HLS-Pathology

Archive

Lecture 1

Anemia 1

HLS- Pathology Lecture 1

1) major diagnosis of aplastic anemia ?

a.bone marrow biopsy

b.CBC

Answer : a

2)Different proteins are involved in iron metabolism . Among them hepcidin which is not characterized by ?

a.it is upregulated by increased iron level to down regulate ferroportin

b.it is downregulated by decreased iron level to up regulate ferroportin

c.its high expression rate is regulating bacterial growth negatively

d.its low expression rate is regulating bacterial growth positively

e.it is directly affecting iron exportation from tissue to blood

Answer :e

3)Which of the following does not describe hepcidin?

A- pregulation by high iron negatively regulates ferroportin

4)Patient has hb- hct- but mcv and others normal with low reticulocytes:

a.Myelophthisic anaemia

5)All of the following show microcytic hypochromic anemia except?

a. Thalassemia

b. Anemia of chronic inflammation

c.Iron deficiency anemia

d.Sideroblastic anemia

e. Aplastic anemia

Answer : e

HLS- Pathology Lecture 1

6)Pica, a side effect of iron deficiency anemia, is?

a. Eating things that you don't usually eat

b.Numbness in extremities

Answer : a

7)Anemia with high ferritin and low serum iron and low TIBC?

a.chronic inflammation anemia

8)An elderly man with low Hb, low retic, low serum iron, high TIBC, what is the most likely cause?

- GIT bleeding

9)Anemia associated with low reticulocytes includes all of the following EXCEPT?

a. Hemolytic anemia.

b. Iron deficiency anemia.

c. Vitamin B12 deficiency anemia.

d. Folic acid deficiency anemia.

e. Aplastic anemia.

Answer : a

10)All the following are true about iron deficiency anemia EXCEPT?

a. Microcytic hypochromic RBCs.

b. Low hemoglobin.

c. Low serum iron.

d. Low serum ferritin.

e. Low serum soluble transferrin receptors

Answer : e

HLS- Pathology

Lecture 1

11)Choose the wrong statement about hepcidin

A. Is upregulated in response to iron to induce degredation of ferroportin

B. Is upregulated in response to iron in to induce more synthesis of ferroportin

C. Is synthesized by the liver

Answer : b

12)All about Anemia of chronic inflammation except

A.low FE

B.low TIBC

C.microcytic

D.high ferretin

E.transfusion therapy

Answer : e

HLS-Pathology

Archive

Lecture 2

Non neoplastic heme disorders

corrected By:
Malaak Al Zaidaneeyen

HLS- Pathology Lecture 2

ROUH

1- one is incorrectly matched:
A. neutrophilia/ burns
B. basophilia/ CMV
C. lymphocytosis/ TB
D. eosinophilia/ parasitic or allergy
E. monocytosis/ inflammatory bowel disease
Ans: B

2- A boy complain from fever and sore throt for two weeks . Test show that he has low Hb , leukocytosis & lymphocytosis . Smear shows that there are atypical cells , monospot test positive . What are these cells ??
A) B memory
B) CD8+ cytotoxic
C) CD4+ helper
D) CD8+ regulator
Ans: B

3- atypical lymphocytes associated with
A EBV *

4- CD 10 with all except:

تجميع

A)B-ALL
B) Burkitt Lymphoma
C) follicular lymphoma
D) Diffuse Large B Cell Lymphoma
E)mantle
Ans: E

5- Girl with dysurea , alony with acute bacterial infection , all found in PB except
A)Dohle bodies
B)toxic granules
C)atypical lymphocyte > Infectious mononucleosis
D)neutrophila
E)neutrophila with cytoplasmic vacuoles
ans: C

HLS- Pathology Lecture 2

Wateen

6- Kissing disease is associated with infectious mononucleosis which presented with?
EBV infects the epithelium of the oropharynx and salivary gland.
can be included with Micro #3

Wareed

7- What type of cells can be found in Sinus histiocytosis?
- Histiocytes

8- Atypical lymphocytes in EBV are what type?
- CD8 lymphocytes

Nabd

9- A 53 year old female patient presented with a suspicious palpable breast mass with a clinical and radiological suspicion of malignancy. The histological examination of a biopsy from the mass confirmed the diagnosis of invasive ductal carcinoma. Mastectomy and axillary lymph nodes dissection was scheduled for this patient. Which of the following findings will you most likely detect in this patient axillary lymph nodes?
a. Sinus histiocytosis.
b. Paracortical hyperplasia.
c. Follicular hyperplasia.
d. Granulomatous lymphadenitis.
e. Acute Nonspecific Lymphadenitis.
Ans : a

HLS- Pathology Lecture 2

10- One of the following is incorrect about Lymphopenia?

a. Lymphopenia caused by acute viral infections stems from lymphocyte redistribution.
b. It is the commonest form of leukopenia.
c. Associated with rare congenital immunodeficiency diseases.
d. Observed in advanced human immunodeficiency virus infection.
e. Caused by high dose corticosteroids.

