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PATHOLOGY EXAM # 5
March 21, 2001

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NOTE: Please check your Exam. There should be 120 Questions on 22 pages.

Practical Questions:

1. The lesion shown on this photomicrograph is stained with Congo red and examined under polarized light. Your opinion is:

- A. Oval fat bodies
- B. Malakoplakia
- C. Amyloidosis
- D. Calcinosis

2. The lesion shown on this photomicrograph is associated with:

- A. Acute nephritic syndrome which in 67-90% of cases will recover after 7 to 9 days
- B. Nephrotic syndrome that responds to corticosteroid in 8 weeks in 90% of cases
- C. Hematuria occurring immediately after or concurrent with an episode of upper respiratory infection
- D. Both nephritic and nephrotic syndromes

*True Tracts
MPCN*

3. The immunofluorescent pattern shown on this photomicrograph can be seen in the following diseases EXCEPT:

- A. Minimal change disease
- B. Class IIA lupus nephritis ✓
- C. Class IIB lupus nephritis ✓
- D. IgA nephropathy ✓

4. The lesion shown on this photomicrograph can be seen in which of the following diseases EXCEPT:

- A. Post streptococcal glomerulonephritis ✓
- B. Membranoproliferative glomerulonephritis ✓
- C. Class IV lupus nephritis ✓
- D. Membranous nephropathy ✓

proliferative

D

5. The immunofluorescent pattern seen in this photomicrograph can be seen in which of the following diseases EXCEPT:

- A. Post streptococcal glomerulonephritis
- B. Membranous nephropathy
- C. Class IV lupus nephritis
- D. IgA nephropathy

6. The lesion shown on this gross photograph is an example of:

- A. Autosomal dominant polycystic disease
- B. Autosomal recessive polycystic disease
- C. Medullary sponge kidney
- D. Cortical necrosis

7. The lesion shown on this gross and photomicrograph is an example of:
[NOTE: There are 2 slides to this Question.]

- A. Autosomal dominant polycystic kidney disease
- B. Autosomal recessive polycystic kidney disease
- C. Cystic renal dysplasia
- D. Acquired cystic disease

8. The tumor shown on this gross photograph is from a 42-year-old male. The MOST likely diagnosis is:

- A. Seminoma
- B. Teratoma
- C. Yolk sac tumor
- D. Choriocarcinoma

N 30
M 35
S 40

9. The tumor shown on this gross photograph is an example of:

- A. Seminoma
- B. Teratoma
- C. Non seminomatous (mixed) germ cell tumor
- D. Lymphoma

accept all

10. The lesion shown on this photomicrograph is an example of:

- A. Adenocarcinoma
- B. Squamous cell carcinoma
- C. Infection with papillomavirus
- D. Infection with Treponema pallidum

Matching: The following pertain to questions 11 through 14. You may use an answer once, more than once, or not at all.

- A. Osteomyelitis
- B. Osteosarcoma
- C. Ewing's sarcoma of bone
- D. Chondrosarcoma
- E. Enchondroma
- F. Paget's disease of bone

11. 65-year-old man presents with fracture of the proximal right femur after tripping on a rug. Increased radiodensity with a coarse trabecular pattern of his right femur and iliac wing is seen. His serum calcium and phosphate is normal. His alkaline phosphatase is markedly elevated, being 30 times normal. His prostate studies, including prostate specific antigen, are normal. A biopsy is done. **F**

12. 16-year-old young man presents with shoulder pain after a soft ball game. He is found to have an aggressive proximal humeral metaphyseal bone lesion, with elevation of the periosteum and intralesional radiodensities. A biopsy is done. [NOTE: There are 2 slides to this Question.] **B**

13. 57-year-old woman presents with shoulder pain after tripping on a rug and catching herself before falling. A proximal humeral lesion shows focal destruction of the cortex by a lobulated intramedullary lesion that shows focal calcification. A resection of the proximal humerus is done. [NOTE: There are 2 slides to this Question]. **D**

14. 58-year-old woman presents with mid-back pain that has become more severe over 3 weeks. A radiograph shows compression of one vertebral body with an angulation deformity of the spine. A biopsy is done. **A**

