1) Which of the following is not a non-neoplastic polyp?
   a) Tubular adenoma
   b) Peutz-jegher polyp
   c) Juvenile polyp
   d) Harmatoma

2) Which of the following is not neoplastic
   a) Peutz-jegher polyp
   b) Villous adenoma
   c) Tubular adenoma
   d) Polyp associated with Turcot
   e) Polyp associated with FAP

3) Which of the following is not true about UC
   a) Continuous
   b) PSC
   c) Uveitis
   d) Crypt abscesses
   e) Cobblestoning

4) Commonest cause of bilateral ovarian masses
   a) Serous carcinoma
   b) Mucinous carcinoma
   c) Thecoma
   d) Endometriod

5) Not a cause of polypoid lesion in the endocervical canal
   a) Nabothian cyst
   b) Endometrial polyp
   c) Endometrial carcinoma
   d) Cervical Ca

6) Cervical cancer (T)
   a) SCC better prognosis than adenocarcinoma
   b) CIN 1 has 30% risk of progress to invasive ca within 5 years
   c) Involvement of upper vagina means poor prognosis
   d) Early lesions are fungating
   e) Involvement of lower vagina or rectum carries same Px
7) Juvenile papillomatosis (T)
   a) Peak age 25 -30 y
   b) Presents as palpable lump in almost 100%
   c) Presents with nipple discharge
   d) Rarely cystic
   e) Not commonly associated with familial breast ca.

8) Which is not true about breast cancer
   a) Mammography is sensitive to LCIS
   b) Invasive carcinoma equal in both breast.
   c) Risk of invasive carcinoma in first 5 years.

9) Choriocarcinoma of the testis
   a) <1% of testicular carcinoma
   b) Contains pure synciotrophoblast
   c) Highly malignant

10) Reiters syndrome (T)
    a) 30-50% associated with HLAB27
    b) Associated with GI infections
    c) Asosiated with Gonococcus
    d) Females more common

11) Conn tumour:
    a) 80% <2cm
    b) >3cm
    c) Hyperkalaemia
    d) Hypotension.

12) Hilar mass, probably small cell carcinoma. Refused biopsy. Which is supporting evidence of small cell carcinoma
    a) Hilar mass on CT 1 year ago and patient lost to follow up
    b) Hilar mass present on CT 9 months ago
    c) Hyponatraemia
    d) Carcinoid syndrome

13) Patient has myasthenia gravis. CT chest for
    a) Thymoma
b) Thymic mass (hyperplasia is a histological diagnosis) and hilar mass
c) Lung cancer
d) Carcinoid

14) Mass invading Pericardium:
   a) T4
   b) M2
   c) N2
   d) N3
   e) Type 2 thymoma
   f) Almost certainly mesothelioma

15) Regarding mesothelioma
   a) EM may be required to differentiate from adenocarcinoma.

16) Which is not a location of pancreatic rest cells
   a) Colon
   b) Stomach
   c) Duodenum
   d) Ileum
   e) Jejunum

17) Which of the following does not affect the corpus collusum
   a) Hypoxic ischaemia.
   b) Dandy walker
   c) Glioblastoma
   d) Lymphoma
   e) Machiafava bignami

18) Regarding HSV encephalitis
   a) 90% have had prior labial HSV
   b) 90% due to HSV I
   c) Necrotizing and often haemorrhagic

19) Cervical cancer (true)
   a) Worse prognosis if adenocarcinoma compared with SCC
   b) CIN I has 30% risk of progress to invasive cancer within 5 years
   c) Involvement of upper vaginal means poor prognosis
d) Early lesions are ulcerating and fungating masses

20) Basal ganglia spared in
   a) Amyloid
   b) HT haem
   c) Fahr disease
   d) Hypoxia

21) Global hypoxia is least likely to affect
    a) Periventricular region in premature neonates
    b) basal ganglia
    c) layers 3, 5 and 6 of the cortex
    d) watershed areas between ACA and MCA territory
    e) corpus callosum

22) DVT formation associated with (F)
    a) polycythaemia
    b) thrombocytosis
    c) vascular injury
    d) thrombocytopaenia

23) Prostate hyperplasia (false)
    a) spares transitional zone
    b) squamous metaplasia
    c) not a pre-malignant condition
    d) associated with bladder hypertrophy

24) Chronic bronchitis (true)
    a) Reid index >0.5
    b) Clinically defined; macroscopic oedema and inflammation of bronchial mucosa
    c) >2 years of inflammation

25) Which is not associated with pneumatosis intestinalis
    a) CF
b) COAD

c) Colonic polyposis
d) Mesenteric ischaemia
e) Asthma

26) Alcoholic with lung abscess which grows Bacteroides sp., cause
   a) aspiration with gut commensal/poor dental hygiene
   b) aspiration with oral cavity commensal
   c) generalized osteomyelitis

27) Demyelination (false)
   a) MS perivenular
   b) Dawson fingers involve medullary veins
   c) DAI results in demyelination
   d) ADEM follows bacterial infection.