Ans : b

11- All of the following case scenario can lead to neutrophilia through decrease production EXCEPT?

a. Patient with recurrent liposarcoma receiving radiation therapy.
b. Advance stage colonic carcinoma patient receiving chemotherapy.
c. Sickle cell anemia patient presented with splenic sequestration.
d. Acute myeloid leukemia patient.
e. Patient suffering from aplastic anemia due to chronic NSAIDs use.

Ans: C

رَأَيتُ الحُرَّ يَجتَنِبُ المخازي
وَيَحْمِيهِ عَنِ الغَدْرِ الوفاء
أبو تمام -

الشرح : لقد شاهدت أن الإنسان الشريف صاحب الأخلاق الفاضلة يبتعد عن فعل كل مايعيبه و أن اتصافه بالوفاء هو الذي يمنعه من الغدر بأصحابه, و تحميه أخلاقه الحميدة من الخطأ. الخير هو الذي يتحرر من الأفكار التي لا توافي قيمه.

HLS-Pathology

Archive

Lecture 3

Lymphoid Neoplasm 1

corrected By:
Malaak Al Zaidaneeyen

HLS- Pathology Lecture 3

Rouh

1- **CD 10 with all except:**
A)B-ALL
B) Burkitt Lymphoma
C) follicular lymphoma
D) Diffuse Large B Cell Lymphoma
E)mantle
Ans: E mantle > CD5

2- Women with several posterior cervical LN enlargement from a year , biopsy take it shows cells effaced by a distinctly nodular proliferation with two types of cells one predominant is has angular nucleui and other is large with vesicular chromatin with severe neculoli, one is correct will show:
A)B cell neoplasm marker with CD10 in GC.
B)Associated with lymphoid polyposis.
C)CD5 with no cyclin D1.
Ans: A

Wateen

3- One is associated with CLL:
A. Polycythemia
B. Peripheral lymphocytic
C. Centroblasts and centrocytes
D. Tdt marker
Ans: B

4- True about CLL:
A. 60 and older.
B. Between 30-40 age group.
Ans: A

5- 11:14 translocation:
Mantle cell lymphoma

6- The false about ALL:
Only occur in adults.

HLS- Pathology Lecture 3

7- good prognosis about ALL:
2-9Y.

8- One is true about ALL?
A. Often good prognosis
B. It doesn't occur in adults
C. Classified according to morphology
D. Aggressive behavior
ans: C

9- False about neoplastic cells?
Easy to invade by the immune cells.

Wareed

10- False about CLL?
most cases TdT positive

11- Mutation found in ALL?
NOTCH1

12- a case about CLL, details given: soccer-cells, CD5, PAX5) Which of the following is incorrect?
- tdt marker positive

Nabd

13- One of the following pairs between the haematopoietic neoplasms and the cytogenic abnormalities associated with them is wrongly matched?
a. Acute promyelocytic Leukemia: t(15;17).
b. Pre—B Acute lymphoblastic leukemia: t(12,21).
c. Small Lymphocytic Lymphoma: t(9;22).
d. Follicular lymphoma: t(14;18).
e. Mantle Cell Lymphoma: t(11;14).
Ans : c

HLS- Pathology Lecture 3

14- A 71-year-old man presented with multiple painless masses on the left side of his neck for the past 3 months. On examination he has firm. non-tender. lymph nodes palpable in left posterior cervical region. No splenomegaly or hepatomegaly. Complete blood count is unremarkable. Histopathologic examination of the cervical lymph node shows numerous crowded nodules of small cleaved cells with occasional larger cells with several nucleoli. Which of the following markers will be most likely expressed by these cells?

a. CD4.
b. CD5.
c. CD10.
d. TdT.
e. CD30.

Ans : c

15- One of the following pairs between the haematopoietic neoplasm and the immunohistochemical stains commonly expressed by the tumor cells is wrongly matched?

a. Pre—B Acute lymphoblastic leukemia: TdT.
b. Small Lymphocytic Lymphoma: Cyclin D1.
c. Hodgkin Lymphoma mixed cellularity type: CD30.
d. Acute myeloid leukemia: MPO.
e. Nodular lymphocyte predominant Hodgkin Lymphoma: CD10.

Ans : b

16- Chronic lymphadenitis with follicular hyperplasia can mimic the morphology of follicular lymphoma, ALL of the following features favor a reactive follicular (nonneoplastic) hyperplasia EXCEPT?

a. Preservation of the lymph node architecture.
b. Variation in the shape of the follicles.
c. Variation in the size of the follicles.
d. Recognizable light and dark zones.
e. Absent germinal center phagocytic macrophages.

