

# Sendup

Q8) A 60 years male came in the hospital with the complaint of weakness fatigue and pallor. On investigation he has iron deficiency anemia and occult blood in stool examination. On colonoscopy he has right sided colonic carcinoma

a. Briefly describe the pathogenesis of colorectal carcinoma (4) 811

b. Enumerate the intestinal polyps (1) Neoplastic - Non-neoplastic → Hamman-Rich  
 adenomas, inflammatory, hyperplastic

Q9) a. Classify lung tumors (2) 74

b. Describe morphology of small cell carcinoma of lung (2) 75, 77

c. What is associated paraneoplastic syndrome to small cell carcinoma (1) ACTH & ADH 718

Q10) A 35 year old man have complain of progressive cough weight loss, wheezing and reduce FEV. But normal FVC. He is termed as pink puffer. He is non smoker

a. What will be your most probable diagnosis (1) Emphysema

b. Briefly describe its pathogenesis and its types (4) 676

Q11) A 75 years old man has experienced increase dyspnea for the past 4 years. He is afebrile, with a pulse of 70/min, respiratory rate 20/min, and blood pressure 120/75 mm Hg. His chest radiograph shows increased interstitial marking, but no effusion. The transbronchial biopsy is stained with purnsian blue and shows asbestos bodies

a. What are the complications of asbestosis? (2,5) malignant mesothelioma & Broncho-genic carcinoma

b. Write differences between obstructive and restrictive lung disease. (2,5) fibrous plaque, Carcinoma

Q12) A 50 years old lady presents with history of dull right upper quadrant pain and flatulence for the past one year. Ultrasound showed numerous stones in the gall bladder

a. Enlist various types of gall stones (2) cholesterol stone, pigment stone, Calcium Stone

b. What is the pathogenesis of cholesterol and pigment stones (3) 876  
 cholesterol stones: insoluble calcium salts of unconjugated bilirubin  
 pigment stones: cholesterol

Q13) A 41 year man with the history of alcohol taken to the hospital. On admission physical examination he is icteric. A liver biopsy is performed and microscopically demonstrate abundant Mallory hyaline, neutrophilic infiltrate, hepatocyte necrosis, portal fibrosis, and extensive macrovesicular steatosis.

a. What will be your diagnosis? (1) Alcoholic Steatohepatitis, Alcoholic hepatitis

b. What are the complications of alcoholic liver and upto which stage it is reversible? (3) 843

c. What are Mallory Denk bodies? (1) clumped, Amorphous eosinophilic material in ballooned hepatocytes. They are tangled sheaves of intermediate filament such as keratin

Q14) A 30 years TV drug abuser for last 15 years, came in the OPD with the complaint of yellowness of eyes and skin and abdominal discomfort. On investigation his LFTs are raised and PCR showed increased viral load of Hep C virus. It is a female

a. What do you understand by window period? (2) Hb c Ag

b. Briefly describe pathogenesis of cirrhosis (2) 827

c. Enumerate the risk factors of Hepatocellular Carcinoma (1) 870

① Non alcoholic consumption ② Hep B & Hep C ③ NAFLD ④ Wilson's disease ⑤ Hemochromatosis, Autoimmune - cholangiopathies, PBC.

## Morphology small cell ca:

- malignant - cig. smokers
- Arise from major Bronchus
- small cell carcinoma

- a) • Pleural effusion
- Fibrosis
- carcinoma
- mesothelioma
- Fibrous Plaque

Lung

Broncho-genic carcinoma, mesothelioma

L4

876

843

811

75, 77

676

690

876

843

843

827

870

843