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Index number



UNIVERSITY OF JAFFNA, SRI LANKA
SECOND EXAMINATION FOR MEDICAL DEGREES PART II January 2026
Academic Year 2020/2021
Pathology Paper II- SEQ

Date: 05. 01.2026

Time: 03 hours

ANSWER ALL THE 10 QUESTIONS

Write the answers in the given space below each question

1. A 57-year-old man presents with a 4-week history of shortness of breath, which is worse on exertion and when lying on his right side. A right-sided pleural effusion is suspected.

- 1.1. List three (03) clinical signs of pleural effusion, and explain their pathophysiological mechanisms. (30marks)

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- 1.2. List two (02) pathological types of pleural effusion. (10 marks)

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- 1.3. List three (3) causes for each type of pleural effusion. (15marks)

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- 1.4. How will you differentiate each type of pleural effusion using pleural fluid analysis? (20 marks)

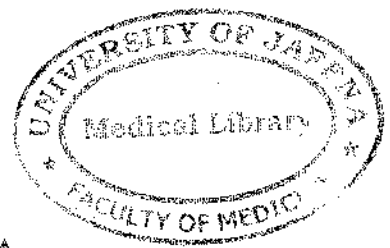
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5. A 15-year-old boy was admitted to the medical ward and his random plasma glucose was 350 mg/dL. He was diagnosed with type I diabetes mellitus.

5.1. Mention the diagnostic criteria for diabetes mellitus.

(10 marks)

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5.2. Mention the classical clinical features of diabetes mellitus and outline their pathogenic mechanism.

(30 marks)

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5.3. Name two (02) acute complications associated with diabetes and outline the mechanisms that lead to their occurrence.

(30 marks)

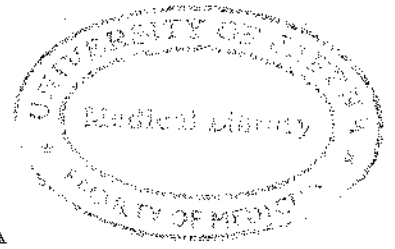
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5.4. List four (04) precipitating factors for acute complications. (10 marks)

5.5. Mention four (04) Chronic complications of diabetes. (10 marks)

5.6. Outline the screening recommendations for long-term complications of diabetes. (10 marks)

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- 6.
- 6.1. A 25-year-old man presented with clinical features of acute appendicitis. After further evaluation he underwent laparoscopic appendicectomy. Histopathology of the specimen confirmed the diagnosis of acute appendicitis.
- 6.1.1. Mention the chemical mediators which are responsible for the symptoms and signs of acute appendicitis. (10 Marks)
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- 6.1.2. List the laboratory investigations and their expected findings that support the clinical diagnosis of acute appendicitis. (10 Marks)
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- 6.1.3. Mention the findings during laparoscopy that support the diagnosis of acute appendicitis. (10 Marks)
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- 6.1.4. Mention the histological features seen in acute appendicitis. (10 Marks)
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- 6.1.5. Mention the complications he could develop if the condition is not treated appropriately. (10 marks)
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6.2. A 65-year-old man underwent right hip replacement for severe osteoarthritis. He is a heavy smoker, and his BMI is 30. 5 days after surgery he presents with the clinical features of deep vein thrombosis.

6.2.1. Identify the risk factors of deep vein thrombosis in this patient. (10 marks)

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6.2.2. Mention the clinical features of deep vein thrombosis. (15 marks)

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6.2.3. State one significant sequela of deep vein thrombosis. (02 marks)

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6.2.4. Mention the measures that could have reduced developing DVT in the perioperative period of this patient. (15 marks)

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6.2.5. What is post thrombotic syndrome? (08 marks)

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7.4. Mention four (04) clinical features of acute cholecystitis. (10 Marks)

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7.5. Mention the gross features of a gallbladder in acute cholecystitis. (15 marks)

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7.6. List five (05) other complications of gallstones. (10 marks)

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7.7. Mention the imaging investigation of choice in suspected gallbladder stone. (05marks)

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7.8. Mention the gold standard treatment for symptomatic gallstones. (05marks)

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(20 Marks)

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(30 Marks)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

9.3. Briefly outline how haemostasis is affected in chronic liver cell disease (CLCD). (20 Marks)

9.4. Briefly outline how haemostasis is affected in Disseminated Intravascular Coagulation (DIC). (20 Marks)

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10. A 58-year-old man with a long-term history of gastroesophageal reflux disease (GORD) presents with progressive dysphagia, initially to solids and later to semi-solids, associated with significant weight loss. Upper gastrointestinal endoscopy and biopsy confirm a malignancy of the oesophagus.

10.1. List five (05) common causes of dysphagia.

(10 Marks)

10.2. Name the two (02) common histological types of oesophageal carcinoma.

(10 Marks)

10.3. List five (05) important risk factors for each type of oesophageal carcinoma.

(20 Marks)

10.4. Mention the most likely histological diagnosis in this patient.

(05 Marks)

10.5. Briefly describe the pathophysiological sequence linking gastroesophageal reflux disease (GORD) to oesophageal carcinoma.

(15 Marks)

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10.6. Outline the routes by which malignant oesophageal cancer spreads to distant sites. (20 Marks)
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10.7. List five (05) complications of advanced carcinoma of the oesophagus. (20 Marks)
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