



UNIVERSITY OF JAFFNA, SRI LANKA
SECOND EXAMINATION FOR MEDICAL DEGREES PART II – AUGUST 2022
2016/2017
Pathology-Paper II-SEQ

Date: 08.08.2022

9 am to 12pm (3 hours)

Index number:

ANSWER ALL THE 10 QUESTIONS
Write the answers in the given space below each question.

1. A 56-year-old female is referred to the outpatient surgical clinic with the clinical features of gastro-oesophageal reflux. She underwent upper gastrointestinal endoscopy and specimens were taken. Histopathology report revealed intestinal metaplasia with low degree dysplasia.
 - 1.1. List five (5) causes of gastro-oesophageal reflux. (10Marks)
 - 1.....
 - 2.....
 - 3.....
 - 4.....
 - 5.....
 - 1.2. Define metaplasia. (10Marks)

.....

.....
 - 1.3. Give three (03) examples of metaplasia that can occur in places other than the lower esophagus. (15Marks)
 - 1.....
 - 2.....
 - 3.....
 - 1.4. Define dysplasia. (10Marks)

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 - 1.5. Mention five (05) microscopic features of dysplasia. (15Marks)
 - 1.....
 - 2.....
 - 3.....
 - 4.....
 - 5.....



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- 1.6. How do you differentiate dysplasia from carcinoma under the microscope? (10Marks)
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- 1.7. Define anaplasia. (10Marks)
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- 1.8. Mention the different ways of the spread of cancers to a distant site with at least one relevant example for each. (20Marks)
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2.6. Name three (03) macroscopic growth patterns of gastric adenocarcinoma. (15Marks)

1.....

2.....

3.....

2.7. Explain the pathological basis for the poor prognosis in most of gastric adenocarcinoma. (05 Marks)

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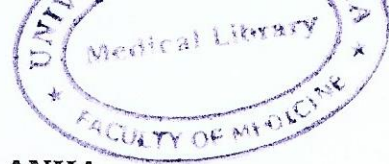
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3. A 65 - year – old male presented with painless visible haematuria. Following are the investigation findings.Hb: 18 (13.8 to 17.2g/dl), S.Ca:11(8.6-10.3 mg/dl), Contrast enhanced computed tomography (CECT)/Kidney: 10 cm right side renal cell carcinoma.
- 3.1. List three (03) other causes for painless visible haematuria. (10Marks)
- 1.....
- 2.....
- 3.....
- 3.2. Explain the pathophysiological basis for the abnormalities present in blood investigations of the above patient. (10 Marks)
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-
-
-
- 3.3. Mention the most possible histological type of renal cell carcinoma in this patient. (10 Marks)
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- 3.4. List three (03) risk factors for renal cell carcinoma. (10 Marks)
- 1.....
- 2.....
- 3.....
- 3.5. Briefly describe the mode/s of spread of this tumour. (20 Marks)
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3.6. List three (03) other clinical features of renal cancer. (10 Marks)

1.....

2.....

3.....

3.7. Indicate the most likely treatment for this patient. (10 Marks)

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3.8. Describe the macroscopic appearance of this tumour. (20 Marks)

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4.

4.1

4.1.1. Define endometrial hyperplasia. (10 marks)

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4.1.2 List the different types of endometrial hyperplasia. (20 marks)

1.....
 2.....
 3.....
 4.....

4.1.3. Give five (05) risk factors in women associated with endometrial hyperplasia. (20 marks)

1.....
 2.....
 3.....
 4.....
 5.....

4.2.

4.2.1 Define endometriosis (10 marks)

.....

4.2.2 List the signs and symptoms of endometriosis. (20 marks)

Symptoms:



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Signs:

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4.2.3. How is endometriosis diagnosed?

(20 marks)

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5.

5.1. A 69-year-old male, known patient with hypertension, presented to the emergency department with central chest pain, sweating, nausea and shortness of breath for an hour. On examination, his blood pressure was 70/50mmHg and his heart rate was 124/min. ECG showed ST elevation in anterior and septal leads.

5.1.1. State the working diagnosis of the patient. (05Marks)

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5.1.2 Explain the term acute coronary syndrome. (10 Marks)

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5.1.3. Briefly explain the pathogenic sequence which leads to acute coronary syndrome in this patient. (15 Marks)

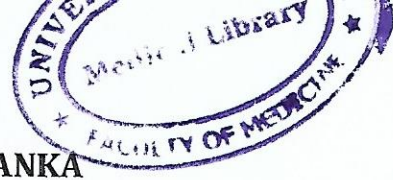
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5.2. The patient was stabilized in the hospital and given definitive medical treatment for his condition.

