

Q 1b - Depth of invasion
 • Lymph nodes Metastasis



AZRA NAHF MEDICAL COLLEGE

GRAND TEST TOPIC **GIT, SALIVARY GLAND, ORAL CAVITY.**

SEQ TIME 48 min

DATE 12/1/17

1. Give a diagrammatic illustration of the adenoma carcinoma sequence of colorectal carcinoma? 1.5 → (P# 597) 811 → ① Depth of Invasion
- b- what are prognostic factors of carcinoma colon 1.5 ② Nodal Involvement.
- c- write down differences between right sided and left sided colon carcinoma. 2 → (598)
2. A 20 years old boy is diagnosed with adenomatous polyposis syndrome with 100 polyps. One of the polyp turns out to be adenomatous polyp. Tubular tubulovillous, villous
- a- what are the various types of adenomas of the colon. 1.5 → (592) 808
- b. Write down the differences between sessile serrated adenoma and hyperplastic polyps. 2 → (593)
- c. Name three other syndromes associated with colonic polyps 1.5. Peutz Jager sy. Gardner syndrome Turcot syndrome.
3. a) Enumerate 3 causes of bowel obstruction. 1.5 → (573) 751
- b). what is the basic pathology in Hirshsprung disease. 1 → (574) - achalasia, esophageal web
- c- Give morphology of ischemic colitis 1 → (575) 779 - GERD
- d- Write down risk factors of esophageal carcinoma. 1.5 → (P# 562) - alcoholism, Smoking, Barrett's esophagus
4. A 50 years old male presented with submandibular swelling. The swelling turns out to be a neoplasm
- a- What is the differential diagnosis, give classification. 2 (Pg# 556) Pleomorphic Adenoma, Warthin - Tumor. 744
- b- Write down morphology of the most common benign neoplasm. 1.5 → pleomorphic
- c- Give morphology of squamous cell carcinoma. 1. → (563)
5. A 30 year old female presented with recurrent episodes of bloody diarrhea with long standing symptom free interval. Sigmoidoscopy shows proctocolitis, with continuous involvement of mucosa and extending into splenic flexure.
- a- What is the diagnosis 1 → ulcerative Colitis.
- b- What are differentiating features of this lesion with similar kind of another lesion sharing same name of Inflammatory bowel disease. 3 → (587) Crohns disease 797
- c- What is pathogenesis of celiac disease. → (578) 782.

Pleomorphic Tumor
 Warthin tumor
 on coccytoner
 Dental Papilloma

Q6 How will you differentiate diffuse type of gastric carcinoma from intestinal type of carcinoma. 2 → (570) ~~772~~ morphology 772

b- Define early gastric carcinoma and advanced gastric carcinoma. 1 → (570)

Describe the role of H pylori in causing gastric pathologies. 2 → (566) 763

Q1c = Right Sidel

- Exophytic polypoidal lesion
- It causes iron deficiency Anemia, fatigue and weakness
- APC/pcatenin pathway

Left Side

- Nephkin ring constrictions causing the luminal narrowing
- Occult Bleeding, Cramps abdominal discomfort, lower left gastric pain
- Microsclerotic intestinal pathway.

Q2b - Hyperplastic polyps

- found in left colon
- Nodular protrusion of mucosa
- Benign
- Serrated Architecture restricted to upper third and last of the crypt

Q3c - Morphology

- Mucosa → hemorrhage, ulcerative
- Bowel wall is thickened
- Transmural Infarction
- Coagulative necrosis of Muscularis Propria
- Ischemia
- fibrous Scarring
- Structure formation.

Sessile serrated adenomas

- found in Right colon
- Lack of dysplasia.
- ~~Malignant~~ Malignant.
- Serrated Architecture restricted to the full the gland.

