**1 The most common cause of intestinal obstruction is:**

1. volvulus
2. neoplasm
3. intussusception
4. hernia
5. adhesions

**2 A two-week-old boy develops persistent projectile vomiting. The most likely diagnosis is:**

1. pyloric stenosis
2. esophageal atresia
3. annular pancreas
4. incomplete rotation of the gut
5. amyloidosis

**3 An endoscopic biopsy of gastric mucosa reveals small intestinal type epithelium this finding is most likely due to:**

1. Chronic gastritis
2. Congenital heterotopia
3. Precancerous dysplasia
4. Metastatic carcinoma
5. Benign neoplasm

**4 Hematemesis is an indication of:**

1. Upper gastrointestinal bleeding
2. Lower gastrointestinal bleeding
3. Middle gastrointestinal bleeding
4. All of the listed
5. None of the listed

**5 The most common cause of upper gastrointestinal hemorrhage (hematemesis or melena) is:**

1. Esophageal varices
2. Gastric carcinoma
3. Peptic ulcer
4. Gastritis
5. All of the listed

**6 The Mallory-Weiss syndrome refers to the occurrence of gastrointestinal hemorrhage as a result of:**

1. Esophageal varices
2. Esophageal peptic ulcers
3. Mucosal tears at the esophagogastric junction
4. Iatrogenic perforation
5. Ulcerogenic drugs
6. **Primary carcinoma is least common in:**
7. Esophagus
8. Stomach
9. Small intestine
10. Colon
11. Rectum
12. **Bilateral ovarian metastases presenting as tumor masses are most characteristically associated with carcinoma of the:**
13. esophagus
14. stomach
15. small intestine
16. sppendix
17. colon

**9 What is the most common cause of esophageal varices:**

1. alcoholic cirrhosis
2. cardiac cirrhosis
3. extra-hepatic portal vein obstruction
4. esophagitis
5. all of the listed

**10 Which is characterized by vomiting of blood:**

1. Zenker diverticulum
2. Traction diverticulum
3. Achalasia
4. Mallory-Weiss syndrome
5. Hiatal hernia

**11 Acute erosive gastritis is characterized by:**

1. Pus in the stomach
2. Superficial multiple ulcerations of gastric mucosa
3. A deep ulcer of the stomach with a scarred base
4. A frequent association with gastric cancer
5. Perforation as frequent complication
6. **The most frequent complication of chronic duodenal ulcer is:**
7. Hemorrhage
8. Obstruction
9. Perforation
10. Malabsorption
11. All of the listed
12. **Carcinoma of the stomach usually arises from:**
13. Smooth muscle cells
14. Acid producing cells
15. Pepsinogen producing cells
16. Mucus producing cells
17. Argentaffin cells
18. **Which feature of ulcerative colitis is most closely related to the development of carcinoma?**
19. Age of patient at time of onset
20. The duration of the disorder
21. Severity of manifestations at onset
22. Presence of pseudopolyps
23. Presence of melena
24. **The most typical distribution of the inflammatory process in ulcerative colitis is:**
25. Entire colon and terminal ileum
26. Diffuse, involving entire colon
27. Focal, segmental
28. Rectum and a variable length of contiguous colon
29. Stomach and duodenum
30. **Which neoplasm is most FREQUENTLY found in the appendix?**
31. Carcinoid
32. Villous adenoma
33. Lymphoma
34. Adenomatous polyp
35. Adenocarcinoma
36. **Colonic neoplasms tend to metastasize most frequently to:**
37. Liver
38. Lung
39. Vertebral column
40. Small intestine
41. Kidney
42. **In contrast to carcinoma of the right colon, carcinoma of the left colon tends to be associated with:**
43. anemia
44. diverticulosis
45. malabsorption
46. obstruction
47. Nno symptoms
48. **Carcinoma of the esophagus is characterized by the following:**
49. adenocarcinoma has higher incidence then squamous cell carcinoma
50. squamous cell carcinoma has higher incidence then adenocarcinoma
51. a tumor with a poor prognosis
52. dysphagia is a common symptom
53. a tumor with good prognosis
54. **The most common fatal complication of chronic peptic ulcer of the stomach is:**
55. Adenocarcinoma
56. Acute gastritis
57. Perforation and peritonitis
58. Pancreatitis
59. Pyloric outlet obstruction
60. **Chronic tonsillitis is characterized by following statements:**
61. lymphoid tissue sclerosis
62. tonsillar sheath sclerosis
63. epithelial metaplasia
64. enlargement of tonsillar lacune
65. epithelial displasia