Ans : e

فَارفُض بِإجمالٍ أُخُوَّةَ مَن
يَقلى المُقِلَّ وَيَعشَقُ المُثري

وَعَلَيكَ مَن حالاهُ واحِدَةٌ
في اليُسرِ إِمّا كُنتَ وَالعُسرِ

البُحتُريّ.

HLS-Pathology

Archive

Lecture 4

Lymphoid Neoplasm 2

corrected By:
Malaak Al Zaidaneeyen

HLS- Pathology Lecture 4

Rouh

1- Patient complained from cervical lymphadenopathy . Biopsy from node reveals that there are cells CD30 &CD15:

A) Hodgkin Lymphomas.

B) Burkitt Lymphoma.

Ans: A

2- Incorrect about Hodking lymphoma :

A)RS cell escape from immune response

B)classic show CD 15/CD30

C)NLP show CD15 and fail to CD20

D)nodular and mixed are most common

E) stages III & IV) are more likely to exhibit B symptoms (fever, weight loss, night sweats).

Ans: C

Wateen

3- All of the following are classical hodgkin lumphoma except: Nodular lymphocytic predominant. Immunophenotype of RS cells?

Pax 5, CD15, CD30, & B positive. T cell markers and CD45 negative.

4-Owl red occur in? Burkitt lymphoma MYC mutation: Burkitt Starry sky? Burkitt

Wareed

5- In the case of Diffuse large B cell lymphoma what is the genetic mutation? BCL6

6- a 60 year old present with erythroid patch, and epithelial cells would be positive for? CD4

HLS- Pathology Lecture 4

Nabd

7- A 71-year-old man presented with multiple painless masses on the left side of his neck for the past 3 months. On examination he has firm. non-tender. lymph nodes palpable in left posterior cervical region. No splenomegaly or hepatomegaly. Complete blood count is unremarkable. Histopathologic examination of the cervical lymph node shows numerous crowded nodules of small cleaved cells with occasional larger cells with several nucleoli. Which of the following markers will be most likely expressed by these cells?

a. CD4.
b. CD5.
c. CD10.
d. TdT.
e. CD30.

Ans : c

8-A 33-year-old female has experienced low grade fevers. night sweats, and generalized malaise for the past 2 months. On physical examination she has painless cervical lymphadenopathy. A cervical lymph node biopsy showed occasional CD15+ and CD30+ Reed-Sternberg cells surrounded by mixed inflammatory cells and bands of fibrosis. Which of the following is the most likely her diagnosis?

a. Follicular lymphoma.
b. Mantle cell lymphoma.
c. Burkitt lymphoma.
d. Marginal zone lymphoma.
e. Hodgkin lymphoma.

Ans : e

9-A 44-year-old man has noted a change in the appearance of his face over the past 7 months. On physical examination his facial skin is full of thick and red plaques. Microscopic examination of a punch biopsy from the plaques shows infiltration of epidermis by cerebriforrn neoplastic T lymphocytes that are CD4 positive. Which of the following is the most likely diagnosis?

a. Hodgkin lymphoma.
b. Mycosis fungoides.
c. Burkitt lymphoma.
d. Acute lymphocytic leukemia.
e. Marginal zone lymphoma.

Ans : b

HLS- Pathology Lecture 4

10- A 9-year old girl has had increasing abdominal distention and pain for the past 3 days. An abdominal CT scan shows a large mass involving the small bowel. The mass was resected and microscopic examination shows sheets of intermediate size lymphocytes, with nuclei several nucleoli and many mitotic figures. Cytogenetic analysis of the cells from the mass shows t(8;14) karyotype. Which of the following is the most likely diagnosis?

a. Precursor T acute lymphoblastic lymphoma.
b. Precursor B acute lymphoblastic lymphoma.
c. Hodgkin lymphoma.
d. Marginal zone lymphoma.
e. Burkitt lymphoma.

Ans:e

11- A 27-year-old Man has been experiencing low grade fevers, night sweats, and generalized malaise for 2 months. Physical examination revealed painless cervical lymphadenopathy. A cervical lymph node biopsy is showed occasional CD15+ and CD30+ Reed-Stemberg cells along With large and small lymphocytes and bands of fibrosis. One of the following is INCORRECT regarding his disease?

a. Reed-Sternberg (RS) cell escapes host immune response by expressing high levels of PD ligands.
b. In Classic subtypes RS cells fail to express CD20.
c. Nodular lymphocyte predominant subtype expresses CD30 and CD15.
d. B symptoms in this patient usually indicate stage III or IV disease.
e. Nodular sclerosis and mixed cellularity are the two most common types.

Ans: C

12- In the most widely used staging system for lymphomas, stage III means? Select one:

a. Localized disease, single lymphoid region or single organ.
b. Two or more lymphoid regions on the same side of the diaphragm.
c. Two or more lymphoid regions above and below the diaphragm.
d. Widespread disease with multiple organ involvements.
e. Patient exhibit 8 symptoms (fever, weight loss, night sweats).

