PLATINUM EDGE PATHOLOGY Q BANK

Latest Questions from NEET PG

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Editor in Chief: Dr Ashfaq

CHAPTER 18

NEETPG AND FMGE 2025 QUESTIONS PATHOLOGY

Q1: A 40-year-old HIV-positive male presents with multiple skin lesions that have progressively increased in number over the past few months. He is diagnosed as a case of Kaposi sarcoma, which of the following best describes the characteristic lesion of the clinical condition?

A. White, flat patches
B. Painful ulcerative lesions
C. Red smooth macules
D. Purple red elevated lesions

Ans D. **Purple red elevated lesions**

Q2: A 50-year-old male presents with a chronic dry cough, mild dyspnea, and fatigue. He has a long-standing history of occupational exposure to dust and sand, working as a construction labourer. Chest X-ray reveals the following. What is the likely diagnosis?

A. TB
B. Asbestosis
C. Bagasossis
D. Silicosis

Ans D. **Silicosis**

Q3: A 60-year-old male chronic smoker, with a history of working in a cement factory for the past 20 years, presents with progressive dyspnoea and chest pain. Imaging reveals pleural thickening, lower lobe fibrosis, and he is diagnosed with malignant mesothelioma. Which of the following is the most likely occupational lung disease associated with this condition?

A. Bagassosis
B. Byssinosis
C. Silicosis
D. Asbestosis

Ans D. **Asbestosis**

Q4: A 30 year old woman operated for an ovarian cyst with bone, Teeth and Thyroid tissue. Most Likely Pathology is:

A. Mature teratoma
B. Brenner Tumour
C. Mucinous cystadenoma
D. Serous cystadenoma

Ans A. **Teratoma**

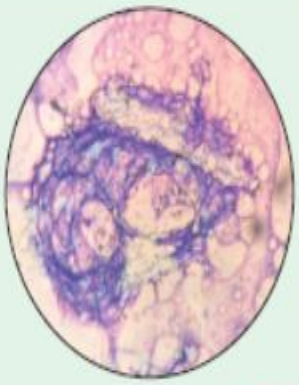
CHAPTER 17
PATHOLOGY NOT TO MISS POINTS

REMEMBER (HOW TO IDENTIFY TRICKY QUESTIONS)

- Burkitts lymphoma: **Starry skin pattern**
- Mycosis fungoides: **Pautriers abscess**
- Hairy cell leukemia: **TRAP Positive**
- Histiocytosis X: **Birbeck granules**
- Multiple Myeloma: **Lytic bony lesions**

PATHOLOGICALLY IMPORTANT BODIES: (VIRAL)

- Guarneri bodies: **Vaccinia**
- Bollinger bodies: **Fowl pox**
- Paschen bodies: **Small pox**
- Torres Bodies: **Yellow fever**
- Cowdry Type A: **Herpes Virus**
- Cowdry Type B: **Adeno virus, Polio virus**



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A. Dermoid Cyst
B. Ganglion
C. Osteoma
D. Lipoma

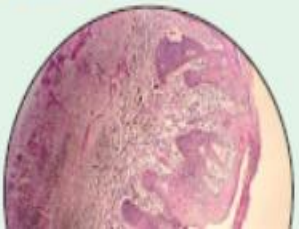
Ans D. Lipoma

The slide shows a mature fibro adipose tissue.

Lipomas

- Can feel firm and even rubbery, like a cyst, they usually are multilobulated and softer in consistency.
- If the diagnosis is in doubt and especially if the lesion is firm, a biopsy is indicated.
- Lipomas may be multiple. Familial multiple epidermal cysts and lipomas, fibromas, and osteomas associated with intestinal polyps are recognized as Gardner's syndrome.

Q14: A Young Patient has a red, scaling, crusted, sharply demarcated plaques described by Dermato Pathologist as a Type of Carcinoma in Situ. Most Likely Pathology is.



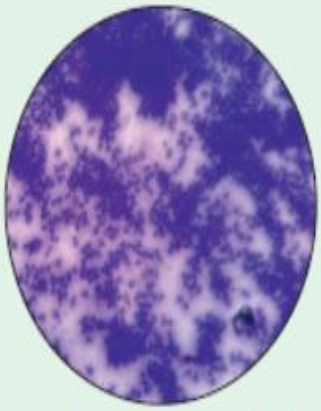
A. Bowens Disease
B. Leukoplakia
C. BCC
D. Dermoid Cyst

Ans A. Bowens Disease

Bowen's Disease

- It is a squamous cell cancer in situ, appearing as red, scaling, crusted, sharply demarcated plaques. It is a Type of Carcinoma in Situ.
- Squamous cell cancer in situ on the penis in uncircumcised males evolves as velvety red patches on the glans and foreskin.
- It can metastasize if not diagnosed early.

