Department of Pathology

Azra Naheed Medical College

Half Book Test -2019

(MBBS. 4th Year)

(Pathology-Subjective Part)

Time Allowed: 1 Hour 30 min **Total Marks:**

Q.01 A 49 year old woman notes increasing size of her right breast over the past year. This breast is not painful, but the heaviness causes some discomfort. On exam the overlying skin and nipple appear normal. There is no axillary lymphadenopathy or nipple discharge. On mammography there is a 12 cm mass. The mass is biopsied and the slides show a tumor with cellular stromal component and an epithelial component.

a) What is the most likely diagnosis? What 5 points on histology will differentiate this tumor from a fibroadenoma? (0.5 + 1.5)

b) For invasive carcinomas of breast a specific grading Nottingham Histologic score is used. Give an account of how it is applied. (3)

Q.02

a) Give in a tabulated form Epithelial Breast Lesions and their risk of developing invasive carcinoma (2)

b) What are the Major Molecular Subtypes of invasive breast cancer? In a tabulated form give the immunohistochemical profile and defining feature of each one. (3)

Q.03

a) Define and classify the PNEUMONIA. (02)

b) Describe the etiology, gross and microscopic features of the lobar pneumonia (03)

Q.04

a) Give the WHO CLASSIFICATION of Testicular Tumor. 02

b) Briefly discuss the microscopic appearance of classical SEMINOMA 02

c) What are serum MARKER valuable for testicular tumor? 01

Q.05

A 62 year old female presented to you with complaints of pallor, fatigue, numbness of fingers and loss of sensations of hands and feet since last 6 months. Upon investigation her Hb is 9.0gm per dl, MCV is 106fl, WBC $4x10^9$ per uL, Platelets $200x10^9$ per uL.

a) What is your most probable diagnosis? 1

b) How you will proceed to diagnose her? 2

c) Name 3 conditions causing microcytic hypochromic anemia.? 2

Q.06

Write short note on following

a) Aplastic anemia 1.5

b) Multiple myeloma 1.5

c) Thalassemia A 2

P.T.O

TP53
CCNE

Q.7

a) Write down schematic pathogenesis of Type1 and Type 11 Endometrial carcinoma with genetic abnormalities. (2)

b) Write down the clinical, USG, gross, microscopic, IHC and cytogenetic differences between partial & complete Mole. (3)

Q.8

a) Briefly discuss the Pathogenesis of HPV in cervical carcinoma. 2.5

b) Classify Ovarian Tumors 2.5

Q.9

A 62 old male suffered from altered bowel habits, bleeding per rectum and weight loss. For workup of the patient endoscopy is planned. His findings revealed napkin ring constriction of the colon. colorectal carcinoma

a) What do you think what will be the possible diagnosis. Briefly discuss the pathogenesis of both types of colorectal carcinoma. (3) colonectal ca

b) Classify intestinal polyps. (2)

Q.10

a) Briefly discuss the endoscopic gross & microscopic pictures of Crohn disease.(2)

stricture, Region lesion, wall, moderate Pseudo, transmural Inflammation

b) What do you understand by field cancerization and how it will affect prognosis of a tumor. (2)

c) Briefly describe the microscopic appearance of pleomorphic adenoma. (1)

less Reticulin, less CT, Uniform Polygonal cells arranged in Sheets & Cords

α-thalasemia is the result of changes in genes for α-globin component of Hb

→ results when there is disturbance in production of α-g

Clinical Presen → Anemia, pale skin, splenomegaly

ER+ve HER2-ve / ER-ve/w, HER2+ve) ER,PR,HER-ve/

↓ HP ↑ prolif ↑ prolif

↓ ↓

HER2 Based INH