Q6

- Intestinal
- firm Bulky mass composed of glandular structure
- ~~Grows along~~ cohesive front
- Glands formed
- Apical Mucin vacuoles
- APC, FG, FB, RAX, CDKN2A Gene Mutation

Diffuse

- composed of signet ring cells.
- ~~Discohesive~~ cells
- Do not form glands
- large Mucin vacuoles
- CDH1 Gene Mutation



AZRA NAHEED MEDICAL COLLEGE

2017

GRAND TEST TOPIC **GIT, SALIVARY GLAND, ORAL CAVITY.**

TIME 35 min

Date 12/1/2017

1). A patient has had years of intermittent diarrhea and abdominal pain, but has never consulted a physician. Eventually he begins to pass fecal material in his urine and he seeks medical attention. Which one of the following diseases is most likely to cause this complication?

- a- Celiac disease
- b- Crohn's disease
- c- Diverticulitis
- d- Ulcerative colitis
- e- ischemic colitis

2. A 70 year old man presents with fatigue, weight loss, abdominal pain, and overt blood in stools. A complete blood count reveals anemia. A colonoscopy and colon biopsy reveal adenocarcinoma. Which one of the following is the most likely predisposing lesion that led to this condition?

- a- Familial Adenomatous polyposis syndrome
- b- Hyperplastic polyp
- c- Long standing ulcerative colitis
- d- Peutz-Jeghers polyp
- e- Tubular adenoma

3. A 57 year old woman with anemia is found to have a decreased Vitamin B12 level. Antibodies to intrinsic factor are identified. Levels of all other vitamins are within normal limits. Which of the following is most likely to be associated with this condition?

- a. Duodenal ulcer
- b. Ulcerative colitis
- c. Dietary Vit. B12 deficiency
- d. Atrophic gastritis
- e. Angiodysplasia

4). A 54 year old woman complains of burning pain in her epigastrium and vomiting a few days after she started taking medication for her rheumatoid arthritis. Which of the following forms of gastritis would most likely be found in this patient?

- a. Acute gastritis
- b. Chronic antral gastritis
- c. Chronic fundal gastritis

d. Hypertrophic gastritis

e. Lymphocytic gastritis

5). A patient develops anemia and weight loss and slight abdominal discomfort. On questioning, the patient is a known case of chronic gastritis. The lesion started with increased number of lymphocytes in the lamina propria with lymphoepithelial lesions. Which of the following type of malignancy is most strongly associated with this patient's condition?

a. Gastric lymphoma

b. Intestinal type of gastric adenocarcinoma

c. Diffuse type of gastric adenocarcinoma

d. Squamous type of oesophageal carcinoma

e. Adenocarcinoma of oesophagus

6). A 10 year old boy complains of intermittent abdominal pain. Endoscopy fails to demonstrate peptic ulcer or chronic gastritis. The clinician suspects that the patient may have a heterotopic rest of gastric mucosa that is producing enough acid to cause ulceration of adjacent mucosa. Which of the following is the most likely diagnosis?

a. Ectopic pancreatic tissue

b. Meckel's diverticulum

c. False diverticulum

d. Appendicitis

e. Cancer of the cecum

7). A 65 year old man presents to a physician because of a palpable mass immediately above the left clavicle. Biopsy of the mass demonstrates metastatic adenocarcinoma in a lymph node. Which of the following organs should be most strongly suspected as containing the primary tumor?

a. Bladder

b. Large bowel

c. Liver

d. Stomach

e. Pancreas

8). Chronic Gastritis is associated with:

a. Helicobacter pylori

b. Contaminated food

c. Drug poisoning

d. Trauma

e. Schistosoma infection

9). Familial Adenomatous Polyposis is associated with mutation of which one of the following

target gene?

- a. MSH2
- b. MLH1
- c. APC
- d. KRAS
- e. BRAF

10). Ulcerative colitis involves

- a) colon and rectum only
- b. appendix
- c. stomach
- d. all the gastrointestinal tract
- e. cecum.

11- Epidemiological data analysis shows that sporadic adenomas evolve into colonic carcinoma. Which of the following mechanism best describes the mechanism producing these changes.

