

M.D. DEGREE EXAMINATION

BRANCH III – PATHOLOGY

**PAPER IV – IMMUNOPATHOLOGY, HAEMATOLOGY, PRINCIPLES
AND APPLICATION TO TECHNOLOGICAL ADVANCES
IN LABORATORY SERVICES**

Q.P. Code: 202013

Time : Three Hours

Maximum : 100 Marks

I. Essay:

(2 x 15 = 30)

1. Discuss systemic amyloidosis and its clinical scenario. Approach to diagnosis of fat pad excision biopsy and its interpretation and grading.
2. Discuss etiopathogenesis and pathology of endometrial tumors. Describe current endometrial intraepithelial neoplasm.

II. Write Short Notes on:

(10 x 5 = 50)

1. Acute leukemias
2. Primary glomerulonephritis
3. Hematological scoring system in sepsis
4. Immunohistochemistry in effusion cytology and small biopsy
5. Angiomyolipoma
6. Cytospin
7. Lymphnode pathology in aids
8. Adrenalitis
9. Carcinosarcoma
10. Monoclonal gammopathy of undetermined significance

III. Reasoning Out:

(4 x 5 = 20)

1. 62 year old male presented with erythematous maculopapular eruption over the trunk and extremities associated with fever. Patient received chemotherapy for all. Skin eruption was associated with slight increase in WBC followed by bone marrow recovery within next weeks. Skin biopsy showed dermal perivascular infiltrate with strong CD 30 expression. Discuss the pathology.
2. 64 year old male with a history of autoimmune thyroiditis presents with skin lesion and generalised lymphadenopathy. CBC 25 000/dl with 80 percent lymphocytes and 16 percent neutrophils. Blood smear showed many small to medium sized lymphocytes with a single distinct nucleolus and occasional cytoplasmic protrusion. BMA and biopsy showed leukemic cells accounting for 25 percent marrow cellularity. TCL 1 positive. Discuss the pathology.
3. 55 year old female complaints of lowback ache. She was found to have multiple osteolytic lesions and anemia. BMA was done. Serum electrophoresis was advised. Discuss the diagnostic criteria and risk stratification .
4. 24 year old male patient complaints of progressive localised pain in foot. CT revealed multifocal well circumscribed mixed lytic and sclerotic osseous lesions involving talus, calcaneus and phalange. HPE showed spindle cell lesion with no giant cells. Discuss.

[LQ 116]