

UNIVERSITY OF JAFFNA, SRI LANKA
FACULTY OF MEDICINE
THIRD EXAMINATION FOR MEDICAL DEGREES – PART II JUNE 2009
SECOND EXAMINATION
PATHOLOGY PAPER - II

Time allowed: 3 Hours
9am – 12 pm

Date: 18/06/2009

Answer all ten questions

Answer each question in a separate answer book

1. A 45 year old male patient had chronic cough productive of blood stained sputum for few months and he also had loss of weight, evening pyrexia and nocturnal sweating. Clinical examination and CXR revealed apical fibrosis and cavitation in right lung. A clinical diagnosis of post primary (Secondary) tuberculosis was made.

- 1.a. What is post-primary (secondary) tuberculosis (20 marks)
- 1.b. What is apical lesion (30 marks)
- 1.c. What is the course of apical lesion (20 marks)
- 1.d. Enumerate the tests available to diagnose pulmonary tuberculosis (10 marks)
- 1.e. Briefly describe the histological feature of granuloma in tuberculosis (20 marks)

2. A 35 year old female patient was admitted to surgical casualty ward following blast injury with extensive loss of skin and soft tissue over the thigh. During her stay in hospital she had wound infection and after a month the wound healed with a huge scar.

- 2.a. Name the type of wound healing in this patient (10 marks)
- 2.b. Briefly describe the steps involved in healing of this wound (30 marks)
- 2.c. Enumerate the growth factors and cytokines involved in wound healing (30 marks)
- 2.d. What is wound contraction (10 marks)
- 2.e. List the factors affecting wound healing (20 marks)

3. Write short notes on

- 3.a. Fat embolism (20 marks)
- 3.b. Gas gangrene (20 marks)
- 3.c. Transplant rejection (20 marks)
- 3.d. Deep vein thrombosis (DVT) (20 marks)
- 3.e. Lung infarction (20 marks)

- 4.
- 4.a. What are the causes of iron deficiency? (20 marks)
 - 4.b. Briefly describe the laboratory investigations in a case of iron deficiency anaemia (40 marks)
 - 4.c. What is a "Megaloblast"? (10 marks)
 - 4.d. Discuss the laboratory investigations in a case of megaloblastic anaemia. (30 marks)
5. A patient admitted with right hypochondrial pain was found to have acute calculus cholecystitis.
- 5.a. Mention the various types of calculus formed in the biliary tract and the features of these stones. (15 marks)
 - 5.b. Enumerate the pathophysiology of stone formation. (20 marks)
 - 5.c. What are the macroscopic features that will suggest it is acute cholecystitis? (25 marks)
 - 5.d. Briefly discuss the complications following acute cholecystitis. (40 marks)
6. Briefly discuss the difference between the following conditions and give two examples for each condition.
- 6.a. Carcinoma and sarcoma (25 marks)
 - 6.b. Dystrophic calcification and metastatic calcification (25 marks)
 - 6.c. Metaplasia and dysplasia (25 marks)
 - 6.d. Apoptosis and necrosis (25 marks)
- 7.
- 7.a. Discuss the serum enzyme changes in myocardial infarction. (40 marks)
 - 7.b. What type of necrosis would you see in a myocardial infarct heart? (10 marks)
 - 7.c. Describe the macroscopic and microscopic appearance of myocardial infarct. (30 marks)
 - 7.d. List 4 possible complications that can occur after myocardial infarction. (20 marks)
8. Write short notes on
- 8.a. Red cells in the urine (30 marks)
 - 8.b. Paraneoplastic syndrome in renal cell carcinoma (30 marks)
 - 8.c. Macroscopic and microscopic appearance of acute pyelonephritis (40 marks)

9.

- 9.a. Briefly describe the value of FNAC in thyroid malignancy. (40 marks)
- 9.b. Discuss the mode of spread in various thyroid malignancies. (40 marks)
- 9.c. Mention the tumour markers valuable in thyroid malignancies. (10 marks)
- 9.d. Mention the prognosis of various thyroid malignancies. (10 marks)

10. Write short notes on

- 10.a. Chronic osteomyelitis (40 marks)
- 10.b. Endometrial hyperplasia (30 marks)
- 10.c. Precancerous lesions/conditions of colorectal carcinoma. (30 marks)