Ans:C

يعيش المرء ما استحيا بخير ويبقى العود ما بقي اللحاء

الشرح : إن الإنسان كغصن الشجر ، و الحياء يغطيه كقشر الشجر ، فإذا سقط قشر الشجر ، يبس الغصن و أصبح لا قيمة له ، و كذلك الإنسان إذا ذهب حياؤه ، أصبح بلا فائدة .

HLS-Pathology

Archive

Lecture 5

RBC disorders 2

corrected By:
Malaak Al Zaidaneeyen

HLS- Pathology

Lecture 5

1. Pregnant women with low retics,low Hb,High MVC :

A)anemia of B12 def
B)anemia of folic acid
C)iron deficiency anemia

Ans: B

2.All of these are considered as folate deficiency etiology except:

A.Increase demand
B. Chronic blood loss
C. Infection
D. Malabsorption
E. Decrease dietary

Ans: c
Chronic blood loss as a secondary cause

3. One is megaloblastic anaemia;
-B12 deficiency

4. What is a sign of megaloblastic anemia due to b12 def?
A- weakness and fatigue
B- good memory
C- increased appetite

Ans:A

5.Woman in her last trimester. Her CBC values are Hb 9g/dl, Hct 31%, reticulocytes 0.3%, MCV 100fL. Her serum Ferritin level was normal?

a. iron deficiency anemia.
b. B12 deficiency.
c. Folic acid deficiency.
d. GIT bleeding.
e. Anemia of chronic inflammation.

Ans: C تبييض + مكرر فسيو

HLS- Pathology Lecture 5

6. Vitamin B12 deficiency: Which statement is FALSE?
Select one:
a. Develops more quickly in patients with chronic liver disease.
b. Traps folate in the inactive 5- melhyltetrahydrofolate form.
c. Causes deficiency of methionine but elevates plasma homocysteine level.
d. Causes megaloblastic erythropoiesis that is partially corrected by folic acid.
e. It damage the peripheral somatic nerves.

Ans:E

7. About B12 deficiency, Select one:
a. It can occur after 6 months of deficiency.
b. is associated with reduced formation of dTMP.
c. If severe, it can caused neural tube defects in foetus during pregnancy.
d. is partially correctable by vitamin B12 administration.
e. is not associated with neurological damage.
السؤال مو واضح ونكتب بآخر ملف وريد بس المهم صيغة السؤال مو الخيارات
ممكن يكون فارما 1 بس احتياط حطيناه

سمعتهم يقولون بأن الإنسان يشقى بلين قلبه، ولكن للنبي ﷺ حديث جميل:

{ أَلا أُخْبِرُكُمْ بِمَنْ يَحْرُمُ عَلى النَّارِ؟ أَوْ بِمَنْ تَحْرُمُ عَلَيْهِ النَّارُ؟ تَحْرُمُ عَلَى كُلِّ قَرِيبٍ، هَيِّنٍ، لَيِّنٍ، سَهْلٍ }

وحديث أخر:
{ يَدْخُلُ الجَنَّةَ أَقْوامٌ، أَفْئِدَتُهُمْ مِثْلُ أَفْئِدَةِ الطَّيْرِ }

يكفيك برقة ولين قلبك أن تحرُم عليك النار، يكفيك أن تدخل الجنة بلين قلبك

HLS-Pathology

Archive

Lecture 6

Plasma Cell Neoplasms

HLS- Pathology Lecture 6

1. A 43 year old female presented with right chest pain, non-radiating for 2 months duration. Chest CT scan revealed well defined hypodense soft tissue mass involving the fifth rib and the parietal chest wall. Histopathologic examination of the mass revealed an infiltration of mature plasma cells. M protein is absent in the blood, urine is negative for Bence jones proteins, and thebone marrow biopsy is normal. What is the most likely diagnosis?

a. Smoldering myeloma.
b. Solitary Plasmacytoma.
c. Monoclonal gammopathy of undetermined significance.
d. Lymphoplasmacytic lymphoma.
e. Waldenstrom macroglobulinemia.