- a): Proto-oncogenes are activated by chromosomal translocations
- b): Malignant transformation involves accumulation of mutations in proto-oncogenes and tumour suppressor genes in a step-wise fashion
- c): Excessive regeneration of tissues increases the risk of cancer causing mutations
- d): Inherited defects in DNA repair increase the susceptibility to develop cancer
- e): Overexpression of growth factor receptor genes is associated with poor prognosis

12. A 45 years old male has positive stool test for blood. Sigmoidoscopy reveals a 1.5cms diameter pedunculated nodule with short stalk in sigmoid colon. What is the most likely diagnosis

- a) An adenoma
- b): A Hamartoma
- c): A sarcoma
- d): A Naevus
- e): A choristoma

13- Jejunal biopsy from a patient with coeliac disease will reveal

- a): Villous blunting and flattening
- b): Increased intra-epithelial lymphocytes
- c): Crypt hyperplasia
- d): Increased round cell infiltrate in lamina propria
- e) All of above

14- Helicobacter Pylori organisms produce which of these toxins on the luminal surface of gastric mucosal cells

- a): Heat stable enterotoxin
- b): Shiga toxin
- c): Verocytotoxin
- d): Vacuolating toxin
- e): Heat labile cytotoxin

15-A 56 years old male with history of difficulty in swallowing for last 6 months reveals erythematous mucosa above the gastro-esophageal junction. Biopsy reveals glandular epithelium with intestinal metaplasia. Which of the following condition is most likely to occur in this patient

- a): Hematemesis
- b): Adeno-carcinoma
- c): Squamous cell carcinoma
- d): Laceration
- e): Achalasia

16- A 65 years old male with history of nausea and vomiting and weight loss reveals on upper G.I. endoscopy erosion of entire gastric mucosa, redness and thick wall leather bottle stomach. A biopsy is most likely to show.

- a): Gastro-intestinal stromal tumour
- b): Chronic atrophic gastritis
- c): Granulomatous inflammation
- d): Acute gastritis
- e): Signet ring cell adeno-carcinoma

17- In a 52 years old male with history of sudden onset of massive hematemesis of bright red blood, serology reveals HBsAg positive. This patient has most likely which of the following

- a): Esophageal varices
- b): Barrett oesophagus
- c): Reflux oesophagitis
- d): Squamous cell carcinoma
- e): Zenker diverticulum

18- An 11 months old previously healthy infant has history of no stools for one day, distended tender abdomen and absent bowel sounds. X-ray abdomen reveals distended loops of small bowel with air fluid levels but no free air. What is the most likely diagnosis.

- a): Intussusception
- b): Meckels diverticulum
- c): Duodenal atresia
- d): Pyloric stenosis
- e): Hirschsprung disease

19- In a 3 days old neonate with history of vomiting and no passage of meconium abdomen is distended tender with reduced bowel sounds and there is colonic distension on ultrasound. A biopsy from narrowed segment reveals no ganglion cells. What is the diagnosis

- a) Hirschsprung disease
- b) Volvulus
- c) Colonic atresia
- d) Necrotising enterocolitis
- e) Intussusception

20-A 58-year-old man has had increasing difficulty swallowing for the past 6 months and has lost 5 kg. No abnormal physical examination findings are noted. Upper GI endoscopy reveals a nearly circumferential mass with overlying ulceration in the mid esophageal region. Biopsy of the mass reveals pink polygonal cells with marked hyperchromatism and pleomorphism. Which of the following is the most likely risk factor for development of his disease?

- a- Iron deficiency
- b- Alcohol abuse
- c- High fruit diet
- d- H pylori infection
- e- Zenker's Diverticulum

21-A 31-year-old man with a stab wound to the abdomen is taken to surgery. While repairing the small intestine, the surgeon notices the presence of a 1 cm circumscribed submucosal mass in the ileum. The lesion is resected and on gross examination has a firm, yellow-tan cut surface. Microscopically, the mass is composed of nests of cells with uniform small round nuclei and cytoplasm with small purple granules. The cytoplasm is positive with antibody to chromogranin on immunohistochemical staining. Which of the following is most likely diagnosis.

