



Department of Pathology  
Azra Naheed Medical College  
(MBBS. 4th Year)  
Test (GIT)  
(Pathology-Subjective Part)

14064

Time Allowed: 45 min

Total Marks: 24

Q.1 The colonoscopy of a 31 year old male suffering from attacks of bloody diarrhea and lower abdomen pain demonstrates ulcerations with pseudo polyps extending from rectum to splenic flexure.

ulcerative colitis  
1/a) What is the most strongly suggested diagnosis based on the given scenario? ulcerative colitis (1)

1/b) Tabulate features differentiating it from another disease of similar category. 799 (5)

Q.2 A 65 years old man presents with iron deficiency anemia and a history of fatigue, weakness, lower abdominal pain and changes in the bowel habits over the past one year. Colonoscopy revealed a mass with irregular margins and overlying ulceration and hemorrhage.

Adenocarcinoma of colon  
1/a) What is the most likely diagnosis? Adenocarcinoma of colon (1)

1/b) Give a diagrammatic illustration of the adenoma carcinoma sequence in the pathogenesis of this disease 811 811 (3)

1/c) Name TWO prognostic factors of this disease. Depth of invasion (2)  
Presence & Absence of Lymph node metastases

Q.3 a) How will you differentiate diffuse gastric CA from intestinal type? Slide (2.5) → slide

b) List factors associated with increased risk of gastric CA Becho Repeat (2.5)

c) Write down the name of the tumor marker for gastrointestinal stromal tumor (GIST) CD117, KIT, PDGFRA KIT, PDGFRA (1)

Tubular, Tubulovillous, Villous

Q4(a) Enumerate the various types of tubular adenomas of the colon. (3)

b) Write down the differences between sessile serrated adenoma and hyperplastic polyps. slides (3)

- HP
- 1 Left side of colon
- 2 No malignant potential
- 3 Benign epithelial proliferation
- 4 serrated architecture

- 1 Right side of colon
- 2 Having malignant potential
- 3 Benign
- 4 Intraepithelial neoplasia
- 5 serrated architecture is present