5.2.1. State the effects of reperfusion of the ischaemic myocardium. (15 Marks)

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5.2.2. Briefly explain the mechanism of those effects mentioned in 5.2.1. (15 Marks)

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5.3. Despite the treatment patient passed away in 16 hours, and a postmortem was performed.

5.3.1. List two (02) gross morphological changes you would expect in this patient's heart. (10 Marks)

1.....
 2.....

5.3.2. What is the special method to establish the definitive cause of death in this patient on postmortem? (05 Marks)

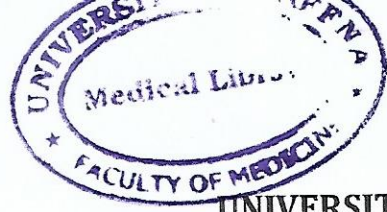
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5.3.3. Enumerate four (04) microscopic features you would expect in this patient's heart. (15 Marks)

1.....
 2.....
 3.....
 4.....

5.3.4. List two (02) complications this patient might have developed before his death. (10 Marks)

1.....
 2.....



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6.

6.1 A 35-year-old male presented with a short history of pleuritic chest pain on the background of a 2-month history of swinging fever, chills, significant weight loss and cough with a copious amount of purulent sputum. He was an intravenous drug user and chronic alcoholic. His chest X-ray showed a well-defined round lesion in the right middle lobe with air-fluid levels.

6.1.1. State the most probable diagnosis of this patient. (05 Marks)

.....

6.1.2. List four (04) common aetiological agents for this condition. (10 Marks)

1.....

2.....

3.....

4.....

6.1.3 Indicate how the aetiological agents mentioned in 6.1.2 get introduced to the lung. (10 Marks)

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6.1.4. Mention the salient morphological features you would see in this patient's lung. (10 Marks)

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6.2. The patient was treated for his acute condition and kept on follow-up. Follow-up investigation with computed tomography (CT scan) after six months revealed features of bronchiectasis.

6.2.1. Define bronchiectasis. (05 Marks)

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6.2.2. List four (04) conditions associated with bronchiectasis. (10 Marks)

1.....

2.....





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- 3.....
- 4.....
- 6.2.3. Briefly describe the pathogenesis of development of bronchiectasis in this patient. (15 Marks)
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-
-
-
-
- 6.2.4. List three (03) complications this patient may develop. (05 Marks)
- 1.....
- 2.....
- 3.....
- 6.3.
- 6.3.1 List four (04) common conditions associated with acute respiratory distress syndrome (ARDS). (10 Marks)
- 1.....
- 2.....
- 3.....
- 4.....
- 6.3.2. List four (04) pathogenic mechanisms involved in the development of ARDS. (10 Marks)
- 1.....
- 2.....
- 3.....
- 4.....
- 6.3.3 Mention four (04) microscopic features you would expect to see in the lung in ARDS. (10 Marks)
- 1.....
- 2.....
- 3.....
- 4.....



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9.6. List five (05) clinical features of acute appendicitis, which are not mentioned above. (10 Marks)

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

9.7. Mention the haematological and biochemical investigations you will request in this patient and indicate the expected findings. (10 Marks)

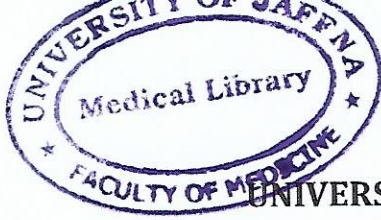
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9.8. If the clinical features and laboratory tests are equivocal to diagnose the acute appendicitis, what would be the best investigation? (05 Marks)

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9.9. Mention the definitive treatment of an acute appendicitis? (05 Marks)

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10.

- 10.1. A 40-year- old female with type 1 diabetes mellitus (DM) presented to the surgical clinic with painless, diffuse enlargement in the anterior neck of 3 months duration.
 Mention two (02) conditions that can present with the above clinical presentation. (10 Marks)
- 1.....
 2.....
- 10.2. Mention the investigations you will request in this patient and indicate the expected findings. (10 Marks)
- a. Blood investigations. (10 Marks)
-

- b. Imaging. (05 Marks)
-

- c. Invasive investigation. (05 Marks)
-

- 10.3. Mention the histological findings of the two conditions mentioned in 10.1. (20 marks)
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10.4. Mention the criteria for the diagnosis of DM. (10 Marks)

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10.5. List three (03) acute complications of DM. (10 Marks)

1.....

2.....

3.....

10.6. Mention the investigations you would request in acute complications of DM and tabulate the expected findings. (25 Marks)

Investigations	Complications		
	1.	2.	3.
1.			
2.			
3.			
4.			
5.			

10.7. List three (03) investigations you would do in long term follow-up of DM patient. (05 Marks)

1.....

2.....

3.....