15. Match the lesion in the picture with the MOST likely diagnosis:

accept
all
F

- ~~A.~~ Tubal ectopic pregnancy
- ~~B.~~ Leydig cell tumor
- C. Low grade endometrial stromal sarcoma
- D. Malignant mixed mullerian tumor
- E. Adenomatoid tumor
- F. Salpingitis isthmica nodosa

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16. Match the lesion in the picture with the MOST likely diagnosis:

accept
all
E

- ~~A.~~ Tubal ectopic pregnancy
- ~~B.~~ Leydig cell tumor
- C. Low grade endometrial stromal sarcoma
- D. Malignant mixed mullerian tumor
- E. Adenomatoid tumor
- F. Salpingitis isthmica nodosa

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17. Match the lesion in the picture with the MOST likely diagnosis:

A

- A. Tubal ectopic pregnancy
- B. Leydig cell tumor
- C. Low grade endometrial stromal sarcoma
- D. Malignant mixed mullerian tumor
- E. Adenomatoid tumor
- ~~F.~~ Salpingitis isthmica nodosa

—

18. Match the lesion in the picture with the MOST likely diagnosis:

- ~~A.~~ Tubal ectopic pregnancy
- B. Leydig cell tumor
- C. Low grade endometrial stromal sarcoma
- D. Malignant mixed mullerian tumor
- E. Adenomatoid tumor
- F. Salpingitis isthmica nodosa

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19. Match the lesion in the picture with the MOST likely diagnosis:

- A. Tubal ectopic pregnancy
- B. Leydig cell tumor
- C. Low grade endometrial stromal sarcoma
- D. Malignant mixed mullerian tumor
- E. Adenomatoid tumor
- F. Salpingitis isthmica nodosa

20. Match the lesion in the picture with the MOST likely diagnosis:

- A. Tubal ectopic pregnancy
- B. Leydig cell tumor
- C. Low grade endometrial stromal sarcoma
- D. Malignant mixed mullerian tumor
- E. Adenomatoid tumor
- F. Salpingitis isthmica nodosa

Written Questions:

NORMAL VALUES: The following are normal values to be used in evaluating the renal and lower urinary tract questions below.

BUN	Normal less than 18 mg/dl
Serum Creatinine	Normal less than 1.3 mg/dl
Urine protein	Normal less than 150 mg per 24 hours
ASO titre	Normal less than 100 Todd units/dl
Prostate specific antigen	Normal less than 4.5 ng/ml

21. Angiomyolipoma is associated with:

- A. Berger's disease
- B. Henoch-Schonlein purpura
- C. Tuberous sclerosis
- D. Von Hippel Lindau's syndrome

22. The MOST common form of lupus nephritis is:
- A. Class I lupus nephritis
 - B. Class II lupus nephritis
 - C. Class III lupus nephritis
 - D. Class IV lupus nephritis
23. A patient presented with nephrotic range proteinuria. The urine IgG/albumine ratio was less than 0.1. Your opinion is:
- A. Membranous nephropathy
 - B. Membranoproliferative glomerulonephritis
 - C. Focal segmental glomerulosclerosis
 - D. Minimal change disease
24. The incidence of IgA nephropathy is highest in which of the following ethnic groups?
- A. Caucasians in the United States
 - B. Japanese
 - C. Europeans
 - D. African-Americans
25. A 78-year-old male presented with edema of lower extremities and melena. Rectal examination revealed a rectal mass. The biopsy showed adenocarcinoma. Urinalysis revealed 4 (+) proteinuria, occasional red blood cells and white blood cells. The 24-hour proteinuria was 4 g. The BUN and serum creatinine were within normal limits. A renal biopsy is performed. The MOST likely electronmicroscopic finding is:
- MN
- B
- A. Subendothelial deposits
 - B. Subepithelial deposits
 - C. Mesangial deposits
 - D. Sausage-shaped very dense intramembranous deposits
26. Fibrinoid necrosis of the arterioles and glomeruli is seen in the following diseases EXCEPT:
- A. Wegener's granulomatosis ✓
 - B. Churg-Strauss syndrome ✓
 - C. Microscopic polyangitis ✓
 - D. Benign hypertension

