagnosis of botulism, tetanus

Immunity

Innate

Acquired

Nonspecific (against any foreign Ag)

Specific (against certain Ag)

Natural

Artificial

Active

Passive

Active

Passive

Infection

Transfer of Ab from mother:

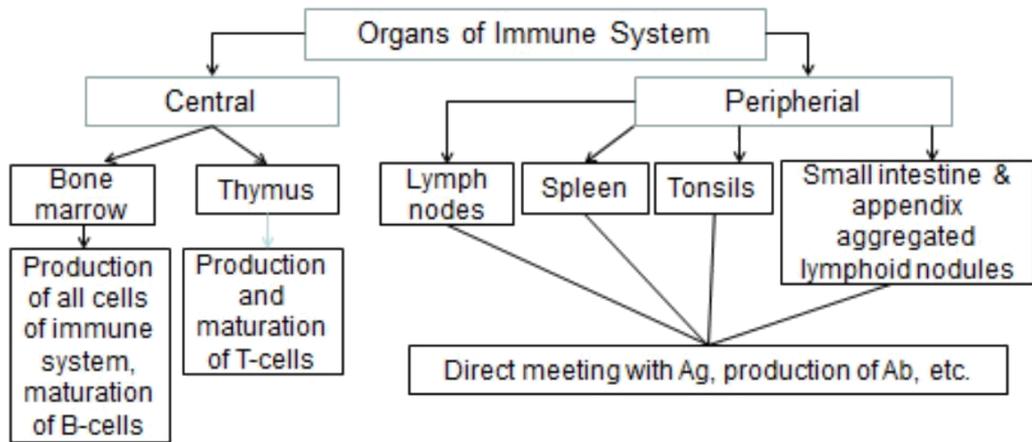
- to fetus through placenta (IgG)
- to child with breast milk

Vaccination

Injection of Ig and serum

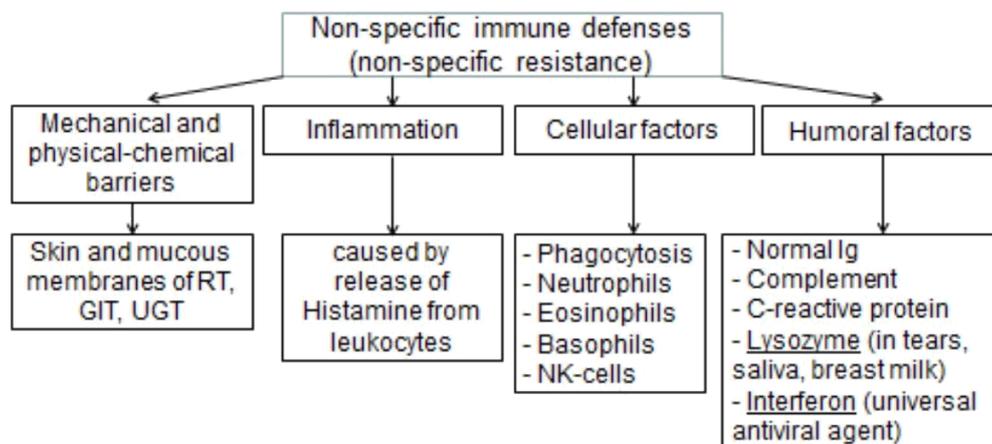
Cellular (T-lymphocytes)