Ans: b

2. All of the following is true about Monoclonal gammopathy of undetermined significance (MGUS) EXCEPT?

a. it is a plasma cell disorder.
b. It is very common in older adult.
c. Has constant rate of transformation to multiple myeloma but its low.
d. Patients have small to moderately large M components in blood.
e. Patients commonly present with pathologic fractures

Ans: e

3. One of the following is not among renal dysfunction features in multiple myeloma patients?

a. Light chain deposition in the glomeruli.
b. Bacterial pyelonephritis.
c. Obstructive proteinaceous casts.
d. Hypocalcemia.
e. Renal stones

Ans: d

HLS- Pathology Lecture 6

4. Which of the following conditions is most commonly associated with the presence of Mott cells on histopathology?

a. Hodgkin lymphoma
b. Chronic lymphocytic leukemia (CLL)
c. Multiple myeloma
d. Acute lymphoblastic leukemia (ALL)
e. Infectious mononucleosis

Ans: c

5. Which of the following hematologic malignancies is most commonly associated with the MYD88 mutation?

a. Follicular lymphoma
b. Diffuse large B-cell lymphoma
c. Chronic lymphocytic leukemia (CLL)
d. Lymphoplasmacytic lymphoma
e. Mantle cell lymphoma

Ans: d

6. Which of the following statements is correct regarding plasma cell neoplasms ?

a. Multiple myeloma is commonly associated with Waldenström macroglobulinemia
b. Monoclonal gammopathy of undetermined significance (MGUS) can progress to multiple myeloma
c. A solitary bone or soft tissue mass is the most common presentation of multiple myeloma
d. Bence Jones proteins are high molecular weight immunoglobulins
e. Lymphoblastic lymphoma does not require aggressive chemotherapy

Ans: b

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Lecture 7

Myeloid Neoplasms

HLS- Pathology Lecture 7

1. Which of the following leukemias has the best prognosis among all reaching 90% cure rate? Select one :

a. Chronic lymphocytic leukemia.
b. AML with dysplasia.
c. AML with the t(15;17).
d. AML with the t(8:21).
e. AML with the inv(16).

Ans: c

2. Which of the following statements about AML (Acute Myeloid Leukemia) subtypes is INCORRECT?

a. PML/RARA fusion is seen in acute promyelocytic leukemia (APL)
b. Auer rods are commonly seen in AML with t(15;17)
c. Monoblasts typically lack Auer rods and have folded or lobulated nuclei
d. Leukemia cutis (skin involvement) is seen in monocytic variants of AML
e. AML with inv(16) is associated with poor prognosis

Ans: e

HLS-Pathology

Archive

Lecture 8

Haemolytic anemia

Corrected by:
Zeinab Qtawneh

HLS- Pathology Lecture 8

1)A 53 year-old female patient, who is diagnosed early with SLE (Systemic lupus erythematosus),presents with symptoms of anemia. Primary clinical evaluation along with CBC (Complete blood count) confirmed that, what is the next proper testto diagnose her anemic subtype?

a. Serum vitamin B12 concentration

.b. Serum iron indices.

c. Coombs test.

d. Hemoglobin electrophoresis.

e. Bone marrow examination

Answer : c

2)A 16-year-old African-American man, who has recently taken a drug, passes dark reddish brown urine. His past medical history was free. On physical examination, he is afebrile, and there is mild jaundice. CBC shows a mild norrnocytic anemia, but the peripheral blood smear showsprecipitates of denatured globin (Heinz bodies) with “bite cells" in the population of RBCs. Which of the following is the most likely diagnosis?

a. RBC membrane abnormality.

b. Beta-Thalassemia minor.

c. Autoimmune hemolytic anemia.

d. Glucose-G-phosphate dehydrogenase deficiency.

e. Sickle cell disease

Answer :d

3)A 30-year-old man has complained recently of passing dark brown urine. By taking his medicalhistory, he said that he recently had taken antimalarial drug. On the physical examination, he appears pale, afebrile and there is no organomegaly. Laboratory studies revealed that his serum haptoglobin level is decreased. Which of the following is the most likely explanation of these findings?

a. Oxidative injury to hemoglobin.

b. Reduced deformability of the RBC membrane.

c. Increased susceptibility to lysis by complement.

d. Impaired globin synthesis.

e. Hemolysis of antibody-coated cells.

Answer : a

HLS- Pathology Lecture 8

4) Ineffective erythropoiesis is a phenomena occurring in the following disorders?
a. Hereditary spherocytosis.
b. Sickle cell anemia.
c. Beta-thalassemia.
d. Paroxysmal nocturnal hemoglobinuria
.e. iron deficiency anemia
Answer :c

5) Regarding G-6-P-D anemia, hemolysis occurs due to?
a. Formation of Heinz bodies.
b. Biting of R.B.C's by macrophages.
c. Extracorpuscular hemolysis in spleen sinusoids.
d. Formation of Heinz bodies and attacks by macrophages. attacks by macrophages and extracorpuscular hemolysis
Answer : a

6) Patients with hemoglobin SC disease?
a. Never experience sickle cell crisis
b. Have a different mutation in both beta-globin genes in the same codon.
c. Exhibit an excess of embryonic ζ-chains in their adult red blood cells.
d. Frequently die in utero from complications or the hemoglobinopathy.
e. Could not have a child with sickle cell disease
Answer : b

