**Testing on Clinical Pathology Discipline.**

**1. Choose proliferative breast disease: SC**

a. Sclerosing Adenosis

b. Fibrocystic change

c. Fibroadenoma

d. Fat necrosis

e. Mastitis

**2. Choose the most common benign epithelial lesions seen in young women: SC**

a. Mastitis

b. Fibroadenoma

c. Duct ectasia

d. Lobular carcinoma

e. Intraductal papilloma

**3. Microscopic specific features for invasive breast carcinoma: SC**

a. Presence of myoepithelial cell layer

b. Proliferation of small bland cells within lobule

c. Islands of tumor floating in a sea of mucin

d. ’’Indian file’’ appearance

e. Composed of simple tubules lined by single layer of cells

**4. Most common location of GISTs: SC**

* 1. Stomach
  2. Small bowel
  3. Colonum
  4. Rectum
  5. Esophagus
     1. **Which of the following criteria is most important in differentiating between leiomyoma and leiomyosarcoma: SC**
  6. Tumor size
  7. Nucleocytoplasmic ratio
  8. Tumor necrosis
  9. Cellular pleomorphism
  10. Mitotic rate
      1. **Gross (macro) types of hepatic carcinoma are: MC**
  11. Expanding
  12. Multifocal
  13. Focal
  14. Infiltrating
  15. Expansive
      1. **Which immunohistochemical marker is used for diagnosis of GIST: SC**

1. Arginase-1
2. CD 117(c-Kit)
3. GPC-3 (glipican)
4. HepPar-1(OCHIE5)
5. SMA (smooth muscle actin)
   * 1. **The pseudomyxoma peritonei occurs as a complication of the following ovarian tumor: SC**
     2. Serous cystadenoma
     3. Mucinous cystadenoma
     4. Dysgerminoma
     5. Gonadoblastoma
     6. Teratoma
     7. **In a 55 year old postmenopausal woman who has presented postmenopausal bleeding, which investigation/treatment is applied: SC**
   1. Pap smear
   2. Fractional curettage
   3. Transvaginal ultrasound
   4. Ca 125 estimation
   5. Inhibitor of estrogen
      1. **In which of the following genital tract malignancy, the risk of metastasis to ovary is the least: SC**
6. Carcinoma of the cervix
7. Carcinoma of the endometrium
8. Carcinoma of the fallopian tube
9. Uterine sarcoma
10. Carcinoma of the vulva
    * 1. **Criteria of malignancy, nuclear features are: SC**
11. High N/C ratio
12. Vacuolisation
13. Keratinization
14. Cannibalism
15. Hyperplasia
    * 1. **Cytopathology methods are: MC**
16. Exfoliative cytology
17. Abrasive cytology
18. Intraoperative cytology
19. Fine needle aspiration cytology
20. Endoscopic cytology
    * 1. **Lesions that can mimic many criteria of malignancy: MC**
21. Hyperchromasia
22. Anisokaryosis
23. Cannibalism
24. Reactive changes
25. High N/C ratio
    * 1. **Features characteristic of meningiomas are: MC**

a. Fast growing, invasive tumors

b. Slowly growing encapsulated tumors

c. May develop after therapeutic radiation to the head

d. Preponderance in males

e. Commonly cystic

* + 1. **Father of cytopathology is: SC**
  1. Dr. Leopold Koss
  2. Dr. George Papanicolaou
  3. Dr. Edmund S. Cibas
  4. Paul E. Wakely
  5. Martha Bishop Pitman
     1. **Characteristically, a diffuse astrocytomas, grade 2: MC**

1. Affects chiefly children

b. Commonly occurs in the cerebral hemisphers

c. Often presents clinically with seizures

d. May progress into an anaplastic astrocytoma or a glioblastoma

e. Is rarely associated with mutations in p53 gene

* + - 1. **What is characteristic for fibrolamellar carcinoma of the liver: MC**

1. It is variant of the HCC (hepatocellular carcinoma)
2. Most patients with fibrolamellar carcinoma do not have underlying cirrhosis of the liver
3. Most patients with fibrolamellar  carcinoma have underlying cirrhosis of the liver
4. Hepatitis B infection is uncommon in patients with fibrolamellar carcinoma
5. Hepatitis B infection is common in patients with fibrolamellar carcinoma
   * + 1. **Histological variants of hepatic carcinoma are: MC**
6. Trabecular
7. Sinusoidal
8. Pseudoglandular
9. Glandular
10. Alveolar
    * + 1. **What is characteristic for Immunohistochemistry: MC**
11. Ag-Ab specific reaction
12. It's applied in diagnosis of tumor histogenesis
13. It's applied in differential diagnosis
14. Should to be applied always to confirm diagnosis
15. Refers to the process of detecting antigens
    * + 1. **Features characteristic of pilocytic astrocytomas are: MC**

a. They account for 20% to 25% of all intracranial tumors in children.

b. They occur in the cerebellar vermis.

c. They grow slowly.

d. They are referred to as “blue cell tumors.”

e. They are often cystic.

