

[LQ 113]

AUGUST 2020  
(MAY 2020 SESSION)

Sub. Code: 2010

**M.D. DEGREE EXAMINATION**

**BRANCH III – PATHOLOGY**

**PAPER I – GENERAL MEDICAL AND SURGICAL PATHOLOGY  
INCLUDING APPLIED ASPECTS IN PATHOLOGY**

*Q.P. Code: 202010*

**Time : Three Hours**

**Maximum : 100 Marks**

**I. Essay:**

**(2 x 15 = 30)**

1. Discuss about the various differential diagnosis of pleomorphic spindle cell sarcomas. Discuss the role of IHC in their diagnosis.
2. Discuss the genetics involved in papillary carcinoma thyroid. Describe the different variants of papillary carcinoma and their prognostic significance.

**II. Write short notes on:**

**(10 x 5 = 50)**

1. Variants of Osteosarcoma and the latest IHC markers.
2. Nesidioblastosis.
3. Gleason's grading.
4. PECOMA.
5. Neuropathology of hypoxia.
6. Role of Immuno-fluorescence in skin biopsy.
7. Current concepts of EIN.
8. Amphicrine carcinoma.
9. Metaplastic lesions of urinary bladder.
10. Piringer – Kuchinka lymphadenitis.

(2)

**III. Reasoning Out:**

**(4 x 5 = 20)**

1. A 26 year old female, developed puffiness of face, swelling of both legs with discoid lesions. She was admitted to the medical ICU with fever, anemia (Hb - 9gms%) and decreased platelet count (15,000 cells/cumm). MP - QBC positive, Urine protein - 3+
  - a) What is your probable diagnosis?
  - b) Discuss the pathology and morphology of this condition
  - c) Enumerate the peripheral smear findings
  - d) Enumerate all the investigations to diagnose the case.
  
2. A 35 year old female, IT worker, returned from Italy 10 days back, now complaints of fever and dry cough. ESR: ½ hour – 20mm, 1 hour – 40mm. Hb – 8.5gms%. CBC shows lymphopenia. Nasopharyngeal swab taken and sent to NIV, Pune.
  - a) What is your probable diagnosis?
  - b) What are the biochemical tests you would like to do with the patient?
  - c) What are the hematological tests you would like to do?
  - d) Who are the susceptible individuals and what are the organs affected and their morphological changes?
  
3. A 35 year old male, lorry driver by profession, developed fever, cough and hemoptysis. On examination mantoux was positive, ESR elevated and X-ray chestrevealed large cavitary lesion.CBC showed WBC count of 1,500 cells/cumm with lymphopenia.
  - a) What is your probable diagnosis?
  - b) What are the differential diagnosis for cavitary lesions of lung?
  - c) What is the pathogenesis in this patient?
  - d) What are the Gastro-intestinal infections this patient can succumb to.
  
4. A 30 year old female, came with hot flushes and fever. She was admitted in the surgical ICU for acute abdominal pain. Appendicectomy was done and it revealed a lesion at the tip.
  - a) What is your probable diagnosis?
  - b) What are the other sites which may be involved?
  - c) What is the HPE finding? How do you classify?
  - d) What are the biochemical findings you expect in this patient?

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