## Government Medical Collage,Surat Preliminary Examination, December-2016 Biochemistry paper – II Duration : 3 hours Maximum Mark: 50

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|---|--|--|
| Sec   | tion I   |  |
| Q: 1 Short Notes ( 2 out of 3)  | (08 Marks)   |  |
| 1. Post-transcription modification.   |  |  |
| 2. Explain Type of Protein Structure.   |  |  |
| 3. Types , Causes and differentiation of Jaundice by serum and urine examination.   |  |  |
| Q: 2 Write in Brief ( 4 out of 6)   | (12 Marks)   |  |
| 1. Primary & Secondary cause of Hyperuricemia (Gout)  |  |  |
| <ol> <li>Biochemical explanation of Albinism &amp; Alkaptonuria</li> </ol>  |  |  |
| 3. Enzyme Inhibition  |  |  |
| 4. Molecular basis of Sickle cell anaemia   |  |  |
| 5. Genetic codon  |  |  |
| 6. Diagnostic importance of isoenzyme   |  |  |
| Q: 3 Write answer in few line (5 out of 6)  | (05 Marks)   |  |
| 1. Type of RNA  |  |  |
| 2. Name the enzyme of the DNA replication   |  |  |
| 3. Type of Haemoglobin  |  |  |
| 4. Zwitter ions   |  |  |
| 5. Orlistat (pancreatic and hepatic lipase inhibitor) is use  | as Anti-Obesity agent.   |  |
| 6. Semi-essential amino acid  |  |  |
| Sect  | ion II   |  |
| Q:4 Read Following Case & Answer the Question   | (10 Marks)   |  |
| -   | onciuosness & haemetemesis . He was suffering from chronic       |  |
| cirrhotic liver disease due to chronic alcoholism. On examinatio  |  |  |
| collection in peritoneal cavity (Ascites), yellowish discolouration   | of skin & sclera (icterus). On blood investigation following was |  |
| found.  |  |  |
| Blood Glucose : 50 mg %   | APTT – Test : 60 second,   |  |
| Serum Protein : 5.5 gm %  | APTT – Control : 30 second                                       |  |
| Serm Albumin : 2.0 gm %   | APTT – INR : 2   |  |
| Serum Total Billirubin : 20 mg%   |  |  |
| Physician advise to give Following treatment  | 10% Albumin  |  |
| 10% Dextrose with Thiamine (Vit-B1)<br>Vitamin K  |  |  |
| Questions:  | Oral Neomycin ( Antibiotic)                                      |  |
| 1. Explain biochemical reason for edema & ascites in thi  | s natient  |  |
| <ol> <li>Explain biochemical reason for Haemetemesis in this</li> </ol>   |  |  |
| 3. Why dextrose plus thiamine is given to this patient?   |  |  |
| 4. How Oral Neomycin (Anti-microbial, Antibiotic) reduc   | e risk of cerebral encephalopathy?                               |  |
| 5. What is role of Vitamin K in this case?  |  |  |
|   |  |  |
| Q:5 Write a justification in 2-3 lines (5 out of 7)   | (10 Marks)   |  |
| 1. Mutations are not always harmful.  |  |  |
| 2. Blue fluoroscent light is useful in treatment of neonat  |  |  |
| <ol> <li>Increase level of Homocysteine increase risk of athere</li> <li>Tolomorose inhibitors can be use in treatment of mali</li> </ol> |  |  |
| <ol> <li>Telomerase inhibitors can be use in treatment of mali</li> <li>"CK-MB is more significant marker than LDH &amp; S.GOT</li> </ol> |  |  |
| <ol> <li>Witamin C deficiency cause Scurvey" Explain it.</li> </ol>   |  |  |
| Q:6 Write answer in few line (5 out of 6)   | (05 Marks)   |  |
| 1. Co-Enzyme  | (00 (101/10)   |  |
| 2. Micelle  |  |  |
| 3. Effect of Temperature on enzyme actitvity  |  |  |
| 4. Source of Vitamin B12  |  |  |
| 5. Bile salts are detected in the urine, in case of obstruct  | ed jaundice  |  |
| 6 Type of Mutation  |  |  |

6. Type of Mutation