April-2001

[KD 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours **Maximum : 100 marks**

Answer ALL questions

1 Discuss leuko–depleted blood products (20)

2 Discuss management of indolent lymphomas (20)

3. Discuss emerging role of haematologist in patients with "Venous thrombosis". (20)

4 Write short notes on : (4 × 10 = 40)

(a) Hb–E disorders

(b) Gallium scan

(c) SQUID

(d) Castleman's disease

March-2002

[KG 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. Discuss immune–haemolytic disease of new–born. (20)

2. Give an account of extranodal lymphomas. (20)

3. Discuss recent advances and controversies in management of sickle cell disease. (20)

4. Write short notes on : (4 × 10 = 40)

(a) Hb–Dpunjab

(b) PET scan

(c) Oseoporosis in thalassaemia major

(d) ADCC (Antibody dependent cell–mediated cytotoxicity)

September-2002

[KH 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. Planning management and treatment of solitary bone plasmacytoma. (20)

2. Allogeneic bone marrow transplantation versus autologous bone marrow transplantation in management of acute myeloid leukaemia in children. (20)

3. Prognostication and management of aplastic anaemia. (20)

4. Write short notes on : (4 × 10 = 40)

(a) Significance of minimal residual disease determination in management of acute leukaemias.

(b) Liposomal transretinoic acid in management of acute promyelocytic leukaemia.

(c) Cord blood stem cell transplantation.

(d) Haemophagocytic syndrome.

[KK 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

A. Essay questions : (2 × 15 = 30)

(1) Discuss the interactions between inflammation and coagulation in DIC. How would you evaluate and manage a patient with DIC today?

(2) Discuss the molecular pathology of acute promyelocytic leukemia and illustrate how this has influenced the diagnosis, management and monitoring of this disease.

B. Short notes : (10 × 5 = 50)

(1) Variant CJD and blood transfusion

(2) Diagnosis of PNH

(3) Recombinant activated factor VII (Novoseven)

(4) Treatment of HITT

(5) Proteasome inhibitors

(6) Markers used to evaluate a patient with atypical lymphocytes in blood

(7) Familial hemophagocytic lymphohistiocytosis

(8) Techniques to eliminate bacterial contamination of blood products

(9) Stem cell transplantation for osteopetrosis

(10) Use of hydroxyurea in Sickle Cell disease.

[KM 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay Questions : (2 × 15 = 30)

(1) Discuss prognostic factors and the current trends in treating CLL.

(2) Outline the pathophysiology, diagnosis and treatment of Aplastic Anemia.

II. Short notes : (10 × 5 = 50)

(a) Chronic GVHD.

(b) Platelet transfusion.

(c) Febrile neutropenia.

(d) Indications for antifrinolytic therapy.

(e) Monitoring of anticoagulant therapy in APLA syndrome.

(f) Anaplastic large cell lymphoma/splenic marginal zone lymphoma.

(g) Thrombocytopenia in Pregnancy.

(h) Management of Factor VIII inhibitor.

(i) Thalidomide.

(j) Complications of ATRA (All–Trans Retinoic Acid).

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[KO 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay questions : (2 × 15 = 30)

(1) Discuss proteasome inhibitors in multiple myeloma.

(2) Discuss apoptosis in myelodysplastic syndrome and acute leukemia.

II. Short notes : (10 × 5 = 50)

(a) AML – M_7.

(b) Familial HUS.

(c) Hb H disease.

(d) DIC — Scoring system for diagnosis of DIC.

(e) Infant Leukemea.

(f) Veno occlusive disease.

(g) Role of colony stimulating factors.

(h) Follicular lymphoma.

(i) Catastrophic antiphospholipid syndrome.

(j) Bone marrow granulomas.

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[KP 066] **Sub. Code : 1403**

D.M. DEGREE EXAMINATION.

(Higher Specialities)

(Revised Regulations)

Branch X — Clinical Haematology

Paper III — CLINICAL HAEMATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay :

1. Discuss use of monoclonal antibodies for treatment of haematological malignancies. (20)

2. Role of apheresis (cell and plasma) in management of Haematological disorders. (15)

3. How will you manage acute bleeding in a patient with severe haemophilia A who has developed inhibitor to factor VIII? (15)

II. Short notes : (6 × 5 = 30)

(a) Intravenous immunoglobulin for haematological disorders.

(b) Bisphosphonates for haematological disorders

(c) Unstable Haemoglobin disease

(d) Infection associated haemophagocytosis

(e) Refractoriness to platelet transfusion

(f) Sideroblastic anaemia

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August 2008

[KT 066] **Sub. Code: 1403**

D.M. DEGREE EXAMINATION

(Higher Specialities)

Branch X – Clinical Haematology

(Revised Regulations)

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three hours **Maximum: 100 Marks**

Answer ALL questions

Draw suitable diagrams wherever necessary.

I. Essays: **2 x 20 = 40**

1. What are the options in managing in a recently diagnosis BCR-Abl positive CML in a 25 yrs old male executive. The disease is in chronic phase and the patient has all the finance available for any kind of treatment.
2. How will you investigate and manage a female patient with warm antibody auto-immune haemolytic anaemia.

II. Write short notes on: **10 x 6 = 60**

1. Leucocyte adhesion deficieny.
2. Juvenile chronic myeloid leukaemia.
3. Diagnosis of TTP and its differeniation from HUS.
4. Monoclonal gammopathy of unknown origin.
5. Parvovirus B19 associated marrow aplasia.
6. Use of bisphosphonates in haematological disorder.
7. How will you give prognosis in a case of multiple myeloma.
8. Non immunological hydrops.
9. Chronic synovitis in server haemophilic.
10. MLL gene translocation in haemoto oncology.

