1. Which of the following statements about hepatitis C after liver transplantation is/are FALSE?

1. Hepatitis C virus is the major cause of post-transplant hepatitis.
2. Interferon- α clears viral ribonucleic acid in approximately 60% of patients treated.
3. The most common histologic lesion is mild inflammation.
4. Patients infected with genotype 1-B have a worse outcome.
5. Hepatitis C viral titers increase markedly after liver transplantation.

2. Which of the following statements regarding nonhepatic complications of liver transplantation is FALSE?

1. The average gain in the body weight after transplantation is 10% at 10 months.
2. Immunosuppression after liver transplantation may increase the frequency of hyperlipidemia, diabetes, and hypertension.
3. Hemolytic anemia is more common after transplantation from an ABO-incompatible donor.
4. Graft-versus-host disease after transplantation may produce diarrhea.
5. Pleural effusions are usually clinically insignificant.

3. The following statements regarding the treatment of hepatitis C with interferon- α are TRUE, except:

1. Liver disease may be exacerbated in patients with autoimmune features.
2. Patients with advanced disease are less likely to respond.
3. Interferon is not contraindicated in post-transplant recurrence.
4. Higher titers of hepatitis C viral ribonucleic acid predict greater likelihood of a sustained response.
5. Viral genotype is a determinant of clinical response.

4. Common complications of the treatment with cyclosporine and tacrolimus include all the following EXCEPT:

1. Renal failure.
2. Hypotension.
3. Gingival hyperplasia.
4. Hyperlipidemia.
5. Central nervous system toxicity.

5. A 16-year-old male presented with history of abdominal distension for 1 month. On examination, he has mild icterus and had ascites with splenomegaly. The investigations revealed a serum bilirubin of 4 mg/dL with indirect fraction of 3.2 mg/dL, AST 84 IU/L, ALT 36 IU/L, serum albumin 2 g/dL,

INR 2, and a partially formed KF ring in the cornea. All are TRUE except:

1. Coombs negative hemolytic anemia may be present.
2. Upper gastrointestinal endoscopy will not reveal any esophageal varices.
3. It is also important to screen for family members for the disease.
4. Twenty-four hours urinary copper excretion is a very sensitive test for confirming the diagnosis.
5. The patient need not be listed for liver transplantation.

6. Serum α -feto protein levels may be raised in all the following EXCEPT:

1. Asymptomatic hepatitis B virus carrier.
2. Children with tyrosinemia without presence of hepatocellular carcinoma.
3. Large hepatocellular carcinoma with bony metastasis.
4. Reactivation of chronic hepatitis B.
5. Intrahepatic cholangiocellular carcinoma.

7. Which of the following are usual laboratory features of alcoholic liver disease?

1. AST > ALT.
2. ALT levels usually < 300 IU/L.
3. ALT levels > 20 times upper limit of normal.
4. High γ -glutamyl transferase.
5. High α -feto protein levels.

8. All the following can be used for management of acute alcoholic hepatitis EXCEPT:

1. Ribavirin.
2. Enteral nutrition.
3. Prednisolone.
4. Pentoxifylline.
5. Telbivudine.

9. Which of the following about natural history of hepatitis B is NOT TRUE?

1. The immune-tolerant phase lasts for years to decades in perinatally transmitted hepatitis B.
2. During the immune-tolerant phase the HBV-DNA is very high and there is severe liver necro-inflammation on liver biopsy.
3. During the immune-clearance phase, the body mounts an immune response against infected hepatocytes leading to liver necro-inflammation.
4. After recovery from viremia, seroreversion never occurs.
5. In acute viral hepatitis acquired in adults, all these phases are telescoped in days to weeks.

10. Which of the following statements about the nutritional status in patients with chronic liver disease is/are TRUE?

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1. The prevalence of malnutrition in chronic liver disease may range from 20% to 80% depending on the methods used for the nutritional assessment.
2. The prevalence of malnutrition is not related to the severity of liver impairment.
3. Alcohol abuse may be a cause of malnutrition in these patients due to the replacement of nutrient foods with empty calories, or secondary to the conditions of maldigestion and malabsorption, induced by the reduction of the bile and pancreatic enzyme secretion.
4. A more pronounced loss of body fat has been described in men while women more frequently experience depletion in the lean body mass.
5. After liver transplantation, in fact dietary intake rapidly normalizes and fat mass is progressively regained while the recovery of muscle mass can be slower.

(Answers on page 219)