- a- Adenocarcinoma
- b- Carcinoid tumour
- c- Squamous cell carcinoma
- d- Lymphoma
- e- Ulcerative colitis.

22-A 39-year-old man is having a routine physical examination because of a history of colon cancer in his family. He has no abdominal tenderness or masses, and active bowel sounds are present. However, his stool is positive for occult blood. Colonoscopy is performed. There are 7 polyps found in the ascending colon: three of these are small 0.5 cm pedunculated tubular adenomas, three are 1 cm tubulovillous adenomas, and one is a 2 cm sessile villous adenoma in the cecum containing a focus of well differentiated adenocarcinoma. Which of the following is his most likely underlying diagnosis?

- a- Peutz-Jeghers syndrome
- b- Chronic ulcerative colitis
- c- Hereditary non-polyposis colon carcinoma
- d- Adenomatous polyposis coli
- e- Gardner syndrome.

23- A 43-year-old man has had mid epigastric pain and nausea for the past 2 months. On

physical examination he has no abnormal findings. On upper GI endoscopy a solitary sharply demarcated 2-cm shallow gastric antral ulcer is seen. Which of the following laboratory test findings is most likely to be present in this man?

- a- Gastric achlorhydria
- b- Positive serology for antinuclear antibody
- c- Positive urea breath test
- d- Increased plasma cortisol
- e- Elevated serum gastrin

24-A 23-year-old primigravida gives birth at term following an uncomplicated pregnancy to a male infant with no apparent congenital anomalies. At 4 weeks of age the infant begins to exhibit forceful vomiting after each feeding. The infant had been fine previously and gaining weight normally. Which of the following conditions is the probable cause for his vomiting?

- a- Congenital duodenal atresia
- b- Necrotizing enterocolitis
- c- Mallory-Weiss syndrome
- d- Hirschsprung disease
- e- Pyloric stenosis.

25-A 32-year-old man has had lower abdominal pain for the past 12 hours. On physical examination there is tenderness to palpation in the right lower quadrant. Laparoscopic appendectomy is performed. On microscopic examination of the resected appendix, all the inflammation is limited to the serosa. What should the pathologist most strongly suspect in this case?

- a- Mild early acute appendicitis
- b- Chronic appendicitis
- c- Polyarteritis nodosa
- d- Peritonitis
- e- Normal appendix

26-A 51-year-old man undergoes routine health examination by his nurse practitioner. There are no abnormal physical examination findings except for a stool sample positive for occult blood. Colonoscopy is performed and there is a 1 cm polyp on a narrow stalk located in the descending colon at 30 cm from the anal verge. The polyp is resected and on microscopic examination shows crowded, tubular, atypical colonic-type glands. The stalk of the polyp is covered with normal colonic epithelium. Which of the following is the most likely diagnosis?

- a- Adenomatous polyp
- b- Inflammatory fibroid polyp
- c- Peutz-Jeghers polyp
- d- Ulcerative colitis pseudopolyp
- e- Hyperplastic polyp.

27- The most common benign tumour of salivary gland is

- a- Pleomorphic adenoma

- b- Warthin tumour
- c- Oncocytoma
- d- Mucoepidermoid carcinoma
- e- Adenoid cystic carcinoma

28- A 45 years old man, chronic smoker presented with enlarging mass in floor of mouth. The mass measures 1.3cm and is irregular in appearance. Biopsy reveals

which of the following malignancy

- a- Adenocarcinoma
- b- Basal cell carcinoma
- c- Small cell carcinoma
- d- Squamous cell carcinoma
- e- Actinic cell carcinoma

29- The most common tumour of appendix is

- a- Adenoma
- b- Mucinous cystadenoma
- c- Carcinoid tumour
- d- Mesothelioma
- e- Squamous cell carcinoma

30- Oral examination of 57 years old female revealing 1 cm white flat patch on buccal mucosa leading to squamous cell carcinoma would be

- a- Lichen planus
- b- Hairy leukoplakia
- c- Leukoplakia
- d- Oral thrush
- e- Squamous papilloma