



Pathology Activity Mid Exam

أبعد الخير على أهل الكسل
تشتغل عنه بمال وخول
يعرف المطلوب يحقر ما بذل
كل من سار على الدرب وصل
وجمال العلم إصلاح العمل

اطلب العلم ولا تكسل فما
واحتفل للفقه في الدين ولا
واهجر النوم وحصله فمن
لا تقل قد ذهب أربابه
في ازدياد العلم إرغام العدا

By Sara Masadeh

Esophageal Diseases 1

Q1: A 45-year-old woman has noted difficulty swallowing for the past 6 months. On physical examination there are no abnormal findings. A barium swallow reveals an area of stricture (stenosis) in the lower esophagus just above the gastroesophageal junction. She has an upper GI endoscopy performed and biopsies of the lower esophagus are taken which show normal squamous epithelium with no acute or chronic inflammation or ulceration, only submucosal fibrosis. Which of the following is the most likely diagnosis?

- A. Barrett esophagus
- B. Mallory-Weiss syndrome
- C. Systemic sclerosis
- D. Portal hypertension

Q2: A 41-year-old man has a history of drinking alcohol for the past 20 years. He has had numerous episodes of nausea and vomiting in the past 5 years. He now experiences a bout of prolonged vomiting, followed by hematemesis. On physical examination his vital signs are stable. His heart has a regular rate and rhythm with no murmurs and his lungs are clear to auscultation. His stool is negative for occult blood. Which of the following should be suspected based on this presentation ?

- A. Esophageal laceration
- B. Esophageal diverticulum
- C. Esophageal stricture
- D. Esophageal squamous cell carcinoma
- E. Barrett esophagus

Q3: A 35-year-old HIV positive woman known has had pain on swallowing for the past week. Upper GI endoscopy is performed. There are 3 sharply circumscribed punched out 0.3 to 0.8 cm ulcers in the lower esophagus. She is most likely to have infection with which of the following organisms?

- A. Helicobacter pylori
- B. Herpes simplex virus
- C. Cytomegalovirus
- D. Candida albicans

Esophageal Diseases 2

Q1: A 39-year-old woman has experienced heartburn following meals for the past 15 years. On physical examination there are no abnormal findings. Upper GI endoscopy is performed and there are 1 to 3 cm long tongues of erythematous mucosa extending from the gastroesophageal junction upward into the lower esophagus.

Biopsies are performed of this region and microscopic examination shows areas of intestinal metaplasia with goblet cells. Which of the following is the most likely explanation for this woman's findings?

- A. Gastroesophageal reflux
- B. Adenocarcinoma
- C. Barrett esophagus
- D. Congenital anomaly
- E. Systemic sclerosis.
- F. More than one answer can justify the findings (determine them)

Q2: A 58-year-old man has had increasing difficulty swallowing for the past 6 months and has lost 5 kg. No abnormal physical examination findings are noted. Upper GI endoscopy reveals a nearly circumferential mass with overlying ulceration in the mid esophageal region. Biopsy of the mass reveals pink polygonal cells with marked hyperchromatism and pleomorphism. Which of the following is the most likely risk factor for development of his disease?

- A. Helicobacter pylori infection
- B. Chronic alcohol abuse
- C. Reflux esophagitis
- D. Barrett esophagus
- E. High fiber diet

Intestinal Diseases 3

Q1: A 51-year-old man undergoes routine health examination by his nurse practitioner. There are no abnormal physical examination findings except for a stool sample positive for occult blood. Colonoscopy is performed and there is a 1 cm polyp on a narrow stalk located in the descending colon. The polyp is resected and on microscopic examination shows crowded, tubular, dysplastic colonic-type glands. The stalk of the polyp is covered with normal colonic epithelium. Which of the following is the most likely diagnosis?

- A. Tubular adenomatous polyp
- B. Hyperplastic polyp
- C. Sessile serrated adenoma.
- D. Peutz-Jeghers polyp
- E. Villous adenomatous polyp

Q2: A 20-year-old man is healthy but has a family history of colon cancer with onset at a young age. There are no abnormal physical examination findings. He undergoes colonoscopy and there are over 200 tubular adenomas ranging in size from 0.2 to 1 cm on gross inspection and microscopic examination of biopsies. Which of the following genetic diseases is he most likely to have?

- A. Peutz-Jeghers syndrome
- B. Multiple endocrine neoplasia
- C. Hereditary non-polyposis colon carcinoma syndrome
- D. PTEN-associated syndrome
- E. Familial adenomatous polyposis

Q3: A 39-year-old man is having a routine physical examination because of a history of colon cancer in his family. He has no abdominal tenderness or masses, and active bowel sounds are present. However, his stool is positive for occult blood. Colonoscopy is performed. There are 7 polyps found in the ascending colon (cecum). Upon histopathologic evaluation they proved to be adenomas containing a focus of well differentiated adenocarcinoma. Which of the following is his most likely underlying diagnosis?

- A. Hereditary non-polyposis colon carcinoma
- B. Chronic ulcerative colitis
- C. Peutz-Jeghers syndrome
- D. Adenomatous polyposis coli
- E. PTEN-associated syndrome

Intestinal Diseases 4

Q1: A 40-year-old previously healthy man notes blood-streaked stool for the past 2 days. On physical examination his stool is positive for blood. There is no abdominal tenderness, and bowel sounds are active. A colonoscopy is performed, and there is an area of obstruction from an encircling mass with superficial ulceration that is located at 20 cm above the anal verge. Which of the following risk factors was most likely to have been present for development of this lesion?

- A. Human papillomavirus infection
- B. High fat diet
- C. Diverticulosis
- D. Celiac disease

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وَحُسْنِ عِبَادَتِكَ