



BRAINWARE UNIVERSITY

Term End Examination 2022
Programme – B.Sc.(PA)-2019/B.Sc.(PA)-2020
Course Name – Pulmonology
Course Code - BPA502
(Semester V)

Full Marks : 60

Time : 2:30 Hours

[The figure in the margin indicates full marks. Candidates are required to give their answers in their own words as far as practicable.]

Group-A

(Multiple Choice Type Question)

1 x 15=15

1. Choose the correct alternative from the following :

- (i) Once daily used LABA are all except
- | | |
|----------------|---------------|
| a) Indacaterol | b) Oladaterol |
| c) Vilanterol | d) Albuterol |
- (ii) Which of the following doesn't belong to controller therapy of asthma?
- | | |
|--------------------|-------------------|
| a) LABA | b) ICS |
| c) Cromolyn Sodium | d) Antileukoprine |
- (iii) All of the following features are seen in viral pneumonia except?
- | | |
|---|--------------------------------------|
| a) Presence of intestinal inflammation | b) predominance of alveolar exudates |
| c) Multi nuclear giant cells in bronchioal wall | d) None of these |
- (iv) In COPD Management most important intervention is
- | | |
|----------------------|---------------|
| a) Smoking cessation | b) Oxygen |
| c) Bronchodilators | d) Bullectomy |
- (v) Cavitory lesions in lung are seen
- | | |
|-----------------------------------|------------------------------|
| a) Primary pulmonary tuberculosis | b) Staphylococcal pneumonia |
| c) Pneumoconiosis | d) Interstitial lung disease |
- (vi) All of the following are true about type I respiratory failure except
- | | |
|-------------------------------|--------------------------------|
| a) Decreased PaO ₂ | b) Decreased PaCO ₂ |
| c) Normal PaCO ₂ | d) Normal A-a gradient |
- (vii) Type 2 Respiratory failure best relates to which of the following
- | | |
|---|----------------------|
| a) Alveolar hypoventilation | b) Alveolar flooding |
| c) Hypoperfusion of respiratory muscles | d) Lung atelectasis |
- (viii) RV is minimum in which of the following
- | | |
|-----------------------|----------------------|
| a) Pulmonary fibrosis | b) Myasthenia gravis |
| c) Acute asthma | d) Severe emphysema |
- (ix) The diffusion capacity of lung (DLCO) is decreased in all of the following conditions except:
- | | |
|------------------------------|-----------------------------------|
| a) Interstitial lung disease | b) Good pasture's syndrome |
| c) Emphysema | d) Primary pulmonary hypertension |

- (x) Which of the following is not a feature of COPD
- | | |
|----------------------|------------------------|
| a) Expiratory Wheeze | b) Clubbing |
| c) Hypercapnia | d) Right heart failure |
- (xi) Extensive pleural thickening and calcification especially involving the diaphragmatic pleura are classical features of
- | | |
|---------------------------------|---------------|
| a) Coal worker's pneumoconiosis | b) Asbestosis |
| c) Silicosis | d) Siderosis |
- (xii) Investigation of choice for detection and characterization of interstitial lung disease is
- | | |
|----------------------------|-------------------------------|
| a) MRI | b) Chest X ray |
| c) High resolution CT scan | d) Ventilation perfusion scan |
- (xiii) Acute shortness of breath is usually associated with
- | | |
|--------------------------|-----------------------|
| a) Myocardial infarction | b) Pulmonary embolism |
| c) Pneumothorax | d) All of these |
- (xiv) All the following are commoner in post primary TB compared to primary TB except
- | | |
|-----------------------|----------------------|
| a) Cavities | b) Hilar lymph nodes |
| c) Upper lobe disease | d) Plural effusion |
- (xv) Which of the following is true for exudative pleural effusions
- | | |
|---|---------------------------------------|
| a) Pleural fluid protein/ serum protein > 0.5 | b) Pleural fluid LDH/ Serum LDH > 0.6 |
| c) Pleural fluid LDH > two third normal upper limit for serum | d) All of these |

Group-B

(Short Answer Type Questions)

3 x 5=15

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|--|-----|
| 2. Explain Allergic Rhinitis with Clinical features and management | (3) |
| 3. Write Short Note on the Chronic Complications of Pulmonary TB | (3) |
| 4. Editorialize Causes of Haemoptysis | (3) |
| 5. Assemble the Clinical features of COPD and its investigation | (3) |
| 6. Apply your Management Skills to Save a Patient of Pneumothorax | (3) |

OR

- | | |
|--|-----|
| Advertise on the diagnostic tool of TB | (3) |
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Group-C

(Long Answer Type Questions)

5 x 6=30

- | | |
|---|-----|
| 7. Classify Pneumonia and focus on each type management skill | (5) |
| 8. Construct a note on management Of The Pneumothorax | (5) |
| 9. Enlist some organisms causing community acquired Pneumonia | (5) |
| 10. Reframe on the chronic complications of pulmonary TB and Enlist those cause | (5) |
| 11. A patient aged 62 years male came to your OPD, with BP-140/92 mm of hg, SPO2 -88% [RA], with breathlessness . Focus on How will you manage that case? PATIENT IS asthmatic on treatment | (5) |
| 12. Enumerate the factors predisposing to hospital Acquired pneumonia | (5) |

OR

- | | |
|--|-----|
| Recall the major adverse reaction of the first line antitubercular Drugs | (5) |
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