Sohag University **5/7/2012**
Faculty of Medicine **Final Exam**
Pathology Department **Time allowed: Three Hour**

A. Describe the etiology, pathological features (gross and microscopic features) and complications of: (20 marks each)

1. Intestinal bilharziasis.
2. Acute hematogenous osteomyelitis.

B. Read the following case scenarios and answer the questions below: (15 marks each)

3. An old man complains of fever and dyspnea. Chest X ray shows multiple patches of consolidation scattered all over the lung.

A. What is the most likely diagnosis?
B. What is the type of this inflammation and the causative organism?
C. What are the predisposing factors for the disease in this case?
D. Describe the microscopic picture of this disease.
E. Enumerate the complications of this disease.

4. A patient presented with abdominal distension. Abdominal sonography showed cirrhotic liver and ascites. Blood examination was positive for hepatitis C virus.

A. What are methods of transmission of hepatitis C virus?
B. Describe the gross picture of the liver in this case.
C. Describe the microscopic picture of the liver in this case.
D. Enumerate other causes of liver cirrhosis.
E. Outline the complications of liver cirrhosis.

5. An old man complained of urine incontinence. Rectal examination showed enlargement of the prostate. Prostatectomy was done. Histological examination gave the diagnosis of benign hyperplasia.

A. Which lobe is enlarged in this case?
B. Describe the histopathological picture of the prostate in this condition.
C. What is the definition of hyperplasia?
D. Is this condition precancerous? Why?
E. Enumerate other 3 examples of pathological hyperplasia.

C. Answer 3 of the 4 questions below: (5 marks each)

Compare in a table form between:

6. Acute & chronic inflammation.
7. Hyperplasia & neoplasia.
8. Thrombus & blood clot.
9. Apoptosis & necrosis.

D. Answer 7 of the 8 questions below: (5 marks each)

10. Enumerate secondary changes in leiomyoma.
11. Give the pathological features of diffuse colloid goiter.
12. Outline types & effects of cerebral aneurysms.
13. Illustrate the histological classification of Hodgkin's Lymphoma
14. Describe microscopic picture of gastric carcinoma.
15. Outline the pathological feature of Wilm's tumor (Nephroblastoma).
16. Give the risk factors of breast cancer.
17. List types of locally malignant tumors.

E. Match each item in column (A) with the most related item in column (B) (half mark for each):

1. Mycotic aneurysm	a- Abdominal aorta
2. Congenital aneurysm	b- Hematoma
3. False aneurysm	c- Cerebral vessels
4. Atherosclerotic aneurysm	d- Thoracic aorta
5. Syphilitic aneurysm	e- Subacute infective endocarditis

6. Suppurative disease	a. Rheumatic fever
7. Degenerative disease	b. Fallot's tetralogy
8. Immune-mediated disease	c. Acute infective endocarditis
9. Non-suppurative inflammatory disease	d. Subacute bacterial endocarditis
10. Congenital disease	e. Atherosclerosis

F. Select A single best answer (half mark for each):

11. The characteristic histological feature of rheumatic fever is:

A, Rheumatoid nodule
B. Aschoff nodule
C. MacCallum's patch
D. Peyer's patch
E. Russel bodies

12. The type os inflammation in rheumatic pericarditis is:

A. Catarrhal
B. Fibrinous
C. Membranous
D. Suppurative
E. Necrotizing

13. The following type of vegetations never gives emboli:

A. Rheumatic vegetations
B. Vegetations in acute infective endocarditis
C. Vegetations in subacute infective endocarditis
D. Vegetations in non-bacterial endocarditis
E. Vegetations in verrucous endocarditis

14. The left side of the heart is NOT affected in case of carcinoid syndrome because:

A. 5-hydroxytiyptamine does NOT reach the heart
B. 5-hydroxytryptamine has no effect on the heart
C. 5-hydroxytryptamine is destroyed in the liver
D. 5-hydroxytryptamine is destroyed in the lungs
E. 5-hydroxytryptamine is destroyed in the intestine

15. The main sites of myocardial infarction are:

A. Left ventricle
B. Adjacent part of the left atrium
C. Adjacent part of the right ventricle
D. All of the above
E. None of the above

16. In myocardial infarction, the fibrous scar appears after:

A. 1 - 3 days
B. 4 - 7 days
C. 1 - 2 weeks
D. 2 - 6 weeks
E. 2-6 months

17. Atherosclerosis affects:

A. Arteries
B. Veins
C. Cardiac chambers
D. All of the above
E. None of the above

18. Atherosclerosis is characterized by all EXCEPT:

A. A very common disease
B. Affects arteries and veins
C. Hypertension is a major risk factor
D. Lipid accumulates in the vessel wall
E. Thrombosis is the most important complication

19. The commonest cause of secondary hypertension is:

A. Renal diseases
B. Liver diseases
C. Cerebral diseases
D. Blood diseases
E. Cardiac diseases

20. In benign hypertension, the arterial wall shows the following pathological changes EXCEPT:

A. Fibrosis
B. Hyalinosis
C. Elastosis
D. Necrosis
E. Thickening

G. Indicate whether each of the following sentences is true (T) or false (F) (half mark for each):

21. Rheumatic fever is due to direct infection of the heart by Streptococcus haemolyticus. (T - F)
22. Presence subacute bacterial endocarditis usually occurs on top of a diseased valve. (T - F)
23. The commonest type of granulomatous myocarditis is tuberculosis. (T - F)
24. In hypertensive heart, the right ventricle undergoes concentric hypertrophy. (T - F)
25. Arteriovenous fistula is NOT a true aneurysm. (T - F)
26. Acute rheumatic valvulitis affects mainly the mitral valve. (T - F)
27. Mitral stenosis is one of the causes of left sided heart failure. (T - F)
28. Decompensated heart is the heart that cannot perform its function. (T - F)
29. Adherent mediastino-pericarditis is one of the causes of right-sided heart failure. (T- F)
30. Varicose veins are common in females. (T- F)

Good Luck