

## **Categories and subcategories**

These are taken from the *Primary Syllabus* as described in the *Australasian College For Emergency Medicine Training and Examination Handbook*. Slight modifications have been made.

### **1.\* The normal cell**

### **2. Cellular injury and adaptation**

### **3. Tissue response to injury**

- 3.1. Acute inflammation**
- 3.2. Chronic inflammation**
- 3.3. Healing**
- 3.4. Repair**

### **4. Fluid and haemodynamic derangements**

- 4.1.\* Oedema**
- 4.2. Hyperaemia and congestion**
- 4.3. Haemorrhage**
- 4.4.\* Thrombosis**
- 4.5.\* Haemostasis**
- 4.6. Embolism**
- 4.7. Infarction**
- 4.8.\* Shock**

### **5. Diseases of immunity**

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- 5.2.\* Hypersensitivity reactions**
- 5.3. Immunologic tolerance and causative mechanisms of auto immune disease**
- 5.4. Acquired immunodeficiency syndrome (AIDS)**

### **6. Neoplasia**

- 6.1. Pathogenesis of cancer; oncogenes and anti-oncogenes; tumour-host interactions
- 6.2. Characteristics of benign and malignant neoplasms
- 6.3. Mechanisms of invasion and spread
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### **7. Infectious disease**

- 7.1. General features of microbial activity including transmission**
- 7.2. Viral disease**
- 7.3. Bacterial infections—infections by pyogenic cocci, common gram negative infections, infections if childhood, tetanus and tuberculosis**
- 7.4. General features of other infectious diseases—chlamydia, rickettsia, mycoplasma, protozoa, helminths**
- 7.5. Principles of sterilisation and disinfection**

- 8. Environmental pathology**
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- 11. Respiratory system**
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  - 11.3.\* Chronic obstructive airways disease, asthma**
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- 12. Liver and biliary tract**
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- 12a Gastrointestinal tract**
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  - 12.3a Small and large intestines**
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- 13. Pancreas**
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- 14. Renal system**
  - 14.1.\* Acute renal failure**
  - 14.2.\* Chronic renal failure**
  - 14.3.\* Hypertensive renal disease**
  - 14.4.\* Abnormalities in acid-base balance**
  
- 15. Haematopoietic system**

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- 15.3.\* Blood groups, transfusions

**16. Endocrine**

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**17. Musculoskeletal system**

- 17.1. Osteoporosis
- 17.2. Osteoarthritis and rheumatoid arthritis
- 17.3. Fractures

**17a Central nervous system**

**18. Calculi**

\* A.C Guyton's *Textbook of Physiology* is recommended additional reading

1.\* The normal cell [Home](#)

2. Cellular injury and adaptation [Home](#)

19. Which of the following changes is associated with irreversible cell damage?
- A. glycogen depletion
  - B. flocculent densities in mitochondria
  - C. cellular swelling.
  - D. loss of microvilli.
  - E. detachment of ribosomes from rER.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Cellular injury and adaptation
<b>SUBCATEGORY</b>	---
<b>FILE NUMBER</b>	02.00.01
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 7-8
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

20. Irreversible cellular injury is characterised by all, **EXCEPT**

- A. progressive loss of phospholipids.
- B. decreased activity of Na<sup>+</sup> / K<sup>+</sup> ATPase causing cellular swelling.
- C. damage to the cellular cytoskeleton.
- D. the presence of reactive O<sub>2</sub> species.
- E. the loss of the intracellular amino acids glycine and L-alanine.

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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

21.Free radicals

- A. are not a byproduct of metabolism.
- B. can only form in the presence of oxygen.
- C. may arise by absorption of radiant energy.
- D. are removed with the aid of Vitamin A derivatives.
- E. contain an extra protein that may bind to and destroy organic molecules.

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<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

22. Apoptosis occurs in all but one of the following situations

- A. embryogenesis.
- B. bacterial infection.
- C. menstruation.
- D. tumours.
- E. viral infection.

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<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	



23. Apoptosis results in

- A. recruitment of neutrophils.
- B. swelling and lysis of cells.
- C. phagocytosis of apoptotic cells by surrounding healthy cells.
- D. release of free radicals.
- E. localised oedema.

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<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

24. A substance that is not known to accumulate intracellularly is

- A. melanin.
- B. haemosiderin.
- C. tattoo ink.
- D. pus.
- E. lipofuscin.