Q15: A 44 year old diabetic presenting with gluteal site swelling. Examination showed a 3cm warm inflamed area. Aspiration of pus was done. Microscopy shows polymorphs in sheets as below. Most likely diagnosis is



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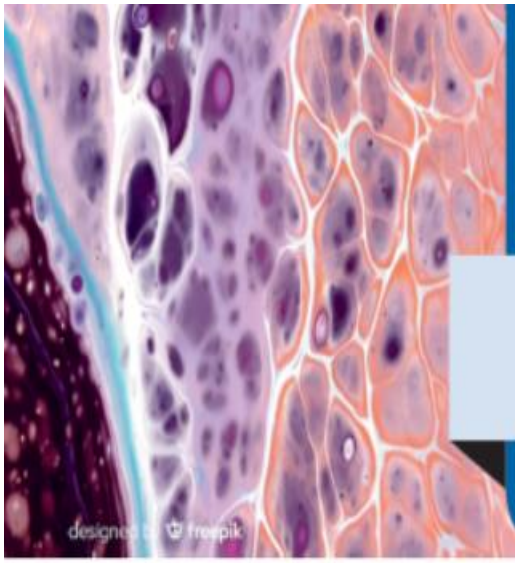
A. Lipohyalinosis
B. Abscess
C. Cystic change
D. Scleroderma



CHAPTER 11

DERMATOPATHOLOGY

Q1: A young female has been recently diagnosed with malabsorption. She complains of acute and severe pruritic skin rash over the extensor surfaces of her arms. Physical examination reveals a papulovesicular skin rash and linear excoriations in this area. There are no bullae. Which of the following is the most likely diagnosis in this patient?

A. Lichen Planus
B. Dermatitis herpetiformis
C. Erythema nodosum
D. Molluscum contagiosum

Ans B. Dermatitis herpetiformis

Dermatitis herpetiformis is an uncommon dermatological condition that presents with erythematous, pruritic papules. vesicles, and bullae that appear bilaterally and symmetrically on the extensor surfaces and other body parts. The term "herpetiformis" is applied because this distinctive vesicular grouping looks quite similar to the lesional clustering seen in herpesvirus infections.

Ans C. Molluscum contagiosum

Molluscum Contagiosum

- It is caused by **Molluscum contagiosum virus which belongs to family Pox virade.**
- It presents usually in children.
- It is seen as a **"pearly papule" usually.**
- **"Central umbilication" is characteristic.**

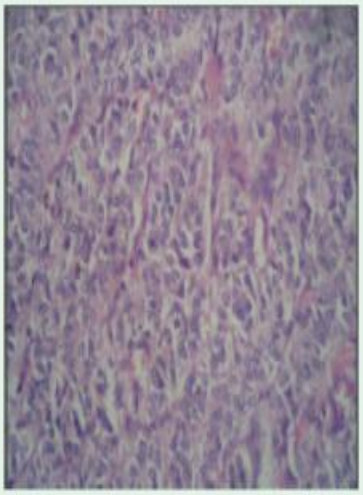
Q3: A Patient has Painful Oral Ulcers and flaccid bullae and erosions of the skin. This Combination is seen in:

A. Pemhigoid
B. Dermatitis herpetiformis
C. Erythema nodosum
D. Pemphigus

Ans D. Pemphigus

Pemphigus vulgaris an autoimmune bullous disease that results in painful, flaccid bullae and erosions of the skin and mucosal membranes. Any mucosal site can be involved, but the oral mucosa is the most common.

Q24: Slide of A tumour is Shown which is associated with MEN 2A. Most Likely Tumour is:



Microphotograph showing Amyloid (H&E Stain)

A. Pheochromocytoma
B. Papillary carcinoma
C. Medullary carcinoma
D. Anaplastic carcinoma

Ans C. Medullary carcinoma

- MEN 2A includes medullary carcinoma and adrenal pheochromocytoma.
- **MEN Setting:** Evidence of Phenochromocytoma/ Hyperpoarathyroidism/Thyroid in cancer **(discovery of medullary carcinoma thyroid makes family surveillance advisable)**
- These cancers also are characterized by **vascular or capsular invasion.**
- Tumors contain sheets of **eosinophilic cells packed with mitochondria, which are derived from the oxyphilic cells of the thyroid gland**.

Q26: A thyroid nodule years after radiation exposure has pathologically ground-glass nuclei and psammoma bodies. It suggests:

A. Follicular carcinoma
B. Papillary carcinoma
C. Anaplastic carcinoma
D. Medullary carcinoma

Ans B. Papillary carcinoma

Classic histopathology for papillary carcinoma.

