

Index number:



UNIVERSITY OF JAFFNA, SRI LANKA
SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (May 2024)
Academic Year 2018 / 2019
Pathology-Paper II

3. A 67-year-old lady presented with passing frothy urine for a week. She has been a diagnosed patient with diabetes for 20 years and is on insulin for glycemic control. On further investigation, she was found to have proteinuria (3.6g/24 hours) with features of diabetic retinopathy.

3.1. Describe the morphological changes expected in the following organs of this patient.
3.1.1. Kidney. (10 Marks)

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3.1.2. Pancreas. (10 Marks)

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3.1.3. Liver. (10 Marks)

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3.1.4. Blood vessels. (10 Marks)

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3.2. Briefly describe the pathophysiological mechanism of micro and macrovascular complications of diabetes mellitus. (30 Marks)

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Index number:



UNIVERSITY OF JAFFNA, SRI LANKA
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4. A 16-year-old girl presented to the outpatient department with a history of low-grade fever associated with palpitation and chest pain of 2 weeks duration. On examination, she was found to have a precordial murmur associated with thrill.

4.1. Give two (02) most possible differential diagnoses for the above presentation. (10 Marks)

1).....

2).....

4.2. List three (03) investigations that would be done to arrive at a diagnosis of the conditions mentioned in 4.1 and indicating the expected findings. (30 Marks)

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2).....

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4.3. List five (05) clinical features which help to differentiate the conditions mentioned in 4.1. (20 Marks)

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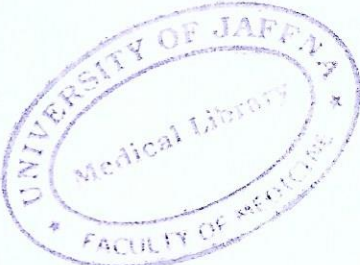
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Index number:



UNIVERSITY OF JAFFNA, SRI LANKA
SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (May 2024)
Academic Year 2018 / 2019
Pathology-Paper II

6. A 45-year-old man presented with on-and-off per rectal bleeding with regular bowel habits for three months duration. A colonoscopy on him reveals a one (01) cm polyp at the upper rectal region.

6.1. Define the term "Colorectal Polyp". (10 Marks)

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6.2. Mention the aetiological factors for the development of colorectal polyps. (10 Marks)

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6.3. Morphologically, how do you classify the polyps? (15 Marks)

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6.4. Mention the endoscopic features of Cancer in a Polyp. (15 Marks)

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6.5. Mention the initial step of management of a one (01) cm polyp. (10 Marks)

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6.6. Briefly describe the pathological process of a polyp change into malignancy. (20 Marks)

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6.7 Define polyposis. (05 Marks)

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6.8 Name two syndromes associated with polyposis in the colon. (10 Marks)

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6.9. Mention the pattern of inheritance in the conditions mentioned in 6.8. (05Marks)

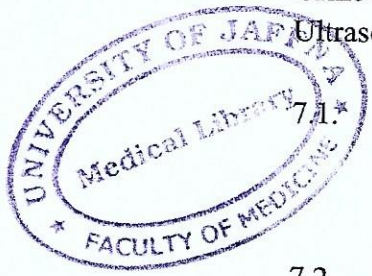
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Index number:



UNIVERSITY OF JAFFNA, SRI LANKA
SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (May 2024)
Academic Year 2018 / 2019
Pathology-Paper II

- 7. A 60 - year – old painter presented with painless passage of red colour urine intermittently for 3 weeks. He also complains loss of weight over last 1 month. His investigation findings are as follows:
 Hb:8g/dl,
 Serum Ca:11(8.6-10.3 mg/dl).
 Urine full report: RBC- field full.
 Ultrasound /KUB: 3cm bladder growth at left lateral wall.



- 7.1. List three (03) other causes for painless visible haematuria. (10 Marks)

- 7.2. List two (02) likely causes for his low Haemoglobin. (10 Marks)

- 7.3. List two (02) likely causes for his high serum calcium. (10 Marks)

- 7.4. Mention the most likely histological diagnosis in this patient. (10 Marks)

- 7.5. List three (03) risk factors for above histological diagnosis. (10 Marks)

- 7.6. List two (02) other possible histological diagnoses in this patient other than mentioned in 7.4. (10 Marks)

- 7.7. Briefly explain why bladder tumours are the most common tumour in urinary tract. (10 Marks)

7.8 List three (03) other clinical features of bladder tumour. (10 Marks)

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7.9 Briefly describe the microscopic appearance of this tumour. (20 Marks)

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Index number:



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Academic Year 2018 / 2019
Pathology-Paper II

8.

8.1

8.1.1. Define the term “endometrial polyp”. (15 Marks)

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8.1.2. Define the term “endometrial hyperplasia”. (15 Marks)

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8.1.3. Mention five (05) risk factors for endometrial hyperplasia. (20 Marks)

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8.2

8.2.1. Define the term “leiomyoma”. (10 Marks)

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8.2.2. Briefly describe the histology of leiomyoma. (20 Marks)

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8.2.3. Mention five (05) clinical presentations of leiomyoma.

(20 Marks)

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Index number:



UNIVERSITY OF JAFFNA, SRI LANKA
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Pathology-Paper II

9. A 3-month-old infant was admitted with failure to thrive. Examination revealed severe pallor. The paediatrician suspects thalassaemia major.

9.1. State three (03) different questions you would ask parents to support the diagnosis of thalassaemia or to exclude other potential disease-giving reasons. (20 Marks)

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9.2. State the salient findings expected in abdominal examination of a thalassaemia major infant and give the pathological basis for those findings. (20 Marks)

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9.3. List three (03) laboratory investigations you would perform in the initial workup and indicate the expected findings in each test in thalassaemia major. (20 Marks)

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9.4. State the confirmatory test and expected results in thalassaemia major. (20 Marks)

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9.5. State the pathological basis of anaemia in thalassaemia major. (20 Marks)

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Index number:



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SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (May 2024)
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10. A 65-year-old man presented with lethargy and shortness of breath on exertion over the last many months. Examination revealed pallor. Iron deficiency anaemia was suspected by the clinician.

10.1. Describe how iron absorption is influenced by the diet. (20 Marks)

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10.2. State the key red cell indices (MCV and MCH) in iron deficiency anaemia in full blood count and blood picture giving pathological basis for each. (20 Marks)

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10.3. If there is no dietetic issues, state the most important conditions you should look for as the cause of iron deficiency giving reasons in this patient. (20 Marks)

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10.4. Outline how you would monitor response to iron therapy. (20 Marks)

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10.5. When treated with iron, patient showed inadequate response and clinician suspected possibility of vitamin B 12 deficiency. Outline key clinical features and salient findings expected in FBC and Blood picture in a patient with vitamin B 12 deficiency.

(20 Marks)

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