**22 The most frequent types of acute esophagitis are the following:**

1. catarrhal
2. fibrinous
3. flegmonous
4. hemorrhagic
5. granulomatous

**23 Microscopic changes in catarrhal gastritis include the following:**

1. edema
2. hyperemia
3. superficial erosions
4. fibrin network
5. epithelioid cells infiltration

**24. Destructive complications in peptic ulcer are:**

1. hemorrhage
2. plasmorrhage
3. stenosis
4. perforation
5. penetration

**25. Choose the macroscopic types of the esophageal cancer:**

1. nodular
2. exophytic
3. diffuse nodular
4. branching
5. diffuse infiltrative

 **26. Morphological types of chronic gastritis are:**

1. metaplastic
2. flegmonous
3. atrophic
4. gangrenous
5. autoimmune

**27. Peptic ulcer complications are the following:**

1. destructive
2. inflammatory
3. invasive
4. malignant transformation

 e. benign transformation

**28. Which of the following types of esophagitis it is the most common:**

1. reflux
2. viral
3. fungal
4. acute corrosive
5. chronic granulomatous

**29. Choose the retrograde matastases of the gastric cancer:**

1. Virchow
2. Abrikosov
3. Kaposi
4. Krukenberg
5. Schnitzler

**30. The most frequent localization of the gastric cancer is:**

1. lesser curvature
2. greater curvature
3. pylorus
4. fundus
5. cardia

**31. Choose the histologic zones of the chronic peptic ulcer:**

1. layer of necrotic fibrinoid debris
2. zone of nonspecific inflammation
3. granulomatous inflammation
4. fibrous, colagenous scar

 e. specific inflammation

**32. Choose the benign types of the gastric tumors:**

1. diffuse carcinoma
2. vilous polyp
3. acute gastritis
4. adenomatous polyp
5. lymphoma

**33. Which gastro-intestinal segments are most frequently involved in Crohn's disease:**

1. small intestine
2. stomach
3. oral cavity
4. colon
5. esophagus

**34. The most common complications in Crohn disease are:**

1. fistulas
2. massive bleeding
3. spreading
4. malignant transformation
5. toxic dilatation

**35. The following statements can be characteristic for the ulcerative colitis:**

1. affects colon and rectum
2. affects small intestinum
3. has a pseudopolypous pattern
4. spreads into abdominal cavity
5. it can be followed by peritonitis

**36. The most frequent complications in acute enteritis are:**

1. hemorrhage
2. occlusion
3. stenosis
4. perforation
5. cancer development

**37. The most frequent complications of appendicitis are:**

1. peritonitis
2. cancer
3. mucocele
4. hemorrhage
5. diverticulitis

**38. Choose the benign types of the intestinal tumors:**

1. tubular adenoma
2. vilous adenoma
3. melanoma
4. tubulo-vilous adenoma
5. lymphoma

**39. The most common cause of the peritonitis are the following, EXCEPT:**

1. gastric ulcer perforation
2. intestinal perforation in typhoid fever
3. gangrenous appendicitis
4. focal pneumonia
5. acute pancreatitis

**40. Acute colitis complications are:**

1. hemorrhage
2. perforations
3. pneumonia
4. appendicitis
5. abscess

**41. Gross features of a benign gastric ulcer include all of the following, EXCEPT:**

1. location on the lesser curvature
2. small size
3. big size
4. smooth base
5. radial arrangement of surrounding mucosal folds