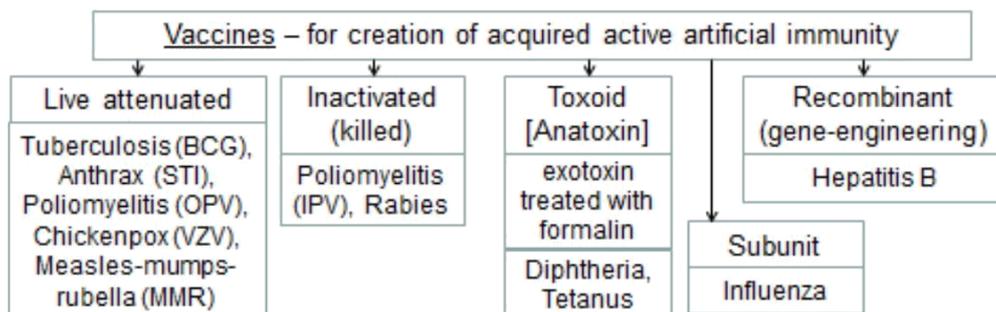
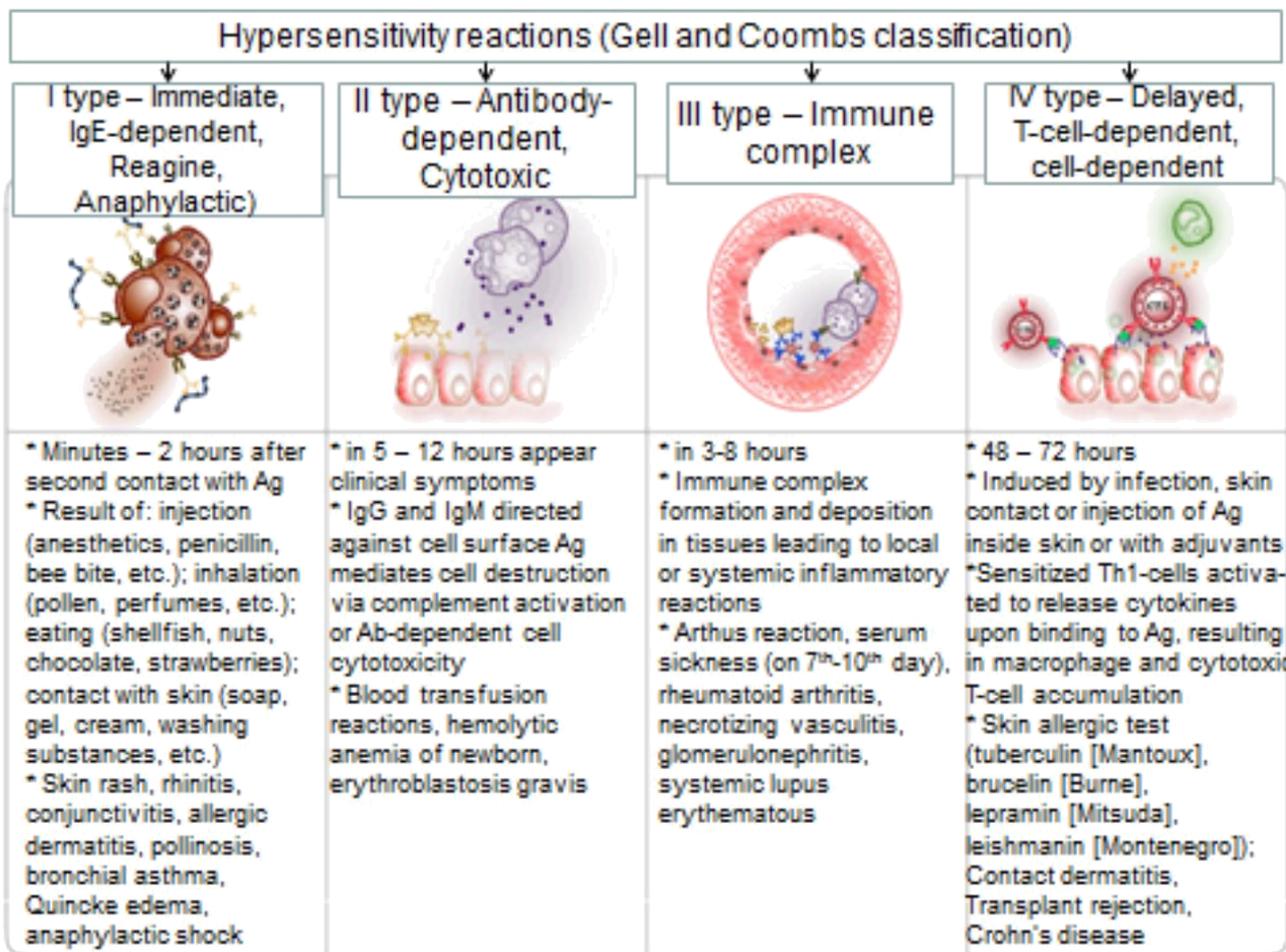