Papillary Carcinoma:

- **It is the Most common** malignant tumor of thyroid
- **Radiation** exposure is **most important risk factor for** development of papillary carcinoma in adulthood. With Hashimoto thyroiditis and Thyroglossal cyst as other risk factor.females are more commonly effected.
- **Pathology:** Characteristic hallmark of papillary neoplasm is ground glass or **"Orphan Annie eye nuclei."**
- **Psammoma bodies are often present. Spread is** Mostly lymphatic. Hematogenous spread may occur to bone and lung.

CHAPTER 7
HEPATOBILIARY PATHOLOGY

Q1: Y-glutamyl transpeptidase is an enzyme predominantly present in

A. Hepatocytes only
B. Biliary epithelia and Liver
C. Spleen
D. All the Above

Ans D. All the Above

Y-glutamyl transpeptidase is an enzyme predominantly present in hepatocytes and biliary epithelia. Wit may be present in various extrahepatic tissues (organs such as kidney, spleen, pancreas, heart, lung, and brain.

Q2: "Nutmeg liver" appearance is characteristic of:

A. Alcoholic cirrhosis
B. Hepatitis B infection
C. Congestive (cardiac) liver
D. Nonalcoholic fatty liver disease

Ans C. Congestive (cardiac) liver

Chronic cardiac congestion causes centrilobular hemorrhagic necrosis, giving a mottled "nutmeg" appearance.

C. Hepatitis A
D. Hepatic amyloidosis

Ans B. Alcoholic hepatitis

Ballooning degeneration, Mallory bodies, and neutrophils are hallmarks of alcoholic hepatitis.

Q4: In the cirrhotic patient, gynecomastia arises from

A. Hyperestrogenic state
B. Hyperprogestinegenic state
C. Hypoestrogenic state
D. Hyperprolactinomic state

Ans A. Hyperestrogenic state

In Cirrhosis many changes occur. In the cirrhotic patient, gynecomastia arises from Hyperestrogenic state secondary to the damaged liver's inability to metabolize circulating estrogens. Other manifestations of hyperestrinism in the cirrhotic patient include palmar erythema, spider angiomas and in males, testicular atrophy and decreased body hair.

Ans C. Congo red

Congo red staining with apple-green birefringence under polarized light is diagnostic of amyloidosis. The earliest pathological change seen in renal amyloidosis is mesangial expansion by amorphous hyaline material and thickning of the glomerular basment membrane.

Q22: An elderly male had a Renal cell Cancer which was removed as shown in figure. Commonly associated with Renal Cell cancer are all except

Courtesy Dr Rabia

A. Polycythemia,
B. Nonmetastatic hepatic dysfunction
C. Conns Syndrome
D. Cushing's syndrome

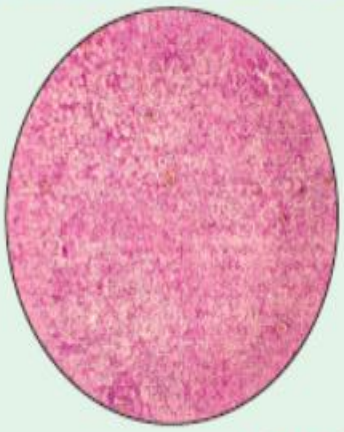
Ans D. Conns Syndrome

Conditions associated with RCC include:

- Polycythemia,
- Nonmetastatic hepatic dysfunction,
- Galactorrhea,
- Cushing's syndrome.

The classic triad of RCC includes hematuria, flank pain, and abdominal mass. RCC is common in older adults. The **classic triad** of palpable **mass, hematuria, and flank pain** occurs in less than 15% of patients with renal cell carcinoma (RCC), but 10%–40% of patients with this disease may develop a paraneoplastic syndrome.

Q24: The Image Below shows a Lower Pole Renal Tumour. Which is Not true of Renal Cell Cancers.



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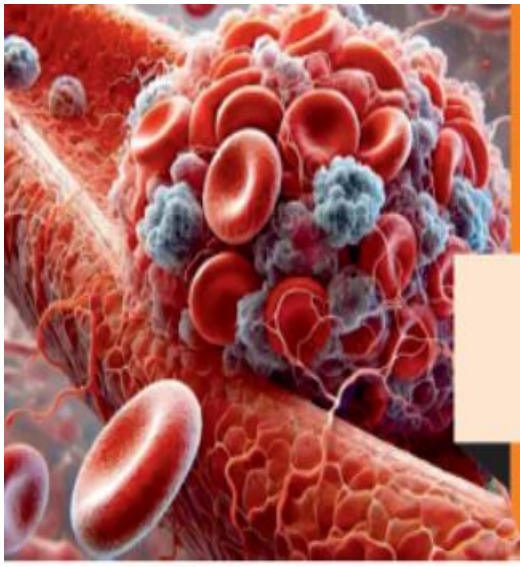
A. Renal Adenocarcinoma are common
B. Hypernephroma is same as Renal Adenocarcinoma
C. Grawitz's Tumor is same as Hypernephroma
D. Renal Adenocarcinoma are derived mainly from Non tubular cells.

