

Pathophysiology of cGvHD



- 1. Which immune cells are primarily responsible for initiating cGvHD?**
 - a) Donor T cells
 - b) Recipient B cells
 - c) Red blood cells
 - d) Platelets
- 2. What is a hallmark of cGvHD progression?**
 - a) Chronic inflammation and fibrosis
 - b) Acute bleeding episodes
 - c) Rapid tumor growth
 - d) Decreased immune response
- 3. Which of the following is NOT a mechanism of cGvHD pathogenesis?**
 - a) Loss of B cell tolerance
 - b) Increased fibrosis
 - c) Decreased inflammation
 - d) T cell dysregulation
- 4. Which of the following is a key characteristic of sclerotic cGvHD?**
 - a) Thickened, hardened skin
 - b) Acute rash
 - c) Increased platelet count
 - d) Reduced hemoglobin levels
- 5. True or False: Regulatory T cells (Tregs) are overactive in cGvHD.**
 - True
 - False
- 6. Which type of T cell plays a central role in driving cGvHD?**
 - a) Th17 cells
 - b) CD8+ cytotoxic T cells
 - c) Eosinophils
 - d) Mast cells

Answer Key

- 1. a - Explanation:** Donor T cells recognize the recipient's tissues as foreign, triggering inflammation and tissue damage.
- 2. a - Explanation:** Chronic inflammation and fibrosis (scarring) are key pathological features of cGvHD.
- 3. c - Explanation:** cGvHD is characterized by increased, not decreased, inflammation.
- 4. a - Explanation:** Sclerotic cGvHD leads to skin tightening and mobility issues due to fibrosis.
- 5. False - Explanation:** Tregs are reduced in cGvHD, leading to uncontrolled immune activation and damage.
- 6. a - Explanation:** Th17 cells promote inflammation and fibrosis in cGvHD, worsening disease severity.