27. A 22-year-old female presented with dysuria. Urine culture grew 60,000 E. coli/ml. Treatment was withheld because of no significant bacteriuria. The symptoms persisted; repeated urine culture grew 50,000 E. Coli per ml. Urinalysis revealed 40 neutrophils and 2-3 red blood cells per high power field. Your opinion is:

- A. Acute urethral syndrome
B. Local irritation without infection
C. Urinary tract infection with E.Coli that needed to be treated
D. Bacterial contamination during collection and transportation of urine specimen

28. A 20-year-old female sought medical attention because of headache and flank pain. Her blood pressure measurement was 160/95 mmHg. Urinalysis revealed 12 neutrophils per high power field. The 24-hour proteinuria was 5.5 g. Imaging techniques demonstrated a scar of the outer surface of the kidney with a cup-shaped depression of the underlying renal papillae. Your opinion is:

- A. Membranous nephropathy
B. Reflux nephropathy
C. Reflux nephropathy complicated with focal segmental glomerulosclerosis
D. Minimal change disease

29. A 25-year-old male visited his family physician because of a puffy face and edema of lower extremities. His blood pressure was 220/ 123 mmHg. Urinalysis reveal 50 red blood cells per high power field, and 5 neutrophils per high power field. The 24-hour proteinuria was 12g. The BUN was 32 mg/dl and the serum creatinine was 3.5 mg/dl. The ASO titer was 300 Todd units per dl and the streptozyme test was positive. No treatment was given. He was told to return for follow-up in two months. There was no improvement of his symptoms in the second visit. The C3 was persistently low with serial measurements. Your opinion is:

- A. IgA nephropathy
B. Post streptococcal glomerulonephritis
C. Type I membranoproliferative glomerulonephritis
D. Type II membranoproliferative glomerulonephritis.

30. A 50-year-old male was followed-up in the Rheumatology Clinic for his rheumatoid arthritis for which he was treated with gold. Recently he developed edema of the scrotum and lower extremities. The 24-hour proteinuria was 3.6g/24 hour. The BUN was 16mg/dl and the serum creatinine was 1 mg/dl. The urine sediment revealed 2 RBC and 3 WBC per high power field. His blood pressure was within normal limits. The MOST likely diagnosis is:

- A. Minimal change disease
- B. Focal segmental glomerulosclerosis
- C. Membranous nephropathy
- D. Membranoproliferative glomerulonephritis

31. A 30-year-old male presented with gross hematuria, myalgia, diarrhea and abdominal cramp. The BUN was 25 mg/dl and the serum creatinine was 2.2 mg/dl. Urinalysis reveal 25 dysmorphic RBCs and 5 neutrophils per high power field. The 24-hour proteinuria was 1.5 g. The patient was healthy until this episode of illness. No rash or purpura is seen. Your opinion is:

- A. Focal segmental glomerulosclerosis
- B. IgA nephropathy
- C. Henoch Schonlein purpura
- D. Membranoproliferative glomerulonephritis.

32. Renal papillary necrosis can occur with which of the following disease(s):

- A. Obstructive nephropathy, severe pyelonephritis
- B. Sickle cell disease
- C. Diabetic mellitus
- D. Analgesic abuse
- E. All of the above

33. A 70-year-old male presented with unilateral enlargement of the testis. The MOST likely diagnosis is:

- A. Classic seminoma
- B. Spermatocytic seminoma
- C. Anaplastic seminoma
- D. Choriocarcinoma

34. A 2-year-old boy presented with testicular mass. The MOST likely diagnosis is:
- A. Spermatocytic seminoma
 - B. Choriocarcinoma
 - C. Yolk sac tumor
 - D. Teratoma
35. A 69-year-old male presented with prostatic specific antigen of 114 ng/ml. Rectal examination reveal nodules in both right and left sides of the prostate. Needle biopsies demonstrated adenocarcinoma with combined Gleason' score of $3 + 4 = 7$. The prostate is not fixed to the pelvic wall. The patient is in:
- ~~A.~~ Stage A1 disease
 - B. Stage B1 disease
 - C. Stage C2 disease
 - ~~D.~~ Stage D2 disease
- C1
36. Acquired diverticular disease of the urinary bladder USUALLY occurs in:
- A. Children
 - B. Young adult male
 - C. Young adult female
 - D. Elderly male

Matching: The following pertain to questions 37 through 39. You may use an answer once, more than once, or not at all.