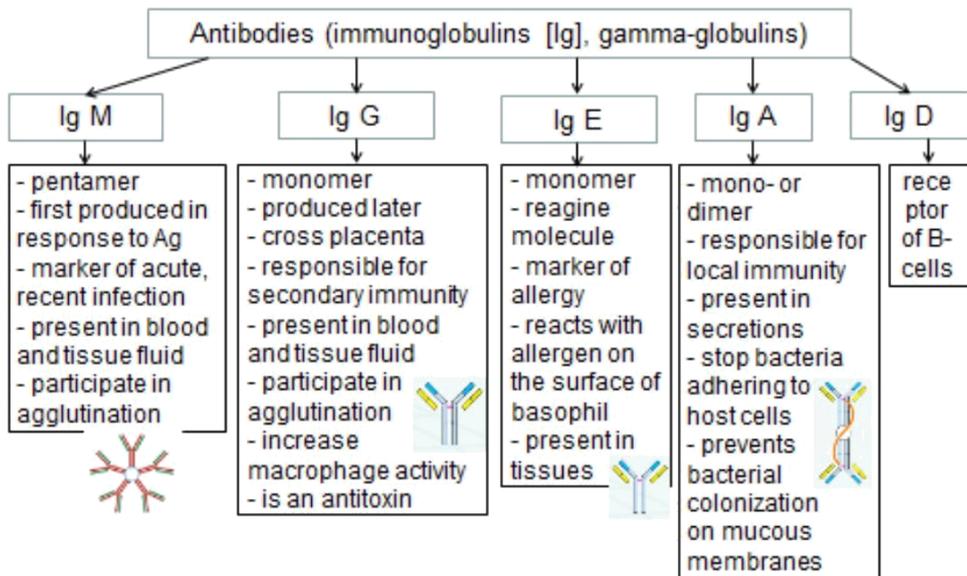
Humoral (Ab)

