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MULTIPLE CHOICE

1. Which of the following mechanisms plays an important role in acute inflammation?
   a. The release of histamine to increase vascular permeability
   b. The release of sodium to stabilize blood pressure
   c. The production of bradykinin to decrease pain
   d. The production of arachidonic acid to prevent blood loss

   ANS: A DIF: 2 REF: p. 26 OBJ: 16

2. What is the result of arteriole dilation?
   a. Anemia
   b. Hyperemia
   c. Vasoconstriction
   d. Hemorrhage

   ANS: B DIF: 2 REF: p. 24 OBJ: 3

3. Activation of which mediator of inflammation in circulating blood leads to formation of bradykinin?
   a. Bradykinin factor
   b. Histamine
   c. Complement membrane attack complex
   d. Hageman factor (coagulation factor XII)

   ANS: D DIF: 3 REF: p. 26 OBJ: 6

4. Aspirin functions as an antiinflammatory agent by inhibiting the production of which enzyme?
   a. Catalase
   b. Cyclooxygenase
   c. Peroxidase
   d. Phospholipase

   ANS: B DIF: 3 REF: p. 27 OBJ: 7

5. What is a characteristic feature of acute inflammation?
   a. It has a rapid onset but usually has a prolonged healing phase.
   b. It has a relatively slow onset, but healing occurs rapidly.
   c. It involves scar tissue.
   d. It involves the rapid migration of neutrophils (PMNs) to the site of inflammation.

   ANS: D DIF: 3 REF: p. 28 OBJ: 12

6. In which way is chronic inflammation different from acute inflammation?
   a. It has less involvement of fibroblasts but more involvement of neutrophils.
   b. It involves less tissue destruction resulting from an extended healing time.
   c. It involves greater tissue destruction resulting from an extended inflammatory

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period.
d. It is less likely to be characterized by *functio laesa,* or loss of function.

ANS: C DIF: 2 REF: p. 31 OBJ: 16

7. What might fibrinous inflammation be indicative of?
   a. Serous inflammation
   b. Greater blood vessel damage and vessel permeability
   c. The presence of liver disease
   d. Gangrene

ANS: B DIF: 3 REF: p. 33 OBJ: 15

8. What does the center of an abscess contain?
   a. Caseous necrosis
   b. Calcification
   c. Pus
   d. Eosinophils

ANS: C DIF: 1 REF: p. 33 OBJ: 15

9. Which of the following is characteristic of granulomatous inflammation?
   a. Fibrinoid necrosis
   b. Formation of keloid
   c. Accumulation of mast cells
   d. Accumulation T-lymphocytes and macrophages

ANS: D DIF: 2 REF: p. 35 OBJ: 14

10. Which of the following contributes to the delayed healing of a skin wound?
    a. Increased corticosteroid levels
    b. Increased testosterone levels
    c. Exposure to sunshine
    d. Surgical sutures

ANS: A DIF: 2 REF: p. 40 OBJ: 19

11. What is the term used to describe a hypertrophic scar?
    a. Granuloma
    b. Granulation tissue
    c. Proud flesh
    d. Keloid

ANS: D DIF: 1 REF: p. 40 OBJ: 13

12. A diabetic patient has a wound that is slow to heal. Why is this so?
    a. There is dysfunctional blood clotting.
    b. Microangiopathy leads to tissue ischemia.
    c. There is irregular vasomotor control.
    d. Leukopenia (low white blood cell count) is typical of people with diabetes.

ANS: B DIF: 3 REF: p. 40 OBJ: 13

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13. Which vitamin is known to prevent scurvy and promote wound healing?
    a. Vitamin A
    b. Vitamin B_6
    c. Vitamin B_{12}
    d. Vitamin C

    ANS: D DIF: 1 REF: p. 40 OBJ: 18

14. Under what circumstance will inflammation fail to occur?
    a. In surgical wounds
    b. In situations where the wound is small
    c. In gangrenous tissue
    d. In an infected wound

    ANS: C DIF: 3 REF: p. 22 OBJ: 12

15. What happens when prostaglandins are released by pyrogens in the hypothalamic thermoregulatory center?
    a. Swelling
    b. Pain
    c. Sweating
    d. Fever

    ANS: D DIF: 3 REF: p. 36 OBJ: 17

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