HLS-Pathology

Archive

Lecture 9

HLS- Coagulation disorders

Corrected by:
Malaak Al Zaidaneeyen

HLS- Pathology Lecture 9

1- About DIC that is widespread all are correct except:
A. obstetric complications
B. deposition of AntiG/ AntiB
C. meningococcal infection
D. burn trauma

Ans: b not sure

2- Regarding hemophilia A and B all are correct except:
A. Prolonged PTT not corrected by mixing patient's plasma with normal plasma
B. X linked
C. hemophilia A is the most common hereditary cause of serious bleeding
D. identical clinical symptoms
E. normal PT

Ans: a

3- Regarding Von Willebrand disease one is incorrect:
a- A autosomal dominant.
B- patients have compound defects in platelet function and coagulation mostly platelet defect.
C- the major source of vWF is the liver.
D- vWF is stored in cytoplasmic Weibel-Palade bodies

Ans: c its the endothelial cells تبييض

4- DIC with: ما انذكرت بس احتياط
A) AML with t(15;17)
B) AML with (t[8;21]
C)AML with inv[16]

Ans: A

5-hemophilia A is caused by deficiency of? REPEATED
-factor viii

6-Most common coagulation/bleeding disorder?
- Hemophilia A

7- Hemophilia is characterized by the following, EXCEPT? REPEATED
A. Prolonged prothrombin time.
B. Prolonged clotting time.
C. Decrease clotting factors VIII or XI or IX.
D. Prolonged activated partial thromboplastin time (APTT).
E. Hemo-arthrosis.

Ans:b

HLS- Pathology Lecture 9

8-A 12-year-old male patient has suffered from a long history of spontaneous bleeding from mucous membranes without any deep muscle hemorrhage. Which of the following are the correct laboratory test findings that consistent with this case?

a. Prolonged PT,PTT and BT.
b. Prolonged PTT and PT with normal BT.
c. Specific assay for factor IX or factor VIII less than 2%.
d. Prolonged BT, normal PT and PTT and Platelets less than 100,000/mm3.
e. Prolonged BT and normal PT and PTT.

Ans : e; its VWD

9- Haemophillia B is caused by decreased? REPEATED

a. Clotting factor IX.
b. Clotting factor X.
c. Clotting factor XI.
d. Clotting factor VIII.
e. Clotting factor IV.

Ans : a

10-A 15-year—old male patient has suffered from a long history of bleeding for hours or days after the injury as well as recurrent painful haemarthroses. The laboratory test showed normal BT and PT while the PTT is prolonged. Which of the following is the most sensitive test that the physician should order to help to determine the cause of these findings?

a. Plasma vWF concentration.
b. Specific assay for factor IX.
c. Specific assay for factor VIII.
d. Plasma vWF concentration and specific assay for factor IX.
e. Specific assay for factor IX and specific assay for factor VIII.

Ans: c; suspecting hemophilia

11-A 15-year-old male patient has suffered from a long history of spontaneous bleeding from mucous membranes without deep muscle hemorrhage. Which of the following is the most sensitive test that the physician should order to help to determine the cause of these findings?

a. Plasma vWF concentration.
b. Specific assay for factor IX.
c. Specific assay for factor VIII.
d. Specific assay for factor IX or specific assay for factor VIII.
e. Platelet counts.

Ans: a; we suspect vWF

إذا غامرتَ في شرفٍ مرومِ
فلا تقنعْ بما دونَ النجومِ

HLS-Pathology

Archive

Lecture 10

Myeloid Neoplasms 2

Corrected by sama'a salhab

HLS- Pathology Lecture 10

1) Which of the following Myeloproliferative neoplasm(MPN) have the strongest association with tyrosine kinase JAK2 activating mutations? Select one:

a. Polycythemia vera.
b. Chronic myelogenous leukemia.
c. Essential thrombocythemia
d. Secondary Myeiorlbrosis.
e. Primary Myelofibrosis.

ans: a

2) A 53-year-old woman presents to her primary care physician with complaints of fatigue, loss ofappetite. weakness and left upper quadrant abdominal pain. On physical exam her spleen is palpated 8 cm below the left costal margin. A complete blood count (CBC) identifies a total whiteblood cell (WBC) count of 144,000/microL, predominantly neutrophils. metamyelocytes and myelocytes. Hemoglobin is 11.6 g/dl along with thrombocytosis. Cytogenic studies detected BCR-ABL fusion gene in these cells. One of the following is incorrect about this disease?

a. The fusion gene is a result of the balanced translocation t(9;22).
b. First line of treatment is tyrosine kinase inhibitors like Imatinib.
c. Splenomegaly is as a result of extensive extramedullary hematopoiesis.
d. Blasts crisis are 70% of lymphoid origin (Acute lymphoblastic leukemia).
e. It rarely progresses to spent phase.

