Quiz Questions on Anemia

Anemia, the commonest blood disorder still poorly understood, is prevalent from newborn, to adolescents, in pregnancy, and till menopause! A small quiz may give some answers.

- Q1. Which of the following is NOT a cause of microcytic anemia?
 - a. Thalassemia
 - b. Anemia of chronic disease
 - c. Iron deficiency anemia
 - d. Pancytopenia
 - e. Lead poisoning
- Q2. The lab reports for a patient with low mean cell volume show high serum ferritin and low total iron binding capacity. What is the most likely cause for this patient's anemia?
 - a. Fe deficiency
 - b. Anemia secondary to inflammation
 - c. Thalassemia
 - d. Hemoglobinopathy
- Q3. Fe is absorbed in the
 - a. Stomach
 - b. Duodenum
 - c. Jejunum
 - d. Ileum
- Q4. Where is most nonheme iron found in the body?
 - a. Bound to IF
 - b. Bound to transferrin
 - c. Free in plasma
 - d. Stored in liver
- Q5. Select the following that enhance Fe absorption (select all that apply)
 - a. Citric acid
 - b. Polyphenols (tea)
 - c. Phytate (bran)
 - d. Calcium
 - e. Ascorbic acid
- Q6. What is the most important test for Fe stores?
 - a. Serum iron
 - b. TIBC
 - c. Serum ferritin

- Q7. Which of the following is not an etiology of Fe deficiency anemia?
 - a. Chronic blood loss
 - b. Increased requirement
 - c. Infection
 - d. Malabsorption
 - e. Decreased intake
- Q8. TIBC increases in iron deficiency anemia because
 - a. Inflammatory response to deficiency
 - b. Compensation by other factors
 - c. Ability to absorb increases
- Q9. Pica, a clinical presentation for Fe deficiency anemia, is
 - a. Itchiness
 - b. ED
 - c. Desire to eat weird things
 - d. A small woodland creature
- Q10. Which lab investigations would you order if you suspect Fe deficiency anemia? (check all that apply)
 - a. CBC
 - b. Blood smear
 - c. Serum iron
 - d. Serum ferritin
 - e. TIBC
 - f. All of the above
- Q11. Where is beta-thalassemia most common? (check all that apply)
 - a. West Africa
 - b. Mediterranean
 - c. Arabian Peninsula
 - d. South East Asia
 - e. Canada
- Q12. What is the difference between beta-thalassemia major and beta-thalassemia minor?
 - a. Homozygous vs heterozygous
 - b. Acute vs chronic
 - c. Legal drinking age
- Q13. Heinz bodies are made of:
 - a. Excess gamma chains
 - b. Excess alpha chains
 - c. Excess beta chains
 - d. Excess ketchup

- Q14. Beta-thalassemia, unlike alpha-thalassemia, presents at approximately 6 months of age.
 - a. True
 - b. False
- Q15. Which would you expect to see on a blood smear for beta-thalassemia? (select all that apply)
 - a. Heinz bodies
 - b. Multinucleated neutrophils
 - c. Target cells
 - d. Hypochromic microcytic cells
 - e. Hyperchromic microcytic cells
- Q16. What is the treatment for beta-thalassemia minor?
 - a. Blood transfusions
 - b. Iron chelation
 - c. Bone marrow transplant
 - d. None of the above
- Q17. Decreased or stopped production of alpha-globin chains results in HbH (4 gamma chains together) and Hb Barts (4 beta chains together)
 - a. True
 - b. False
- Q18. On a CBC for alpha-thalassemia, you would see anemia and reticulocytosis. On the blood smear, you would see Heinz bodies, hypochromic microcytic cells, and occasional target cells. Select the others that you would see increase:
 - a. LDH
 - b. Unconjugated bilirubin
 - c. Conjugated bilirubin
 - d. Urine urobilinogen
 - e. Urine hemosiderin

- Q19. Aplastic anemia can be acquired (more common) and inherited. What are some of the ways it can be acquired?
 - a. Postviral infection
 - b. Pregnancy
 - c. Ionizing radiation
 - d. Drugs and chemicals
 - e. Idiopathic
 - f. All of above
- Q20. Aside from the gradual onset signs of anemia, what other clinical presentations would you see with aplastic anemia?
 - a. Koilonychias, "spoon nails"
 - b. Associated thrombocytopenia, e.g., history of bleeding from the gums
 - c. Neutropenia, e.g., repeated bacterial infections
 - d. Purpura
 - e. Pica
- Q21. How would you diagnose aplastic anemia?
 - a. Blood smear
 - b. Bone marrow biopsy
 - c. Spleen biopsy
 - d. CBC
 - e. Liver biopsy
- Q22. Select treatment options for aplastic anemia
 - a. IV equine ATG
 - b. Bone marrow transplant
 - c. Splenectomy
 - d. Immune suppression



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Answers: 1(d), 2(b), 3(b), 4(b), 5(a, e), 6(c), 7(c), 8(c), 9(c), 10(f), 20(b, c, d), 12(b), 22(a, b, d, e), 13(b), 15(a, c, d), 16(a), 15(a, c, d), 18(a, b, d, e), 19(f), 20(b, c, d), 11(b), 22(a, b, d, e), 19(f), 20(f), 20(f), 21(b), 21(b), 22(a, b, d, e), 19(f), 20(f), 21(f), 21(f),