- A. Abnormality of chromosome 11
 - B. Abnormality of chromosome 16
 - C. Chromosomal translocation (3;6, 3;8, 3;11)
 - D. Abnormality of chromosome 13
37. Wilms' tumor A
38. Renal cell carcinoma C
39. Autosomal dominant polycystic disease B

Matching: The following pertain to questions 40 through 43. You may use an answer once, more than once, or not at all.

- A. Mesangial deposition of IgA
- B. Angiomyolipoma
- C. Mesangial sclerosis, pseudohermaphroditism
- D. Gigantism, macroglossia, visceromegaly, omphalocele-umbilical hernia
- E. Renal cell carcinoma

- 40. Von Hippel Lindau's syndrome - E
- 41. Henoch-Schonlein purpura - A
- 42. Denny's Drash's syndrome - C
- 43. Beckwith Wideman's syndrome - D

Matching: The following pertain to questions 44 through 47. You may use an answer once, more than once, or not at all.

- A. Sarcoma botryoides (embryonal rhabdomyosarcoma)
- B. Transitional cell carcinoma
- C. Renal cell carcinoma
- D. Juxtglomerular apparatus tumor

- 44. A 80-year-old patient with renal pelvic mucosal tumor - C B
- accept all 45. A 69-year-old patient renal parenchymal tumor - D C
- 46. A 70-year-old with urinary bladder mucosal tumor B
- 47. A 2-year-old child with urinary bladder tumor A

Matching: The following pertain to questions 48 through 51. You may use an answer once, more than once, or not at all.

- A. Infection with proteus
- B. Hyperparathyroidism
- C. Leukemia under treatment or gout
- D. Disorder of amino acid transport in the intestine and tubular epithelium

- 48. Struvite stone **A**
- 49. Calcium stone **B**
- 50. Uric acid stone **C**
- 51. Cystine stone **D**

Matching: The following pertain to questions 52 through 56. You may use an answer once, more than once, or not at all.

- A. Membranoproliferative glomerulonephritis type II
- B. Alport's syndrome
- C. Malakoplakia
- D. Acute nephritis syndrome occurring in a 7-year-old child
- E. Hunner's cystitis

- 52. Michaelis Gutman bodies - **C**
- 53. C3 nephritic factor **A**
- 54. Nerve deafness, lens dislocation, corneal dystrophy, and posterior cataract **B**
- 55. Subepithelial hump **D** - **don**
- 56. Increased of mast cells in the urinary bladder wall - **E**

Matching: The following pertain to questions 57 through 60. You may use an answer once, more than once, or not at all.

- A. Seminoma
- B. Penile squamous cell carcinoma
- C. Prostatic carcinoma
- D. Non seminomatous germ cell tumor

- 57. Metastasis mainly by lymphatic pathway - A
- 58. Metastasis by hematogeneous pathway in early stage - D
- 59. Vertebral column metastasis with osteoblastic reaction - C
- 60. Metastasis to inguinal lymph nodes - B

Matching: The following pertain to questions 61 through 64. You may use an answer once, more than once, or not at all.

- A. Carcinoma in-situ of skin with visceral malignancy in some cases
- B. Carcinoma in-situ of skin without visceral malignancy
- C. Multiple reddish brown papules on the penile shaft which show carcinoma in-situ by histologic examination. The lesion does not progress to invasive carcinoma.
- D. Verrucous carcinoma

- 61. Erythroplasia of Queyrat - B
 - 62. A Bowen's disease - B
 - 63. C Bowenoid papillomatosis - B
 - 64. Buschke-Lowentein tumor - D
- Handwritten notes:*
 "except all" (circled around 61-63)
 "which single" (with arrow pointing to B)
 "multiple" (with arrow pointing to B)
 "?" (next to 63)

Matching: The following pertain to questions 65 through 67. You may use an answer once, more than once, or not at all.