Ans : d

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Lecture 11

Myeloid Neoplasms 3

Corrected by sama'a salhab

HLS- Pathology Lecture 11

1)All of the following diseases are commonly associated with Leukoerythrobiastosis EXCEPT?

a. Primary Myelofibrosis.
b. Tuberculosis involving the bone marrow.
c. Chronic myeloid leukemia.
d. Metastatic carcinoma.
e. Advanced human immunodeficiency virus (HIV) infectionh

ans:e

2)34)A 55-year-old woman has had increasing dragging abdominal sensation and enlargement for the past two years. An abdominal CT scan reveals massive (estimated 3000 gm) spienomegaly. Laboratory data revealed anemia, leukopenia, and thrombocyopenia. Nucleated red blood cells and tear drop morphology are seen in the blood film. Which of the following underlying conditions is she most likely to have?

a. Portal hypertension.
b. Chronic myeloid leukemia.
c. Infectious mononucleosis.
d. Myelofibrosis.
e. Multiple myeloma.

ans:d

3) A 65-year-old woman was found to have an elevated platelet count of 670 x 109/L during a routine checkup. Bone marrow biopsy revealed an increased number of megakaryocytes with abnormal large forms. No abnormalities in other lineages. One of the following is a characteristic symptom in this disease?

a. Pancytopenia.
b. Melena.
c. Erythromelalgia.
d. Hematemesis.
e. Splenomegaly.

Ans : c

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4) One of the following pairs between the hematopoietic lineage and the dysplastic features thatcould be observed in myelodysplastic syndrome is wrongly matched?

a. Erythroid: Nuclear bridging.
b. Megakaryocyte: Pawn ball cell.
c. Myeloid: Hypogranulation.
d. Myeloid: Macrocytosis.
e. Erythroid: Pseudo-Pelger—Huet cells.

Ans : e

5)A 73-year-old-male patient presented to the clinic complaining of general weakness progressing over last 8 months .physical examination revealed no fever or lymphadenopathy. Routine CBC showed pancytopenia .bone marrow was hypercellular on biopsy along with erythroid precursors abnormalities including abnormal nuclear contour and iron deposits (ring sideroblasts) but no blasts were seen. Which of the following is the most likely the diagnosis:

a.acute myeloid leukemia (AML)
b.Megaloblastic anemia
c.Epstein-Barr virus infection
d.Myeloprolifrative neoplasm(MPN)
e.Myleodysplastic syndrome (MDS)

ans:e

6)One of the following is not among the morphologic features observed in the bone marrow ofpatients with primary myelofibrosis?

a. Diffusely fibrotic.
b. Erythroid dysplastic changes.
c. Clustered large megakaryocytes.
d.Thick irregualr bone trabeculae
e.Hypocellularity

ans:b

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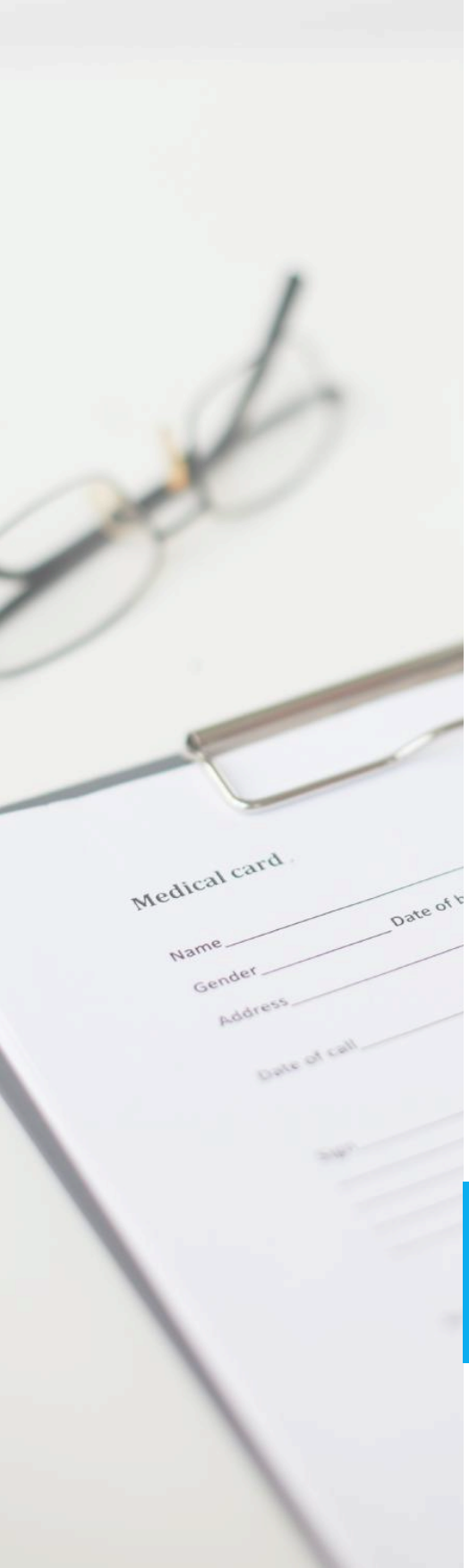