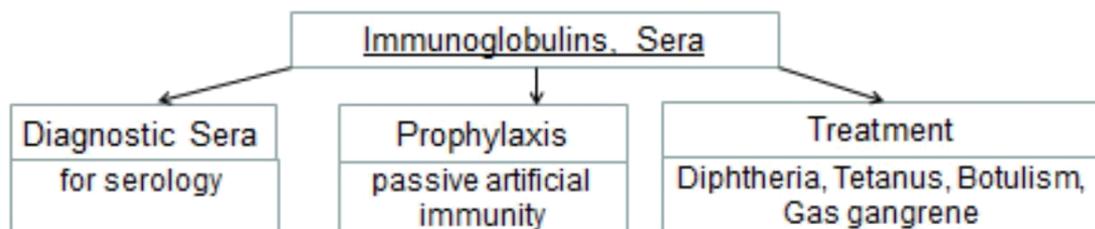


Cells of Immune System

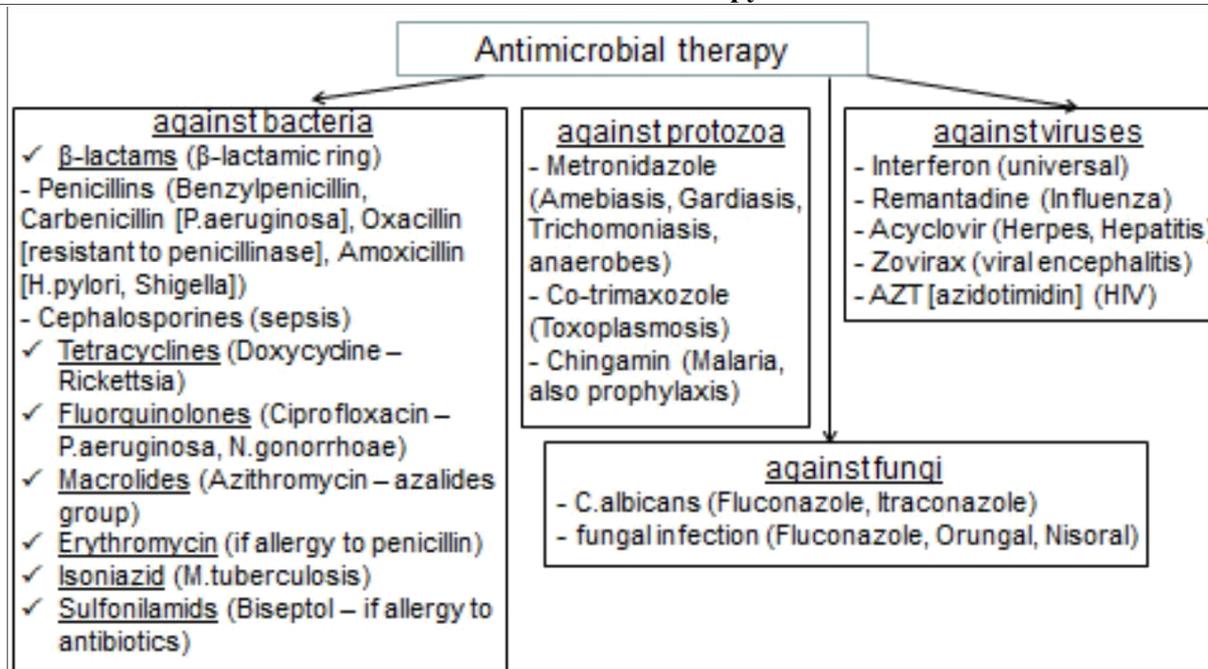
Types of Cells						
Classifications	Granulocytes		Phagocytes		Cytotoxic cells (some types)	
			Cytotoxic cells			



