

## SECOND PROFESSIONAL M.B.B.S. DEGREE EXAMINATION, AUGUST 2010

## PATHOLOGY—Paper II

## (SYSTEMIC PATHOLOGY AND HAEMATOLOGY)

(2007 admissions)

Time : Two Hours

Maximum : 40 Marks

*Answer all the questions.**Answer Sections A and B in separate answer-books.**MCQs should be answered first in the response sheet provided.*

## Section A

- I. Multiple Choice Questions. Single response type 16 (separate sheet attached). (16 × ½ = 8 marks)
- II. Male 20-years presented with progressive pallor, bleeding gums, hepatosplenomegaly.

Hb = 6 gm %, TC 50000/cu.mm.

- (a) What is your provisional diagnosis ?
- (b) Classify the condition.
- (c) Describe the peripheral smear findings in this condition.
- (d) Mention 2 cytochemical stains of diagnostic importance.

(1 + 3 + 2 + 2 = 8 marks)

## Section B

- III. (a) What is the classification of Bone Tumours ?
- (b) Write down the gross and microscopy of Osteogenic sarcoma.
- (c) Mention 2 bones most frequently involved.

(3 + 2 + 1 = 6 marks)

- IV. Write short notes on :

- (a) Morphological changes of heart in 1st week of myocardial infarction.
- (b) Etiopathogenesis of carcinoma cervix.
- (c) Fibroadenoma.

(18 marks)

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I. MULTIPLE CHOICE QUESTIONS

**Note.**—(1) *Do not write anything on the question paper.*

(2) *Write your register number in the answer-sheet provided.*

(3) *Select one most appropriate response and encircle the corresponding alphabet against each question number in the answer-sheet provided.*

1. Hyaline inclusions in hepatocytes in Alcohol liver disease is :  
(A) Russell body. (B) Mallory body.  
(C) Councilman body. (D) Sclerotic body.
2. Which of the following is a T-cell marker ?  
(A) CD<sub>10</sub>. (B) CD<sub>19</sub>.  
(C) CD<sub>31</sub>. (D) CD<sub>3</sub>.
3. Carcinoma breast usually showing bilateral involvement is :  
(A) Ductal. (B) Lobular.  
(C) Medullary. (D) Mucinous.
4. Gamna Gandy bodies are seen in :  
(A) Liver. (B) Spleen.  
(C) Lung. (D) Lymph node.
5. Aneurysm of Aorta with Tree bark appearance is :  
(A) Syphilitic. (B) Atherosclerotic.  
(C) Hypertensive. (D) Mycotic.
6. Defective platelet aggregation cause :  
(A) Glanzman's disease. (B) May Hegglin anomaly.  
(C) Storage pool disease. (D) Bernard-Soulier syndrome.
7. Pneumocystis carinii produce :  
(A) Interstitial pneumonia. (B) Bronchopneumonia.  
(C) Cavity lesion. (D) Lobar pneumonia.
8. An epiphyseal tumour of femor in a young adult showing expansile lytic lesion with their cortic. Most probable diagnosis :  
(A) Aneurysmal bone cyst. (B) Osteogenic sarcoma.  
(C) Ewing's sarcoma. (D) Giant cell tumour.

Turn over

9. Following are true about Haemophilia-A *except* :
- (A) Autosomal recessive inheritance. (B) Deficiency of factor VIII.  
(C) Prolonged clotting time. (D) Haemarthrosis.
10. Autosplenectomy occurs in :
- (A) Hereditary spherocytosis. (B) Sickle cell anaemia.  
(C) Myelofibrosis. (D) Malaria.
11. An intraabdominal tumour clinically presenting as Paroxysmal episodes of hypertension is :
- (A) Adrenal cortical carcinoma. (B) Myelolipoma.  
(C) Pheochromocytoma. (D) Neuroblastoma.
12. Features of Crohn's disease include all *except* :
- (A) Skip lesions. (B) Fissuring ulcers.  
(C) Transmural inflammation. (D) Caseating granuloma.
13. H. Pylori is complicated as etiological agent in all Gastric lesions *except* :
- (A) Lymphoma. (B) Carcinoma.  
(C) Chronic gastritis. (D) GIST.
14. MEN syndrome Type I includes all *except* :
- (A) Pheochromocytoma. (B) Parathyroid hyperplasia.  
(C) Pituitary adenoma. (D) Pancreatic adenoma.
15. Which of the neoplasm is NOT a paraproteinemia :
- (A) Multiple Myeloma.  
(B) Primary Amyloidosis.  
(C) Waldenström's macroglobulinemia.  
(D) Myeloid Leukemia.
16. Renal neoplasm associated with Tuberous sclerosis is :
- (A) Renal cell carcinoma. (B) Oncocytoma.  
(C) Angiomyolipoma. (D) Nephroblastoma.

(16 × ½ = 8 marks)