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Lecture 12

Histiocytic neoplasms and disorders of the spleen and thymus

Corrected by :
عبد الرحمن الجوازنة

HLS- Pathology Lecture 12

1) A 55-year-old woman has had increasing dragging abdominal sensation and enlargement for the past two years. An abdominal CT scan reveals massive (estimated 3000 gm) spienomegaly. Laboratory data revealed anemia, leukopenia, and thrombocyopenia. Nucleated red blood cells and tear drop morphology are seen in the blood film. Which of the following underlying conditions is she most likely to have?

a. Portal hypertension.
b. Chronic myeloid leukemia.
c. Infectious mononucleosis.
d. Myelofibrosis.
e. Multiple myeloma.

Ans: b

2) One of the following is not commonly associated with massive spienomegaly?

a. Chronic myeloid leukemia.
b. Hairy cell leukemia.
c. Chronic lymphocytic leukemia.
d. Septicemia.
e. Malaria.

Ans: d

3) One is true about splenomegaly process

A)CML with mild splenomegaly
B)Infectious mononucleosis with massive splenomegaly C)hereditary spherocytosis with massive splenomegaly D)most susceptible is neutrophils sequestration leads to resulting in anemia, leukopenia, or thrombocytopenia
E) thrombocytopenia is more prevalent and severe in persons with splenomegaly due to
➢ Platelets are particularly susceptible to sequestration

Ans: e

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Lecture 13

Platelet Disorders

Corrected by:
Malaak Al Zaidaneeyen
&
Rahaf Alshatarat

HLS- Pathology Lecture 13

1-. Kid with hemorrhage, normal pt & ptt and blood element , improve after corticosteroids what is the cause?

-antibody against platelet.

2-Regarding Thrombotic Microangiopathies ,one is incorrect :

A)HUS with transient neurologic defect.

B)TTP with transient neurologic defect.

C)Sporadic, more common, non-familial acquired: autoantibody against ADAMTS 13.

D)HUS common in children.

Ans: A. NOT SURE

3-What is not considered hemolytic anemia?

-IDA.

4-Prolonged coagulation time is caused by all the following except:

A.purpura.

B.hemophilia

C.parahemophilia

D.vitamin K deficiency

E.severe liver disease.

Ans: A

5-A32-year—old female patient who presents with petechial hemorrhages, easy bruising, and mucosal bleeding. Her past medical history was free. Laboratory studies show total RBC count of 4.7 million/mm3, hemoglobin of 13.5 gIdL. Platelet count of 70,000/mm3, and WBC count of 5000/mm3. Which of the following are the correct laboratory test findings that consistent with this case?

a. Prolonged PT,PTT and BT.

b. Prolonged PTT and PT with normal BT.

c. Mild prolongation of BT and normal PT and PTT.

d. Prolonged PT and normal BT and PTT.

e. Mild prolongation of PTT and normal BT and PT.

Ans : c; purpura case.

6-Thrombotic thrombocytopenic purpura (TTP) is characterized by the followings. EXCEPT?

Select one:

a. Fever.

b. Thrombocytopenia.

c. Microangiopathic hemolytic anemia.

d. Dominance or acute renal failure. >> HUS

e. Transient neurological deficit.

Ans: d

HLS- Pathology Lecture 13

7-A32-year-old female patient who presents with new onset of neurologic abnormalities, renal dysfunction. Her past medical history was free. Laboratory studies show total RBC count of 2.7 million/mm3, hemoglobin of 7.5 gldL. Platelet count of 70,0001mm3, and WBC count of 5000/mm3. Which of the following are the correct laboratory test findings that consistent with this case?

a. Prolonged PT,PTT and BT.
b. Prolonged PTT and PT with normal ET.
c. Prolonged BT and normal PT and PTT.
d. Prolonged PT and normal BT and PTT.
e. Mild prolongation of PTT and normal BT and PT.

Ans:C

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على لسان أحد طلاب الطب: «كنت أظن أن الطريق إلى الطب مفروش بالعلم فقط، فإذا بي أتعلم الصبر أكثر مما أتعلم التشريح، وأحفظ الأدعية أكثر مما أحفظ أسماء العضلات، وأهتم بأذكاري أكثر من اهتمامي بـ الأدوية والعقاقير. ما أصعب أن تحمل قلبًا مرهقًا وعقلاً مطالبًا ألا ينسى، لكني ما زلت أتمسك بحلمي، وأسند روحي بالله .. »

تم أرشيف الباثو الحمد لله

لا تنسونا من دعواتكم