* + - 1. **Differential diagnosis of GISTs: MC**
  1. Leiomyoma
  2. Leiomyosarcoma
  3. Peptic ulcer
  4. Carcinoid tumor

e. Menetrier's disease

* + - 1. **A glial scar is produced by: MC**

a. Oligodendrocytes

b. Alzheimer’s type 2 astrocytes

c. Fibrillary astrocytes

d. Microglia

e. Schwann cells

* + - 1. **Prognostic factors in invasive breast carcinoma include all of the following, EXCEPT: SC**

1. Tumor size
2. Type of carcinoma (ductal, inflammatory, etc.)
3. Location of primary tumor within breast
4. Lymph node involvement by tumor
5. Grade of tumor
   * + 1. **All of the following are true regarding fibroadenoma, EXCEPT: SC**
6. It is the most common benign tumor of the female breast
7. More common in younger women
8. May enlarge late in the menstrual cycle and during pregnancy
9. Is an important risk factor for breast carcinoma
10. Usually presents as a solitary, moveable mass
    * + 1. **Ischemic neurons reveal: SC**

a. Swollen cytoplasm

b. Pale staining with eosin

c. Bright eosinophilia in hematoxylin-eosin stained sections

d. Enlarged nucleus

e. Bluish discoloration of cytoplasm in hematoxylin-eosin stained sections

**26.** **Types of slide preparation are: MC**

1. Cell block
2. Conventional preparation
3. Steam preparation
4. Liquid based preparation
5. Buckling preparation

**27. The most useful stain in cytopathology is: SC**

1. Romanowsky
2. Papanicolaou Wright’s
3. Giemsa stain May
4. Grunwald runwald Giemsa stain
5. Quik stain
   * 1. **It is not always possible in cytopathology to: SC**
6. Localize neoplastic lesion
7. Distinguish specific vs nonspecific inflammation
8. Distinguish preinvasive vs invasive cancer
9. Distinguish dysplastic vs neoplastic changes
10. Distinguish neoplasia vs specific inflammation
    * 1. **Which immunohistochemical marker is used in diagnosis of fibrolamellar carcinoma: SC**
11. CD 68
12. CD 117(c-Kit)
13. Arginase-1
14. GPC-3 (glipican)
15. CD 34
    * 1. **What is characteristic for fibrolamellar carcinoma of the liver: MC**
    1. It is variant of the HCC (hepatocellular carcinoma) +
    2. Most patients with fibrolamellar carcinoma do not have underlying cirrhosis of the liver +
    3. Most patients with fibrolamellar  carcinoma have underlying cirrhosis of the liver
    4. Hepatitis B infection is uncommon in patients with fibrolamellar carcinoma +
    5. Hepatitis B infection is common in patients with fibrolamellar carcinoma
       1. **If a 40-year-old woman, diagnosed with an acute right subdural hematoma, suddenly develops a right ptosis with a dilated pupil nonreactive to light, the most likely cause is: SC**

a. Acute hydrocephalus

b. Occipital lobe infarct

c. Laceration of ipsilateral pedunculus

d. Laceration of contralateral pedunculus

e. Transtentorial hippocampal herniation

* + 1. **Ovarian tumour which is bilateral: MC**

1. Dysgerminoma
2. Endodermal sinus tumour
3. Immature teratoma
4. Embryonal cell carcinoma
5. Gonadoblastoma
   * 1. **Dyskaryosis means: SC**
6. Abnormal nucleus
7. Abnormal cytoplasm
8. Abnormal cell function
9. Abnormal cell position
10. Abnormal cell size
    * 1. **Lesions that can mimic many criteria of malignancy: MC**
    1. Hyperchromasia
    2. Anisokaryosis
    3. Cannibalism
    4. Reactive changes
11. High N/C ratio
    * + 1. **Features characteristic of meningiomas are: CM**

a. Fast growing, invasive tumors

b. Slowly growing encapsulated tumors

c. May develop after therapeutic radiation to the head

d. Preponderance in males

e. Commonly cystic

**36. Histologic features characteristic of a glioblastoma are: MC**

a. Rich vascular supply

b. Rosenthal fibers

c. Pseudopalisading tumor cells around necrosis

d. High mitotic activity

e. Diffusely positive immunostaining with

glial fi brillary acidic protein (GFAP)

* + - 1. **Characteristically, a diffuse astrocytomas, grade 2: MC**

1. Affects chiefly children

b. Commonly occurs in the cerebral hemisphers

c. Often presents clinically with seizures

d. May progress into an anaplastic astrocytoma or a glioblastoma

e. Is rarely associated with mutations in p53 gene

* + - 1. **Criteria of malignancy, cytoplasmic features: SC**

1. Hyperchromasia
2. Anisokaryosis
3. Cannibalism
4. High N/C ratio
5. Multinucleation
   * + 1. **The numerous round to oval calcified structures in meningiomas are termed: SC**
   1. Calcified parasite eggs
   2. Marinesco bodies
   3. Hyaline bodies
   4. Psammoma bodies
   5. Corpora amylacea
      1. **Some cells demonstrate glucose uptake from the blood regardless of the plasma insulin level.**

**In persons who have had persistent hyperglycemia for years, cellular injury can occur. Which of**

**the following cell types is most likely to show injury from hyperglycemia: SC**

a. Cardiac myocytes

b. Fibroblasts

c. Steatocytes

d. Neurons

e. Smooth muscle cells.