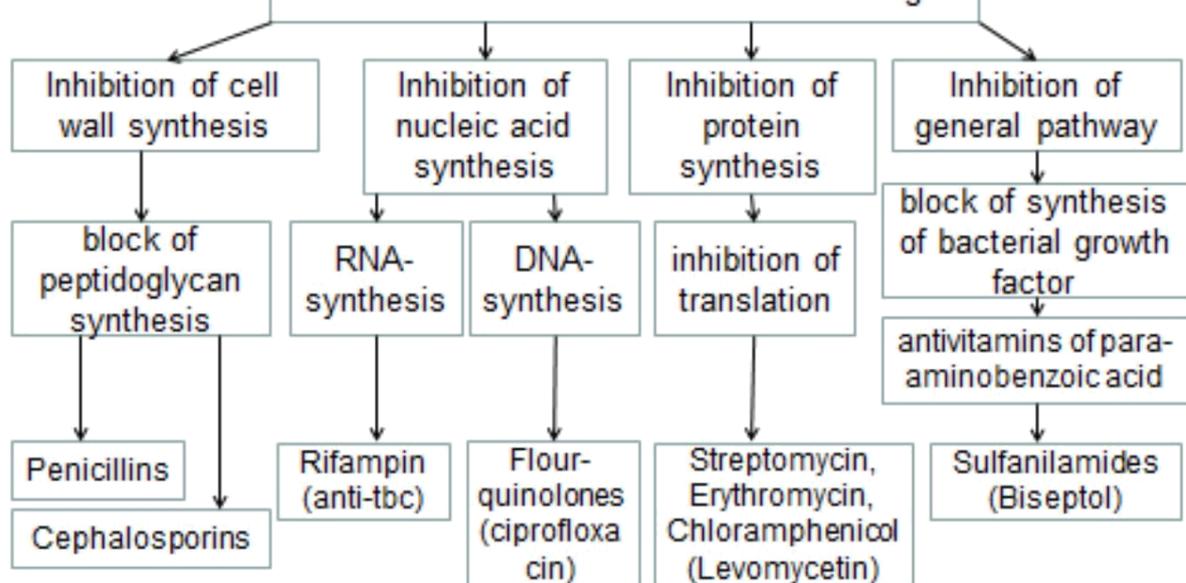




Antimicrobial therapy



Mechanism of action of antimicrobial drugs



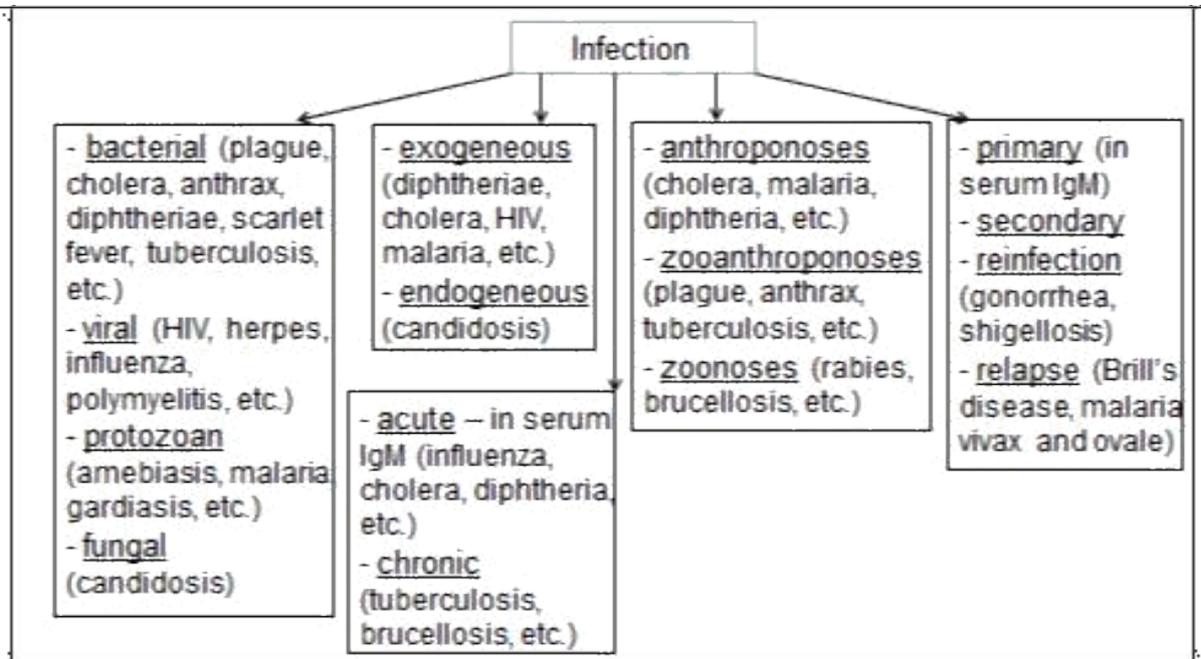
Side effects of antibacterial drugs

- GIT disorders (pain, watery stool) – for correction eubiotics, probiotics
- Allergic reactions [mainly penicillins]
- Endotoxic shock [Levomycesin, bacteriocidal antibiotics]
- Syndrome of "grey newborn" [Levomycesin]
- Yellowish brown teeth [Tetracycline, Doxycycline – also avoid long stay in the sun]
- Hearing impairment, vestibular disorders [aminoglycosides]
- Hearing deterioration [Streptomycin]
- Visual (optic) nerve neuritis, polyneuritis, memory impairment [Isoniazid]
- Red tears and urine [Rifampin]

Contraindications

- ✓ in anemia – Levomycesin
- ✓ for children - ciprofloxacin

Infection



FOR NOTES

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