**42. Acute appendicitis is characterized by:**

1. mainly as disease of adolescents
2. most commonly confused clinically with mesenteric lymphadenitis
3. accompanied by luminal obstruction in most cases
4. diagnosed histologically by massive lymphoid infiltration in the submucosa
5. produces watery diarrhea

**43. Histologic changes commonly seen in reflux esophagitis include:**

1. elongated mucosal papillae
2. hyperplasia of the mucosal basal zone
3. intraepithelial eosinophils
4. submucosal varices
5. mucosal destruction

**44. Features of colonic adenomas that are associated with increased risk for carcinoma include all of the following, EXCEPT:**

1. severe dysplasia
2. villous architecture
3. size exceeding 2 cm
4. marked inflammation
5. multiple adenomas

**45. Which of the following inflammatory conditions of the intestine is characterized by segmental involvement of the small/or large bowel, transmural inflammation, and the development of epithelioid granulomas:**

1. crohn's disease
2. ulcerative colitis
3. cryptosporidiosis
4. diverticulitis
5. colitis cystica profunda

**46. The most common site of gastrointestinal carcinoid tumors** **is:**

1. small bowel
2. colon
3. appendix
4. esophagus
5. stomach

 **47. The most common types of intestinal tumors are:**

1. squamous cell carcinomas
2. adenocarcinomas
3. adenosquamous carcinomas
4. large cell undifferentiated carcinomas
5. small cell undifferentiated carcinomas

**48. The intestinal tumors are complicated with:**

1. hemorrhage
2. plasmorrhage
3. bowel perforations
4. neuronal spreading
5. peritonitis

**49. The cause of ulcerative colitis in most cases is:**

1. psychosomatic
2. viral
3. autoimmune
4. bacterial
5. undetermined

**50. Which of the following is associated with an increased risk of esophageal cancer:**

1. herpetic esophagitis
2. candida esophagitis
3. cigarette smoking
4. Mallory-Weiss syndrome

 E Barrett's esophagus

**51. Acute gastric erosions occur in each the following settings, EXCEPT:**

1. extensive burns
2. alcohol abuse
3. trauma to the brain
4. irreversible shock
5. pernicious anemia

**52. Which of the following bowel disease is associated with arthritis and uveitis:**

1. Crohn disease
2. pseudomembranous colitis
3. mycobacterium avium intracellulare enterocolitis
4. CMV (cytomegalovirus) colitis
5. vibrio cholera

**53. The most common complication of duodenal peptic ulcer is:**

1. bleeding
2. malignant transformation
3. rupture
4. peritonitis
5. obstruction

**54. Pernicious anemia is usually associated with:**

1. gastric hypersecretion
2. gastric adenocarcinoma
3. hypertrophic gastritis
4. autoantibodies to parietal cells
5. autoantibodies to the intrinsic factor

**55. Familial adenomatous polyposis is characterized by each of the following, EXCEPT:**

1. multiple tubular adenomas
2. autosomal dominant inheritance
3. colonic polyps usually are present at birth
4. high incidence of malignancy
5. multiple villous adenomas

**56. Carcinoma of the oral cavity is most often:**

1. squamous
2. basal cell
3. transitional cell
4. ameloblastic
5. odontogenic

**57. Acute gastric ulceration may be associated with each the following**

**conditions, EXCEPT:**

1. extensive burns
2. cerebrovascular accidents
3. corticosteroid therapy
4. excessive alcohol intake
5. achalasia of esophagus

**58. Anemia associated with gastric carcinoma is usually as a result of:**

1. prolonged blood loss
2. metastases into bones
3. metastases into the small intestine
4. metastases into the liver
5. Vitamin B-12 deficiency

**59. Each of the following is associated with squamous cell carcinoma of the esophagus, EXCEPT:**

1. alcoholism
2. reflux esophagitis
3. chronic esophagitis
4. achalasia
5. smoking

 **60. Which of the following pathologic features is not characteristic of squamous cell carcinoma of the esophagus** **, EXCEPT:**