- A. HPV 6 and 11
- B. HPV 16 and 18
- C. Chlamydia trachomatis
- D. Ureaplasma urilyticum

- 65. Condyloma accuminata A
- 66. Giant condyloma of Buschke A ??
- 67. Squamous cell carcinoma B

Matching: The following pertain to questions 68 through 70. You may use an answer once, more than once, or not at all.

- A. *Streptococcus pneumoniae*
- B. *Staphylococcus aureus*
- C. *Mycobacterium tuberculosis*
- D. *Escherichia coli*
- E. *Salmonella* spp.
- F. *Hemophilus influenzae*
- G. *Pseudomonas aeruginosa*

- 68. Need antibiotic coverage for this organism in all cases of osteomyelitis. B
- 69. Need additional antibiotic coverage for this organism in 3-day-old premature infant in the NICU with osteomyelitis of the femur. F
- 70. Need additional antibiotic coverage for this organism in a 27-year-old intravenous drug abuser with osteomyelitis and septic arthritis of the sternoclavicular joint and adjacent bone. G

Matching: The following pertain to questions 71 through 75. You may use an answer once, more than once, or not at all.

- A. Irregular bone spicules without lining osteoblasts in a fibrous tissue background
 - B. Thin cortices and spicules with abnormal collagen matrix.
 - C. Bony spicules with cartilage cores with minimal marrow space
 - D. Thin but otherwise normal bony spicules with normal fatty marrow
 - E. Extensive osteoclast bony resorption, osteoblasts making new bone, and a fibrous marrow, with areas of mosaic bone.
 - F. Bony spicules with thick unmineralized osteoid seams
 - G. Osteoclastic resorption of bony spicules, including tunneling of the spicules, with a fibrous marrow
71. 23-year-old man fractures his right mid femoral shaft after slipping off a curb. Radiographs show that all his bones are abnormally dense, including his femur. C
72. 33-year-old man with history of four fractures of his right proximal femur since age 12. His orthopedic surgeon now tells him his radiograph looks like a "shepard's crook". His other bones were normal on radiographs. A
73. 43-year-old man who complains of foot pain is found to have several metatarsal fractures and generalized osteopenia. His serum calcium is slightly low, phosphate high, and alkaline phosphatase normal. Bence Jones F
74. 53-year-old woman trips, falls, and fractures her left wrist. Radiographs show generalized osteopenia. Her serum calcium, phosphate and alkaline phosphatase are normal. D
75. 45-year-old man trips, falls and fractures his left tibia. Radiographs show a generalized pattern of osteopenia, with particular subperiosteal resorption of his digits. His serum calcium is elevated, serum phosphate is low, and alkaline phosphatase is moderately elevated. G

Matching: The following pertain to questions 76 through 80. You may use an answer once, more than once, or not at all.

- A. Sequestrum
- B. Mosaic bone
- C. Lamellar bone
- D. Involucrum
- E. Osteoid
- F. Gibbus
- G. Creeping substitution
- H. Callus

76. **H** Osteogenic granulation tissue

77. **E** Unmineralized bone matrix

78. **A** Septically infarcted bone

79. **F** Vertebral angulation in tuberculosis

80. **G** New bone repair in avascular necrosis of bone

Matching: The following pertain to questions 81 through 83. You may use an answer once, more than once, or not at all.

- A. Familial; Multiple intramedullary cartilage lesions with soft tissue hemangiomas.
- B. Nonfamilial; Multiple intramedullary cartilage with soft tissue hemangiomas.
- C. Familial; Multiple intramedullary cartilage lesions.
- D. Nonfamilial; Multiple intramedullary cartilage lesions.
- E. Familial; Multiple exostoses.
- F. Nonfamilial; Multiple exostoses