Ans D. Renal Adenocarcinoma are derived mainly from Non tubular cells.

Renal Adenocarcinoma

- Is also known as **Hypernephroma or Grawitz's Tumor.**
- It is the most common malignant neoplasm of the



CHAPTER 4

VASCULAR PATHOLOGY

Q1: Henoch-Schönlein Purpura (HSP) primarily affects which vessels?

A. Large vessels
B. Medium-sized arteries
C. Small vessels
D. Capillaries only

Ans C. Small vessels

HSP is a small vessel vasculitis involving IgA immune complex deposition, especially in skin, kidneys, and GI tract. Henoch-Schonlein purpura is a small vessel vasculitis. There is immune complex deposition.

- It is also known as anaphylactoid or allergic purpura.
- Ig A is deposited

Q2: Most characteristic immunoglobulin deposited in HSP is:

A. IgG
B. IgA
C. IgM
D. IgE

Ans B. IgA

IgA is deposited in the vessel walls and kidneys in HSP, leading to hematuria and purpura. The disease occurs in children or young adults. Abdominal pain as a result of

Q3: Takayasu arteritis is classically referred to as:

A. Silent arteritis
B. Pulseless disease
C. Temporal arteritis
D. Polyarteritis

Ans B. Pulseless disease

Takayasu arteritis affects the aorta and its branches, reducing pulses in the upper limbs. This uncommon condition, an inflammatory process involving the aorta and its major branches, occurs primarily in young women. Some cases have been reported in late childhood, a few in infants. Most reported patients are from Asia or Africa. The cause is unknown; associated congenital defects of the great vessels have been recorded.

Q4: PAN (Polyarteritis nodosa) classically spares which vessels?

A. Medium arteries
B. Small arterioles
C. Capillaries
D. Lymphatics

Ans C. Capillaries

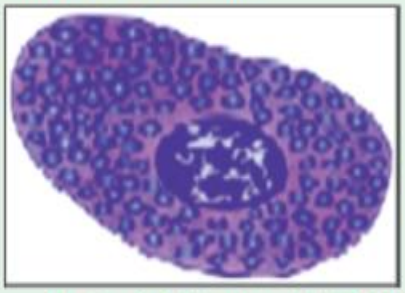
PAN affects medium-sized arteries and classically spares capillaries and smaller vessels. Polyarteritis nodosa is characterized **by necrotzing inflammation of medium-sized muscular arteries**.

Classic PAN Spares small vessels

CHAPTER 1

GENERAL PATHOLOGY

Q1: A 34 year old patient with severe onset of breathlessness is diagnosed with Asthma. The Cell shown in figure is responsible for mediating the effects by virtue of degranulation of its contents. The cell represents:



Courtesy Dr Ashfaq; Copyright @ Dr Ashfaq

A. Type I Pneumocyte
B. Type II Pneumocyte
C. Clara Cell
D. Mast Cell

Ans D. Mast Cell

Histamine is a potent endogenous bronchoactive agent released by Mast Cells Mast cell is responsible for mediating the effects by virtue of degranulation of its contents. Mast cells are prominent in the airway tissues of asthma patients, constitute the major pulmonary source of histamine. Mast cells are found in high frequency within the subcutaneous tissues and dermis. Their distribution is particularly rich around blood mediators present in the granules like histamine that induce capillary permeability and also synthesize various mediators in response to the activation signal that induce capillary permeability, including prostaglandins, leukotrienes C, D, and E, and platelet-activating factor (PAF).

Q2: Cloudy swelling is:

A. irreversible
B. reversible
C. physiological and never pathological
D. late manifestation of cell injury

Ans B. Reversible

Cellular Swelling

- is the first manifestation of almost all forms of injury to cells,
- is difficult to appreciate with the light microscope; it may be more apparent at the level of the whole organ. When it affects many cells in an organ it causes some pallor, increased turgor, and increase in weight of the organ.
- Microscopic examination may reveal small, clear vacuoles within the cytoplasm; these represent distended and pinched-off segments of the ER.
- This pattern of nonlethal injury is sometimes called **hydropic change or vacuolar degeneration**

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