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August 2009

[KV 066] **Sub. Code: 1403**

D.M. DEGREE EXAMINATION

(Super Specialities)

Branch X – Clinical Haematology

(Revised Regulations)

Paper III – CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: Three hours **Maximum: 100 Marks**

Answer ALL questions

Draw suitable diagrams wherever necessary.

I. Essays: **2 x 20 = 40**

1. Describe the diagnosis and management of Waldenstroms macroglobulinemia.
2. Neonatal thrombocytopenia.

II. Write short notes on: **10 x 6 = 60**

1. Management of transfusion overload.
2. Prothrombin deficiency.
3. Novel therapies for sickle cell disease.
4. Diagnosis of polycythemia vera.
5. Low molecular weight heparin.
6. Drug therapy for MDS.
7. Long term complications of stem cell transplant.
8. Anemia of chronic renal failure.
9. Prognostic markers in CLL.
10. L asparginase.

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August 2011

[KZ 066] **Sub. Code: 1403**

DOCTORATE OF MEDICINE (D.M.) DEGREE EXAMINATION (SUPER SPECIALITIES)

BRANCH X – CLINICAL HAEMATOLOGY

CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time : 3 hours (180 Min) **Maximum : 100 marks**

Answer ALL questions in the same order.

I. Elaborate on :	**Pages (Max.)**	**Time (Max.)**	**Marks (Max.)**
1. Discuss the diagnosis, management and prevention of sickle cell disease.	11	35	15
2. A 10-year old child has a WBC count of 50,000/cu mm is suspected to have acute lymphoblastic leukemia. How will you confirm this diagnosis? What are the prognostic markers? What are the principles of management?	11	35	15
II. Write notes on :			
1. Anemia in the neonate.	4	10	7
2. Graft versus host disease.	4	10	7
3. Platelet allo-immunization.	4	10	7
4. Hemorrhagic disease of the newborn.	4	10	7
5. Management of fixed flexion deformities of joints in Hemophilia.	4	10	7
6. Bernard Soulier syndrome.	4	10	7
7. Management of auto immune hemolytic anemia.	4	10	7
8. Management of amyloidosis.	4	10	7
9. Sezary syndrome.	4	10	7
10. Eltrombopag.	4	10	7

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[LB 066] **AUGUST 2012** **Sub. Code: 1403**

D.M – CLINICAL HAEMATOLOGY

Paper – III CLINICAL HAEMATOLOGY

Q.P. Code: 161403

Time: 3 hours **Maximum: 100 marks**

(180 Min) Answer ALL questions in the same order.

I. Elaborate on:	**Pages (Max.)**	**Time (Max.)**	**Marks (Max.)**
1. Describe the pathophysiology, clinical manifestations and management of a patient with Paroxysmal Nocturnal Hemoglobinuria (PNH).	16	35	15
2. Describe the role of platelets in the formation of a hemostatic plug and discuss the classification and diagnosis of congenital platelet disorders.	16	35	15
II. Write Notes on:			
1. Non-Transferrin Bound Iron (NTBI).	4	10	7
2. Pernicious anemia.	4	10	7
3. Clinical manifestations of G6PD deficiency.	4	10	7
4. Lenalidomide in MDS.	4	10	7
5. T regulatory cells.	4	10	7
6. MLL gene rearrangements in Acute Lymphoblastic Leukemia.	4	10	7
7. Treatment options for a patient with relapsed diffuse large B cell lymphoma.	4	10	7
8. Dasatinib.	4	10	7
9. Chronic Myelomonocytic Leukemia.	4	10	7
10. Diagnosis of hairy cell leukemia.	4	10	7

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(LD 066) **AUGUST 2013** **Sub. Code:1403**

D.M. – CLINICAL HAEMATOLOGY
Paper – III CLINICAL HAEMATOLOGY
Q.P.Code: 161403

Time: Three Hours **Maximum: 100 marks**

I. Elaborate on: **(2X15=30)**

1. Describe how inhibitors form in severe haemophilia, the laboratory detection of inhibitors and the detailed management strategies in a patient with haemophilia and inhibitors.
2. Describe the pathophysiology, clinical findings, laboratory evaluation and management of cold agglutinin disease.

II. Write notes on: **(10X7=70)**

1. Diagnosis of fungal infection in neutropenic patients.
2. Hyperviscosity.
3. Prenatal diagnosis in haematological diseases.
4. Thrombocytopenia in pregnancy.
5. Risk stratification in CLL.
6. Factor V deficiency.
7. Severe combined immunodeficiency.
8. Donor lymphocyte infusion.
9. Purpura fulminans.
10. CMV infection.

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[LF 066] **AUGUST 2014** **Sub. Code: 1403**

D.M. – CLINICAL HAEMATOLOGY

Paper III – CLINICAL HAEMATOLOGY

Q. P. Code: 161403

Time: Three Hours **Maximum: 100 Marks**

Answer ALL questions in the same order.

I. Elaborate on: **(2 x 15 = 30)**

1. Discuss the current diagnostic criteria and risk stratification in the management of bcr-abl negative myeloproliferative neoplasms.

2. Discuss the diagnosis, evaluation and management of a patient with deep vein thrombosis.

II. Write notes on: **(10 x 7 = 70)**

1. Ruxolitinib.
2. Thalidomide in haematology.
3. Discuss the management of blast crisis in CML.
4. Write a short note on relevance of BRAF mutations.
5. Management of anemia in patients with chronic renal failure.
6. Discuss role of Eltrombopag in the management of idiopathic thrombocytopenia.
7. Discuss in brief the current strategies to risk stratify acute myeloid leukemia.
8. Discuss in brief the currently used iron chelators and their relative advantages and disadvantages.
9. Omacetaxine.
10. Newer oral anticoagulants.

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