28) 4th ventricular mass in young girl
   a) ependymoma
   b) choroid plexus papilloma
   c) astrocytoma
   d) medulloblastoma
   e) haemangioblastoma

29) Schiller Duval bodies seen in
   a) embryonal cancer
   b) yolk sac tumour
   c) chorioncarcinoma
   d) spermatocytic seminoma
   e) teratoma

30) The following are not classified as a glioma (T)
   a) pilocytic astrocytoma
   b) DNET
   c) Gangliocytoma (Lhermite Duclos)
   d) Ganglioglioma
   e) Neurocytoma

31) Medullary Breast cancer (T)
a) 10-15% associated with BRCA I and II
b) most common in 55-65 year age group
c) scanty cells on FNA

32) Paget disease associated with (F)
   a) High output cardiac failure
   b) Low output cardiac failure
   c) Cranial nerve palsies
   d) Sarcomatous transformation

33) Not a subtype of Hodgkins disease (F)
   a) lymphocyte predominant
   b) Lymphocyte deplete
   c) Mixed cellularity
   d) Lymphoblastic
   e) Nodular sclerosing

34) Lung cancer not associated with smoking (T)
   a) large cell
   b) Small cell
   c) Classic carcinoid
   d) SCC
   e) Invasive adenocarcinoma

35) Lung cancer most strongly related with smoking (T)
   a) large cell
   b) Small cell
   c) Classic carcinoid
   d) SCC
   e) Invasive adenocarcinoma

36) Fat embolism (false)
   a) skin changes
   b) neurological symptoms
   c) passive transport of adipose tissue in circulation
   d) hypovolaemic shock
   e) major fractures
37) Sarcoid (false)
   a) Asteroid and Schaumann bodies
   b) Focal Renal Glomerulonephritis
   c) Epitheliod Granuloma
   d) Lymphovascular granulomatous distribution

38) Partial Obstruction in diverticular disease is most likely due to (T)
   a) hypertrophy of circular muscles
   b) diverticulitis
   c) Adenocarcinoma
   d) Pelvic inflammatory disease

39) Non-caseating granulomas on rectal biopsy consistent with
   a) TB
   b) UC
   c) Crohns
   d) Pseudomembranous
   e) Ischaemia

40) Known associated (true)
   a) ZE and islet cell tumour
   b) gallstones and phyrigian cap
   c) ARDS and chronic pancreatitis
   d) Acute pancreatitis and hypocalcaemia
   e) Pancreatic cancer and endocrine cells

41) Which is DNA virus
   a) Hep A
   b) Hep B
   c) Hep C
   d) Hep D
   e) Hep E

42) Rheumatoid Arthritis (T)
   a) F:M 10:1
   b) Rheumatoid nodules indicates rapidly progressive disease
   c) Acute onset in >50%
43) Which is not a germ cell tumour
   a) Seminoma
   b) Embryonal cell
   c) Sertoli-Leydig
   d) Choriocarcinoma

44) Liver biopsy. Reports states “granules stains prussian blue”. Correct Dx:
   a) Wilsons
   b) Primary haemachromatosis
   c) PBC
   d) A1AT

45) Primary Biliary cirrhosis (T)
   a) More common in males
   b) Associated with AMA
   c) End stage is distinguishable from other causes of fibrosis.

46) Primary Sclerosis Cholangitis (F?)
   a) M > F
   b) Age > 50
   c) Onion skin fibrosis around ducts
   d) Lead to fibrosis
   e) Associated with IBD

47) Septic arthritis
   a) Increased in peripheral joints in IVDU
   b) Most commonly haematogenous
   c) Upper limb more than lower limb
   d) Usually gonococcus

48) Penile Bowen’s disease
   a) Assoc with HPV

49) ABC – which is true
   a) 50% are secondary
   b) 50% arise in GCT
   c) Metaphyseal in long bones
   d) Small medullary lesion

50) CPPD – which is true
   a) More in females or males
   b) Associated with secondary hyperPTH
c) Can be assoc with hyperthyroidism

51) Aneurysms – which is F
   a) 90% anterior circulation
   b) 25% present as stroke within/after 24 hours related to vasospasm
   c) can present with an enlarging mass
   d) commonly present with headache and signs of meningism

52) Haemachromatosis (F)
   a) AR condition
   b) Accumulation in spleen > liver
   c) Increase risk HCC
   d) Cardiac dysfunction
   e) Heavy deposition in the pituitary

53) Wilsons:
   a) Decreased levels caeruloplasmin
   b) Excess amounts from liver into circulation
   c) Cerebellar hemispheres depositis

54) Adenomyosis (F)
   a) Increase size of uterus
   b) Nests of endometrial tissue in muscle
   c) Cyclical bleeding not present
   d) Menorrhagia, pelvic pain and dysmenorrhoea occur before menstruation
   e) Associated with endometrial ca.