1. well differentiated glands
2. arises in zones of metaplastic mucosa called Barrett esophagus
3. clinical symptoms usually appear only when the tumor is advanced beyond the point of curative resection
4. mostly occurs in conjunction with esophageal varices
5. early distant metastases are common, whereas lymphatic spread to regional lymph nodes is rare

**61. Each of the following is true about gastric leiomyomas, EXCEPT:**

1. they are most common than gastric adenocarcinoma
2. they may cause erosion and bleeding if are larger than 2 cm
3. they are usually benign
4. they may show a variety of histologic patterns
5. histologic criteria for malignancy include mitotic frequency

**62. Each the following statements about gastric carcinoma are true, EXCEPT:**

1. incidence rates of gastric carcinoma show wide geographic differences
2. prognosis in gastric carcinoma is related to stage of disease
3. absence of acid secretion after pentagastrin stimulation is highly correlated with gastric carcinoma
4. persons with blood group O
5. many tumors are mucin producing

**63. Which of the following types of polyps is non-neoplastic:**

1. tubular adenoma
2. adenomatous polyp
3. juvenile polyp
4. villous adenoma

 e. hyperplastic polyp

**64. Acute gastritis is best described by what the pathologist sees in this sense, name the term:**

1. hypertrophic gastritis
2. hyperplastic gastritis
3. erosive gastritis
4. atrophic gastritis
5. non-necrotizing granulomatous gastritis

**65. Non-erosive gastritis can lead to each of the following, EXCEPT:**

1. achlorhydria
2. pernicious anemia
3. gastric atrophy
4. gastric carcinoma
5. folate deficiency anemia

**66. Pseudomembranous colitis is a:**

1. granulomatous inflammation that is caused by Campylobacter, and rarely shows transmural involvement
2. non-necrotizing granulomatous inflammatory condition of the colon which is of unknown etiology
3. bacterial infection of the colon characterized by focal mucosal ulceration and the formation of fibrinomucinous exudate over denuded areas
4. transmural inflammatory condition that is characterized by focal granulomatous inflammatory infiltrates that are best seen along the serosal surface of the colon
5. disease not associated with any known organism and is characterized by focal mucosal ulceration with the formation of a fibrinous exudate over denuded regions

**67. Identify the name of the pathological process.**

1. chronic appendicitis.
2. appendiceal mucocele.
3. pseudomembranous colitis.
4. carcinoma of sigmoid colon.
5. encephaloid modifications of peyer patches in typhoid fever.

 **68. The causes of the pathological process from image are:**

1. vibrio cholerae
2. staphylococcus aureus
3. escherichia coli
4. clostridium perfringens
5. clostridium difficile

**69. Manifestations of the pathological process from image are:**

1. necrotic masses and exudate remain adherent to the mucosa
2. the colon is usually most severely involved
3. diarrhea with blood and mucus
4. acute inflammation of the small intestine
5. longitudinal ulcers overlying the peyer patches in the ileum

**70. Identify the name of the pathologic process.**

1. chronic appendicitis.
2. appendiceal mucocele.
3. pseudomembranous colitis.
4. carcinoma of sigmoid colon.
5. encephaloid modifications of peyr patches in typhoid fever

**71. Identify the morphological changes of the pathological process:**

1. intact muscularis.
2. clusters of "signet ring cells" and mucous substance which infiltrate the intestinal wall.
3. clusters of typhoid cells.
4. intact lymphoid tissue
5. necrotic masses and fibrin with diffuse leukocytic infiltration;

**72. The causes of the pathological process from image are:**

1. vibrio cholerae
2. staphylococcus aureus
3. escherichia coli
4. clostridium perfringens
5. clostridium difficile

**73. Consequences of pathological process in the image are:**

1. the necrotic mucosa and exudate remain adherent to the mucosal
2. the colon is usually most severely involved
3. acute severe diarrhea with blood and mucus
4. acute inflammation of the small intestine
5. longitudinal ulcers overlying the Peyer patches in the ileum