Con D 81. Ollier's syndrome - **D**

En F 82. Osteochondromatosis **C**

Am B 83. Maffucci's syndrome **B**

84. Bony changes in sickle cell anemia:
- A. Osteosarcoma in adolescence; avascular necrosis of bone diaphysis.
 - B. Osteosarcoma in adolescence; diaphyseal osteomyelitis.
 - C. Avascular necrosis of bone diaphysis; diaphyseal osteomyelitis.
85. The patient MOST apt to experience a delayed union of his/her traumatic fracture:
- A. Four year old boy with a two part closed fracture of his right forearm.
 - B. 17 year old man with a three part closed fracture of his proximal left femur.
 - C. 67 year old man with a seven part open fracture of his distal right femur.
 - D. 11 year old girl with a two part open fracture of her distal tibia.
 - E. 43 year old woman with a three part open fracture of her distal ulna.
86. The MOST common site for an osteosarcoma of bone in adolescence:
- A. Proximal humeral metaphysis
 - B. Distal femoral metaphysis
 - C. Proximal tibial metaphysis
 - D. Humeral diaphysis
 - E. Femoral diaphysis
 - F. Tibial diaphysis
87. Urine specific gravity is a measurement of:
- A. Urine volume
 - B. Urine concentration
 - C. Urine weight
 - D. Urine viscosity
88. Your patient's urinalysis reagent strip is positive for blood; however, no red blood cells are seen on microscopic exam. A possible explanation is:
- A. High intake of ascorbic acid
 - B. Bence-Jones proteinuria
 - C. Diabetic ketoacidosis
 - D. Myoglobinuria

89. Your patient's urinalysis reagent strip is positive for nitrite, but negative for leukocyte esterase. No white blood cells (WBCs) are seen on microscopic exam. The MOST likely explanation is:

- A. Urinary tract infection by a microorganism which does not reduce urinary nitrate to nitrite
- B. A polymicrobial (multiple microorganisms) urinary tract infection
- C. Specimen contamination and bacterial overgrowth
- D. High intake of ascorbic acid

90. Which is MOST likely to be of pathologic significance:

- A. The presence of crystals in an acidic urine
- B. The presence of crystals in an alkaline urine
- C. The presence of squamous epithelial cells in a clean-catch midstream urine from a pregnant female
- D. The presence of high concentrations of ascorbic acid in a urine specimen

91. The urinalysis reagent strip for "protein" is MOST sensitive to the presence of;

- A. Albumin
- B. Beta-2 microglobulin
- C. Immunoglobulin light chain
- D. Myoglobin

92. The urinalysis reagent strip for "blood" is sensitive to the presence of:

- A. Intact red blood cells
- B. Hemoglobin, but not myoglobin
- C. Both hemoglobin and myoglobin
- D. Dysmorphic red blood cells

93. The primordial germ cells originate in the yolk sac at ABOUT:

- A. 4 weeks
- B. 5 weeks
- C. 6 weeks
- D. 7 weeks

94. Failure of germ cells to develop may result in:

- A. Absence of fallopian tubes
- B. Uterus didelphys
- C. Ovarian agenesis
- D. Polycystic ovaries

95. The ovaries are formed by incorporation of endodermal germ cells into the proliferating mesodermal epithelium of the:

- A. Paramesonephric ducts
- B. Urogenital sinus
- C. Mesonephric ducts
- D. Urogenital ridge

96. The following are considered of mesonephric origin, EXCEPT:

- A. Paratubal cysts
- B. Gartner duct cysts
- C. Rete ovary
- D. Hydatid of Morgagni

97. Uterus didelphys is the result of:

- A. Lack of development of the mullerian tubercule
- B. Paramesonephric ducts failure to fuse
- C. Non fusion of the mesonephric ducts
- D. Twin pregnancy

98. The following are lesions commonly associated with gonorrhoea, EXCEPT:

- A. Bartholinitis
- B. Follicular salpingitis
- C. Endometritis
- D. Tubo-ovarian abscesses

99. Donovan bodies are characteristically found in:

- A. Calymmatobacterium infection
- B. Chlamydia infection
- C. HPV infection
- D. Herpes infection

Matching: Match the following conditions with the most appropriate complementary statement:

- A. Condyloma lata
- B. Follicular cervicitis
- C. Lymphogranuloma venereum *Bubos*
- D. Condyloma planum
- E. Chancroid

100. *C* Severe vulvar lymphedema is a frequent late complication

accept all 101. *B* May be a manifestation of chlamydia infection

E 102. *C* Frequently manifested by suppurative inguinal lymphadenopathy

103. *A* Is a syphilitic lesion

104. *D* Is an HPV lesion —

105. Clinical presentation of vulvar squamous cell carcinoma in situ include all of the following EXCEPT:

- A. Leukoplakia
- B. Multiple hyperpigmented papules
- C. Diffuse hyperpigmented plaques
- D. Nodular centrally umbilicated lesion

