		7	
Reg. No.	The second secon		

MANIPAL UNIVERSITY

MBBS PHASE I STAGE I DEGREE EXAMINATION - MARCH 2015

SUBJECT: BIOCHEMISTRY – I (ESSAY)

Saturday, March 07, 2015

Time: 09:00 - 11:00 Hrs.

Max. Marks: 60

1. Explain in detail the steps of activation, transport and oxidation of fatty acids in the mitochondria.

(7 marks)

2. Write in detail the reactions that produce NADPH in erythrocytes and discuss its role in erythrocytes with suitable biochemical reactions.

(5 marks)

- 3. Write short notes on the following:
- 3A. Absorption, transport and storage of iron
- 3B. Substrate level phosphorylation with two examples

(4+3 = 7 marks)

- 4. Fifty year old Rajesh visited the medicine OPD for his routine health checkup. Doctor advised him to carry out few blood investigations. Reports revealed that he had markedly elevated levels of a lipid in his serum. He was advised to take statin drugs on a regular basis.
- 4A. Name the lipid elevated in the blood in Rajesh.
- 4B. Write in detail the reaction inhibited by statin drugs.
- 4C. With the help of a suitable graph, describe the characteristic features of the type of enzyme inhibition as exhibited by this drug.

 $(\frac{1}{2}+1+4\frac{1}{2}=6 \text{ marks})$

5. Describe the actions of proteolytic enzymes in the small intestine.

(5 marks)

6. Write the reactions of alcohol metabolism and give the biochemical basis for fasting hypoglycemia seen during alcohol intoxication.

(5 marks)

7. Write the Henderson-Hasselbalch equation for bicarbonate buffer. Give the diagrammatic representations of the process of bicarbonate generation in distal tubular cells of kidney using two suitable buffers.

(7 marks)

8. Diagrammatically represent the steps of thyroid hormone synthesis in detail.

(6 marks)

- An unusually fair child was brought to the hospital with the complaints of mental retardation.
 Laboratory investigations revealed abnormally high serum phenylalanine level and presence
 of phenylketones in urine in large amount.
- 9A. Identify the disorder in the above child.
- 9B. Explain in detail the biochemical basis for the various findings in the above child.

 $(\frac{1}{2} + 5\frac{1}{2} = 6 \text{ marks})$

10. Write short notes on:

- 10A. Point mutation with two suitable examples
- 10B. Post-transcriptional modifications of hnRNA

(3+3 = 6 marks)



	5				
Reg. No.					

MANIPAL UNIVERSITY

MBBS PHASE I STAGE I DEGREE EXAMINATION – MARCH 2015

SUBJECT: BIOCHEMISTRY - II (MCQs)

Saturday, March 07, 2015

Time: 11:30 – 12:30 Hrs.

Max. Marks: 120

INSTRUCTIONS

- 1. For each statement, select T (True) or F (False) as your choice.
- 2. Indicate your choice by darkening the appropriate circle in the answer sheet provided.
- 3. Use only HB or 2B pencils to darken the circle.
- 4. Leave blank for Don't Know response.
- 5. Scoring systems is as follows:

For every Correct response

1 mark is awarded

For every Wrong response

0.5 mark is deducted

For every Don't Know response

No mark is deducted

- 6. Indicate your roll number (Registration Number) clearly and correctly.
- 7. Do not write anything in the question paper.
- 8. The true/false statements are numbered 101 to 160 and 201 to 260 (Total 120 statements).
- 9. This question paper contains **04 pages**. Please make sure that the question paper provided to you has all the pages.

D-Galactose and D-Glucose are

- 101. Enantiomers
- 102. C-4 epimers
- 103. Reducing sugars
- 104. Linked by α1→6 glycosidic linkage in lactose
- 105. Aldohexoses

The fatty acid 18:2:9,12

- 106. Is non-essential
- 107. Is arachidonic acid
- 108. Contains two double bonds
- 109. Contains twelve carbon atoms
- 110. Is a precursor for prostaglandins

Regarding serum protein electrophoresis

- 111. Albumin migrates towards the cathode
- 112. Fibrinogen band appears near the origin
- 113. Immunoglobulins form a diffuse band at the origin
- 114. β - γ bridging is seen in multiple myeloma
- 115. Albumin band appears thinner than normal in nephrotic syndrome

The pyruvate dehydrogenase complex

- 116. Requires thiamine pyrophosphate
- 117. Converts pyruvate to acetyl CoA
- 118. Catalyses a reversible reaction
- 119. Has pyruvate carboxylase as one of its components
- 120. Is inhibited by acetyl CoA

Following pairs correctly match the amino acids with the nature of their side chain

- 121. Alanine: branched chain
- 122. Serine: acidic
- 123. Tryptophan: aromatic
- 124. Lysine: basic
- 125. Glutamine: imino

In the electron transport chain

- 126. NADH donates a pair of electrons to complex I
- 127. CoQ is a part of complex II
- 128. Oligomycin helps in the entry of protons into the mitochondrial matrix
- 129. 2,4-dinitrophenol uncouples electron transport from ATP synthesis
- 130. Complex IV is inhibited by cyanide

Glucose 6- phosphate dehydrogenase

131. Is a mitochondrial enzyme

- 132. Is induced by insulin
- 133. Produces ribulose 5-phosphate
- 134. Provides NADPH for phagocytosis
- 135. Deficiency causes hemolytic anemia