55) 60. Painless testicular mass in a 70 year old. Most likely Diagnosis:
   a) Seminoma
   b) Lymphoma
   c) Embryonal-cell carcinoma
   d) Metastasis

56) Year old female 2 months post partum presents with hypopituitarism. Most likely cause
   a) Lymphocytic apophysitis
   b) Pituitary tumour
   c) Empty sellar

57) Regarding cerebral oedema, which of the following is (?)t
   a) Interstitial oedema has minimal mass effect
   b) Cytotoxic oedema cannot be improved with steroids
   c) Vasogenic oedema affects white matter than gray matter

58) Regarding transtentorial herniation, which of the following is least true:
   a) Contralateral occipital infarct can occur with uncal herniation
   b) Kernohans notch refers to the medial parietal lobe impressing on the cerebellar tentorium
59) Patient with bacterial proctitis. Which is most true:
   a) Urinary MCS unlikely to be useful in diagnosis
   b) Mostly due to cytomegalovirus
   c) Biopsy is contraindicated due to risk of sepsis
   d) Not associated with urinary catheterization
   e) Commonly asymptomatic

60) Scleroderma: (F)
   a) Dilated oesophagus with distal stricture
   b) Wide mouth sacculations/true diverticulum on the mesenteric side of the small bowel

61) Breast. Which is not a well circumscribed lesions:
   a) Colloid
   b) Medullary
   c) FA
   d) Papillary
   e) Invasive lobular

62) Pancreatic Ca associations:
   a) smoking
   b) FAP
   c) BRCA

63) Osteochondromas and Diaphseal Aclasia (F)
   a) Diaphseal Aclasia is *spasmodic* (Yup, you read it right)
   b) Grows away from joints
   c) Skeletal mature with thick cartilage cap -> risk of malignancy
   d) Continuous with medullary cavity of parent bone
   e) Diaphyseal aclasia is associated with increased risk of malignant change

64) TB (F)
   a) AFB
   b) Schaumann bodies
   c) Assmann focus
   d) Gohn lesion
   e) Ranke complex
65) TB (t)
   A) TB meningitis and renal TB can occur without pulmonary TB
   B) progressive TB describes conversion of formal primary TB to formal secondary TB

66) Which renal ca has eosinophilic cells with numerous mitochondria
   a) Clear cell
   b) Papillary
   c) Oncyoctoma
   d) Renal tubular adenoma
   e) AML

67) Type of renal stone in patient with leukaemia
   a) Calcium oxalate
   b) Uric acid
   c) Cysteinze
   d) Mixed
   e) Triple stone

68) BBB (F)
   a) H2O soluble medium cannot pass if normal BBB
   b) Fat soluble medium cannot pass if normal BBB
   c) Capillaries are continuous
   d) Continuous capillaries have no fenestrations
   e) Tight junctions important

69) Least risk of malignant transformation
   a) Tubular
   b) Polyp with Peutz
   c) Gardners
   d) Cowden
   e) Villous adenoma

70) Question on hypertrophy (f)
   A) is not reversible once the stimulus has been removed
   B) increased number of cells

71) Question on Barretts mucosa (or was it one of the answers “ Barretts mucosa is metaplasia)
72) Hashimoto (f)
   a) Can see …. Hurtle cells
   b) Lymphocytic infiltration is sine qua non
   c) Is an autoimmune disorder
   d) Can't remember the rest, including the correct option

73) Burkitts Lymphoma (f)
   A) disease of children and adolescents
   B) predominantly extra nodal
   C) virtually 100% associated with EBV
   D) peripheral blood can be normal (?? Or something like that)

74) Green mass in liver
   a) HCC
   b) Adenoma
   c) FNH
   d) Met

75) Hyperparathyroidism
   a) Secondary commonly associated with parathyroid hyperplasia
   b) Primary associated with parathyroid mass
   c) Secondary results from low calcium
   d) Results in bone resorption and increased Ca2+ in blood
   e) When secondary to renal failure, results from high phosphate levels

76) Chondroblastoma

77) Ewings (f)
   a) results in bone formation
   b) difficult to distinguish between other small round cell tumours
   c) peak age ???

78) Multiple myeloma and kidney failure- common cause
   a) Amyloid
   b) Light chain
   c) BJ proteins

79) Regarding radial scars
   a) although benign, requires further investigation and treatment
   b) central fat infiltration
   c) short spicules (??)

80) least likely cause of endocervical polyp
   a) secondary cervical cancer
   b) primary cervical cancer
   c) nabothian cyst
d) endometrial cancer
e) endometrial polyp

81) Pancreatic tissue found in duodenum is an example of
   a) hamartoma
   b) metaplasia
   c) choristoma
   d) hyperplasia
   e) sthg not related

82) large pancreatic head mass 87y.o female, most likely
   a) mucinous cystadenocarminoma
   b) mucinous cystadenoma
   c) islet cell tumour
   d) serous cystadenocarminoma

83) MEN 1 associated with (f)
   a) Pituary lesion
   b) phaeochromocytoma
   c)