106. The following are all characteristic histological features of lichen sclerosis EXCEPT:

- A. Thinning of the squamous epithelium with loss of rete pegs ✓
- B. Squamous epithelial dysplasia ✓
- C. Dermal fibrosis ✓
- D. Lichenoid chronic inflammation ✓

107. The following are features characteristic of Paget's disease of the vulva EXCEPT:

- A. May recur locally after wide excision ✓
- B. Most frequently present as a deeply invasive adenocarcinoma
- C. Most frequently present as an intraepithelial malignant neoplasia
- D. May be rarely invasive. ✓

108. Offspring of DES exposed mothers have an increased risk of developing:

- A. Cervical clear cell adenocarcinoma
- B. Endometrial clear cell adenocarcinoma
- C. Vaginal clear cell adenocarcinoma
- D. Ovarian clear cell adenocarcinoma

109. When a vaginal tumor is diagnosed histologically as a squamous cell carcinoma, the MOST likely primary sites, in order of frequency, are:

- A. Vagina, cervix, vulva
- B. Vulva, cervix, vagina
- C. Cervix, vulva, vagina
- D. Vulva, vagina, cervix

110. All the following features are characteristic of vaginal adenosis EXCEPT:

- A. Precursor of clear cell adenocarcinoma ✓
- B. More frequently found in children of DES exposed mothers ✓
- C. It is of mesonephric origin
- D. Histologically represented by aberrant glandular tissue in the vaginal stroma

111. Evidence linking high risk HPV to cervical cancer include all of the following EXCEPT:

- A. Episomal viral DNA is found in 85% of cervical cancers
- B. High risk HPV are identified in most high grade cervical dysplasias ✓
- C. HPV 16 and 18 E6 oncoprotein binds and inactivates tumor suppressor gene p53 ✓
- D. E6 and E7 viral oncogenes can transform cells in culture ✓

112. The following gynecologic cancers are HPV associated EXCEPT:

- A. Cervical squamous cell carcinoma ✓
- B. Endocervical adenocarcinoma ✓
- C. Endometrial adenocarcinoma
- D. Vulvar squamous cell carcinoma

113. Patients with cervical squamous cell carcinoma MOST frequently die of:

- C
- A. Brain metastasis
 - B. Lung metastasis
 - C. Complications secondary to local invasion
 - D. Complications secondary to chemotherapy and radiation treatment

114. A stage II invasive squamous cell carcinoma of the cervix is one that:

- 0
1
71
- B
- A. Is confined to the cervix but is more 2 cm in diameter
 - B. Involves the upper 1/3 of the vagina
 - C. Involves the lower 1/3 of the vagina
 - D. Extends to the pelvic wall

115. The beginning of the late secretory phase is characterized by:

- D
- A. Presence of a well-developed predecidual compact zone
 - B. Glandular and stromal breakdown
 - C. Coalescence of stromal predecidual patches
 - D. Perivascular stromal predecidual reaction

116. A cause of dysfunctional uterine bleeding is:

- A. Endometriosis
- B. Adenomyosis
- C. Inadequate luteal phase
- D. Endometritis

117. All of the following are features characteristic of type I endometrial adenocarcinomas EXCEPT:

- A. Low grade
- B. Superficially invasive
- C. Well differentiated
- D. Non-estrogen related.

118. All of the following are features characteristic of type II endometrial adenocarcinoma EXCEPT:

- A. Seen in premenopausal or perimenopausal women
- B. Not preceded by endometrial hyperplasia
- C. Low progesterone receptors levels
- D. High stage

119. An example of type II endometrial adenocarcinoma is:

- A. Clear cell adenocarcinoma
- B. Well differentiated endometrioid adenocarcinoma
- C. Secretory adenocarcinoma
- D. Villoglandular adenocarcinoma

120. The adenomatoid tumor is MOST frequently seen in:

- A. Cervix
- B. Vagina
- C. Uterus
- D. Fallopian tubes

THIS IS THE END OF THE EXAMINATION.