



Tanta University
Faculty of Medicine
Ophthalmology Dept.

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Faculty of Medicine.
Ophthalmology Department.
MD Pathology and Microbiology Examination
10 August/2017

All Questions to be answered.

Time Allowed: 3 hours.

(A) Discuss the followings:

- 1- Pathological changes in hypermature senile cataract.
(5 marks)
- 2- Pathology of corneal haze after photorefractive keratectomy.
(5 marks)
- 3- Pathological changes in diabetic macular edema.
(5 marks)

(B) Answer the following MCQ questions: (2 marks each)

1. The predominant cell type in acute suppurative nongranulomatous inflammation is:
 - a. Plasma cell
 - b. Polymorphonuclear leukocyte
 - c. Lymphocyte
 - d. Epithelioid cell

2. All of the following are true regarding Lisch's nodules except:
 - a. The most common clinical feature of adult neurofibrosis, type 1
 - b. Composed of proliferating Schwann cells
 - c. Are melanocytic hamartomas
 - d. Clinically appear as multiple, small, nodules on the iris surface

3. The first cells to respond to invading microbes are:
 - a. Neutrophils
 - b. Eosinophis
 - c. Lymphocytes
 - d. Plasma cells

4. All of the followings occur in the healing of corneal wounds except:
 - a. The corneal epithelium regenerates at the limbus
 - b. Bowman's layer does not regenerate.
 - c. Descemet's membrane regenerates from underlying endothelium.
 - d. The corneal endothelium fills in defects by sliding.

5. Laterality of enucleated eye specimen is determined by:
 - a. Long ciliary vessels
 - b. Insertion of superior oblique muscle
 - c. Insertion of inferior oblique muscle
 - d. All of the above.



6. Kayser Fleischer Ring is due to:
 - a. Deposition of iron in the corneal epithelium
 - b. Deposition of copper in the corneal epithelium
 - c. Deposition of copper in Descemet's membrane
 - d. Deposition of iron in Descemet's membrane

7. Glaukomflecken is histologically corresponding to:
 - a. Pink amorphous substance on anterior lens capsule
 - b. Focal necrosis of lens epithelial cells
 - c. Melanin pigment granules
 - d. Macrophages containing lens matter

8. An enucleated globe from a male child after a clinical history of unilateral leukocoria. Transillumination of the globe with a fiber-optic light source determined a shadow in the posterior pole. Histopathological examination revealed vitreous fibrosis and an eosinophilic granuloma. The diagnosis is:
 - a. Retinoblastoma
 - b. Persistent hyperplastic primary vitreous
 - c. Coats' disease
 - d. Ocular toxocariasis

9. A good clue that the tissue biopsy is the conjunctiva is:
 - a. Presence of stratified nonkeratinized epithelium
 - b. Presence of goblet cells
 - c. Presence of sebaceous glands
 - d. Presence of accessory lacrimal gland tissue

10. Cystic changes in a pigmented conjunctival lesion may be present in:
 - a. Conjunctival Nevus
 - b. Congenital Ocular Melanocytosis
 - c. Primary Acquired Melanosis
 - d. All of the above

11. Which of the following pathological changes has the best prognosis in retinoblastoma:
- Tumor has abundant Flexner– Wintersteiner rosettes.
 - Choroidal invasion.
 - Optic nerve invasion.
 - Rubeosis iridis.
12. Adenoid cystic carcinoma of the lacrimal gland characterized by:
- Well circumscribed, encapsulated mass
 - Slowly growing
 - Painless
 - Causes bony erosion
13. The microscopic level of hard drusen is:
- Outer plexiform layer
 - Outer nuclear layer
 - Between Retinal Pigment Epithelium and Bruch's membrane
 - Choriocapillaries
14. An elevated subretinal lesion demonstrating high internal reflectivity on A-scan is most probably...
- Retinoblastoma
 - Choroidal Hemangioma
 - Melanoma
 - Meningioma
15. Which is true in relation to Elschnig's pearls:
- Usually opaque
 - Cause phacoanaphylactic uveitis
 - Are made up of nucleated lens fibers.
 - Are the most common cause of decreased vision following cataract surgery

Good luck

Tanta University ----- Internal Medicine Exam
Faculty Of Medicine ----- MD degree of Pathology
Internal medicine department -----
15/8/2017 ----- Time allowed : 3hours
NO. of questions: 30 MCQ (2 Marks for each) + 3 Short essay (10 Marks for each)



1- Hyperaldosteronism causes:

- A) Hyperkalemia
- B) Hyponatremia
- C) Decreased water absorption
- D) Hypokalemia

2- Ketoacidosis without glycosuria is seen in:

- A) Aspirin toxicity
- B) Renal tubular acidosis
- C) Starvation of long duration
- D) Acute renal failure

3- Common cause of Cushing's syndrome is:

- A) Pituitary adenoma
- B) Ectopic ACTH production
- C) Solitary parathyroid tumor
- D) Bronchogenic cancer

4- Acromegaly is characterized by all Except:

- A) Enlarged nasal sinuses
- B) Increased heel pad thickness
- C) Muscular hypertrophy
- D) Diabetes Mellitus

5- Neurological features associated with hypothyroidism include:

- A) Ataxia
- B) Carpal Tunnel Syndrome
- C) Deafness
- D) All of the above

6- Life long treatment is necessary in:

- A) Myxedema
- B) Addison's disease
- C) Type 1 DM
- D) All of the above

7- The hormone responsible for the changes seen in pheochromocytoma is:

- A) Norepinephrine
- B) Thyroxine
- C) Glucagon
- D) Serotonin

8- Type 2 DM is characterized by following Except:

- A) Obesity
- B) Ketoacidosis
- C) Age of onset above 40
- D) Insulin normal or high

9- Most useful test in DM:

- A) Urine sugar
- B) Glycosylated Hb
- C) Glucose Tolerance test
- D) Post prandial blood sugar

10- Leukopenia is a common finding in:

- A) Dermatomyositis
- B) Periarteritis nodosa
- C) Scleroderma
- D) Systemic lupus erythematosus

11- Secondary hyperparathyroidism is seen with

- A) CRF
- B) Single adenoma
- C) Bone metastasis
- D) Potassium sparing diuretics

12- Maximum hyperprolactinemia is seen in:

- A) Bromocriptin therapy
- B) Chlorpromazine therapy
- C) Reserpine therapy
- D) Pituitary adenoma

13- Red colored in porphyria is due to:

- A) Porphobilinogen
- B) Protoporphyrin
- C) Aminolevulonic acid
- D) Uroporphyrinogen

14- Angioedema is a side effect of:

- A) Calcium channel blockers
- B) ACE inhibitors
- C) Beta blocker
- D) Reserpine

15- Helmet cells and other schistocytes are suggestive of:

- A) Megaloblastic anemia
- B) Iron deficiency anemia
- C) Thalassemia
- D) Microangiopathic hemolytic anemia

16- In Non-Hodgkin's lymphoma early involvement of bone marrow is typical of which variety:

- A) Diffuse
- B) Nodular
- C) Lymphocytic well differentiated
- D) Lymphocytic poorly differentiated

17- Glycogen storage disease mainly affect:

- A) Muscle and bone
- B) Liver and brain
- C) Brain and pancreas
- D) Liver and muscle

18- Clubbing is seen in:

- A) Silicosis
- B) Ventricular septal defect
- C) Pleural mesotheliomas
- D) Cystic fibrosis

19- Heterotopic calcification can be best monitored by:

- A) Serum calcium level
- B) Follow up X rays
- C) Alkaline phosphatase
- D) Acid phosphatase

20- Palmar erythema occurs in:

- A) Renal failure
- B) Heart failure
- C) Adrenal failure
- D) Liver failure

21- Hodgkin's lymphoma can commonly involve all organs Except:

- A) Bone marrow
- B) Alimentary tract
- C) Brain
- D) Kidney

22- All of the following are featured by dermal hyperpigmentation EXCEPT:

- A) Conn's syndrome
- B) Addison's disease
- C) Hemochromatosis
- D) Nelson's syndrome

23- Which is not a criterion for diagnosis of nephritic syndrome?

- A) Hypertension
- B) Proteinuria
- C) Hypoalbuminemia
- D) Anasarca

24- Which is not a recognized cause of microalbuminuria:

- A) Nephrotic syndrome
- B) Diabetes mellitus
- C) Congestive heart failure
- D) Fever

25- Commonest cause of hepatoma is :

- A) Hemochromatosis
- B) Alcohol
- C) Liver cirrhosis
- D) Steatohepatitis

26- Which is not a part of metabolic syndrome :

- E) Dyslipidemia
- F) Obesity
- G) Ischemic heart disease
- H) Hypertension

27- Commonest renal lesion in diabetic nephropathy is :

- A) Diffuse glomerulosclerosis
- B) Chronic interstitial nephritis
- C) Arterio nephrosclerosis
- D) Papillary necrosis

28- Commonest cause of jaundice in Thalassemia is :

- A) Viral hepatitis C
- B) Iron deposition in liver
- C) Gall Stone
- D) Hemolysis

29- Hepatosplenomegaly with lymphadenopathy is found in all EXCEPT:

- A) Acute lymphatic leukaemia
- B) Lymphoma
- C) Chronic myeloid leukaemia
- D) Infectious mononucleosis

30- Iron transport protein is :

- A) Ferritin
- B) Haptoglobin
- C) Ferroprotien
- D) Transferrin

Write what do you know about :

- 1- DM without significant pancreatic histopathology.
- 2- Liver and pancreatic hemochromotosis .
- 3- Mechanisms of atherosclerosis beyond low LDL.

Good Luck

**University of Tanta
Faculty of medicine,
ENT department,
MD, Surgical pathology exam,
August 2017,
Time allowed 3 hours.
Total of 90 marks.
All questions are to be answered**

- 1- Enumerate congenital anomalies involving the auditory system. (20 marks)**
- 2- Discuss branchial cleft anomalies. (20 marks)**
- 3- Discuss small cell tumors in the head & neck. (20 marks)**
- 4- Describe pathological presentations of Sjogren's disease in H&N.(20 marks)**
- 5- Discuss presentations of Histiocytosis X in H&N.(10 marks)**

----- Good luck -----