Among apolipoproteins

- 136. Apo E is the activator of ACAT
- 137. Apo AI is the activator of LCAT
- 138. Apo B-48 is a component of chylomicrons
- 139. Apo E is required for the binding of chylomicron remnants to hepatic receptors
- 140. Apo C-II is donated to nascent VLDL by circulating HDL

HMG CoA

- 141. Is an intermediate in ketogenesis
- 142. Synthesis requires acetyl CoA
- 143. Synthesis needs NADPH
- 144. Reductase is active in its phosphorylated form

Regarding gluconeogenesis

- 145. It maintains blood glucose level during prolonged fasting
- 146. Conversion of fructose to glucose is gluconeogenesis
- 147. Acetyl CoA is a precursor
- 148. Fructose 2,6-bisphosphate activates the pathway
- 149. Fructose 1,6-bisphosphatase is a key enzyme

Obstructive jaundice is characterized by

- 150. Increased serum alkaline phosphatase
- Predominant increase in plasma unconjugated bilirubin
- 152. Prolonged prothrombin time
- 153. Positive Hay's test
- 154. Clay colored stools

Following pairs correctly match disorders of lipoprotein metabolism with their defects

- 155. Familial type I hyperlipoproteinemia : LDL receptor defect
- 156. Familial hypercholesterolemia: Lipoprotein lipase deficiency
- 157. Wolman's disease: Deficiency of cholesterol ester hydrolase
- 158. Abetalipoproteinemia: Defective loading of apo B with lipids
- 159. Familial type III hyperlipoproteinemia: Abnormality in apo E

Basal metabolic rate

- 160. Represents the energy spent for skeletal muscle contraction
- 201. Increases with age after puberty
- 202. Decreases in fever
- 203. Increases in hyperthyroidism
- 204. Is proportional to body surface area

Regarding lipases

- 205. Lingual lipase is active in the stomach
- 206. Pancreatic lipase hydrolyzes TAG to 2-MAG
- 207. Lipoprotein lipase is induced by insulin
- 208. Proenzyme form of phospholipase A₂ is activated by trypsin
- 209. Hormone sensitive lipase converts phospholipids to lysophospholipids

Diabetic ketoacidosis is characterized by

- 210. Positive Benedict's test
- 211. Negative result for Rothera's test
- 212. Blood pH more than 7.35
- 213. Serum bicarbonate less than 22 mEq/L
- 214. Fruity odour in the breath

Cortisol

- 215. Increases the delivery of amino acids from peripheral tissues to the liver
- 216. Induces the key enzymes of gluconeogenesis
- 217. Promotes lipolysis
- 218. Increases glycogenesis in the liver
- 219. Has a protein anabolic effect

Regarding the calcium-phosphatidylinositol second messenger system

- 220. Binding of the hormone to its receptor activates phospholipase C
- 221. Phosphatidylinositol is converted to inositol trisphosphate and diacylglycerol
- 222. Diacylglycerol opens calcium channels in the endoplasmic reticulum
- 223. Inositol trisphosphate activates protein kinase C
- 224. Glucagon acts through this system

Regarding glycogenolysis

- 225. It begins at the non-reducing end of glycogen
- 226. The major end product in liver is glucose
- 227. The major end product in muscle is glucose 6-phosphate

- 228. Glycogen phosphorylase breaks the α (1 \rightarrow 6) linkages
- 229. Regulation in the muscle is brought about by glucagon

Collagen

- 230. Synthesis requires copper
- 231. Synthesis is defective in Ehler Danlos syndrome
- 232. Is rich in cysteine
- 233. Type IV is present in the basement membrane
- 234. Synthesis takes place in cytosol

Enzyme defects that lead to gout include

- 235. HGPRTase
- 236. Glucose 6-phosphatase
- 237. PRPP synthetase
- 238. Adenosine deaminase

Urea synthesis

- 239. Takes place in the kidney
- 240. Requires aspartate
- 241. Requires ATP
- 242. Is regulated at the reaction catalyzed by argininosuccinate synthetase
- 243. Is increased in citrullinemia

In the brain

- 244. A major portion of glucose is utilized via uronic acid pathwa
- 245. Glucose is used for the synthesis of fatty acids
- 246. Hexokinase has a lower Km than the hexokinase of liver
- 247. Glucose entry is insulin dependent except in the satiety centre
- 248. Ketone bodies act as a fuel during prolonged starvation

Regarding translation

- 249. Initiation is facilitated at the Shine-Dalgarno sequence in prokaryotes
- 250. AUG is a termination codon
- 251. The first amino acid to be added is glycine in eukaryotes
- 252. Tetracyclines inhibit termination of translation
- 253. Release factors cause release of mRNA from DNA
- 254. Translocation process involves movement of ribosome on mRNA in 5'→3' direction

During DNA replication

- 255. Template strand is read in the 5' to 3' direction
- 256. DNA ligase relaxes supercoils
- 257. Leading strand is synthesized in the direction of the replication fork
- 258. RNA primer is synthesized by DNA polymerase I
- 259. DNA polymerase III has 5' to 3' exonuclease action
- 260. SSB proteins help in rewinding of parent DNA duplex