<b>SUBJECT</b>	Pathology
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<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 28
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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

### 3. Tissue response to injury

#### 3.1 Acute inflammation [Home](#)

25. Concerning vascular leakage with acute inflammation

- A. endothelial cell contraction preferentially occurs in arterioles 20-60  $\mu\text{m}$  in diameter.
- B. tumour necrosis factor (TNF) affects leakage by direct endothelial cell necrosis.
- C. immediate sustained response is due to widening of intercellular gaps.
- D. chemically mediated endothelial contraction is usually reversible.
- E. transcytosis is not thought to be a potential mechanism of increased permeability.

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<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 55-56
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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

26.Regarding the cellular mechanisms of vascular leakage, which of the following is **INCORRECT**

- A. the ‘immediate transient response’ only occurs in venules of 20-60  $\mu\text{m}$  diameter.
- B. sunburn can cause a delayed and prolonged vascular leakage.
- C. the endothelial injury caused by leukocytes is due to free radical-induced damage.
- D. the cytoskeletal and junctional retraction mechanism is mediated by the complement system.
- E. the most common mechanism for increased vascular permeability is “endothelial contraction” (“immediate transient response”).

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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

27. Cell adhesion molecules
- A. includes selectins.
  - B. assist in white cell pavingting.
  - C. involve endothelium.
  - D. involve platelets
  - E. all of the above.

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<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

28. Leukocyte adhesion with transmigration involves all of the following **EXCEPT**

- A. migration of leukocytes as a result of stasis of blood flow in the microvasculature.
- B. interaction of integrins with immunoglobulin found on endothelial cells.
- C. the selectins found only on endothelial cells.
- D. ICAM-1 and VCAM-1 adhesive molecules on the endothelial cells.
- E. neutrophils in the first 6-24 hours of acute inflammation.

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<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

29.The directional movement of a cell or organism in response to a chemical gradient is best called

- A. diapedesis.
- B. emigration.
- C. cytopemopsis.
- D. chemotaxis.
- E. margination.

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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

30.The chemical mediator **NOT** responsible for chemotaxis is

- A. cytokines.
- B. C5a.
- C. bradykinin.
- D. bacterial products.
- E. LTB4.

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<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	



31.Histamine exerts its effect during inflammation by

- A. vasoconstriction of post capillary sphincters.
- B. constriction of large arteries.
- C. acting on H<sub>2</sub> receptors on mast cells.
- D. causing venular endothelial contraction.
- E. its direct effect on macrophages.

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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

32.The following are all actions of bradykinin **EXCEPT**

- A. increased vascular permeability.
- B. activation of complement pathway.
- C. smooth muscle contraction.
- D. dilation of blood vessels.
- E. pain.

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<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

33.Kallikrein.

- A. directly converts C5 to C5a.
- B. negatively inhibits activation of Hageman Factor.
- C. has high molecular weigh kininogen as a precursor.
- D. is inactivated by kininase.
- E. all of the above.

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<b>CORRECT RESPONSE</b> A	
<b>APPLICATION</b>	

34. In the complement system, which is not true?

- A. C3a, C5a cause vasodilation, and increased vascular permeability.
- B. C5a is a powerful chemotactic agent.
- C. C5a activates the cyclo-oxygenase pathway of arachidonic acid metabolism.
- D. C5 can be activated by kallikrein.
- E. C3b, C3bi can act as opsonins.

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<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

35. With regard to eicosanoids

- A. main action of LTB<sub>4</sub> is to increase permeability.
- B. PGE<sub>2</sub> causes intense vasoconstriction.
- C. permeability increase caused by LTD<sub>4</sub> restricted to venules.
- D. LTC<sub>4</sub>, LTD<sub>4</sub>, LTE<sub>4</sub>, are important vasodilators.
- E. cyclo-oxygenase is the predominant enzyme in neutrophils.

<b>SUBJECT</b>	Pathology
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<b>CORRECT RESPONSE</b> C	
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36.Regarding complement

- A. C5a is an important opsonising molecule.
- B. C3b has chemotactic function.
- C. it cannot cause cytolysis of bacteria in the absence of immune complexes.
- D. C3a may cause mast cell degranulation.
- E. may be activated by prostaglandins.

<b>SUBJECT</b>	Pathology
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<b>CORRECT RESPONSE</b> D?	
<b>APPLICATION</b>	

**3. Tissue response to injury**

3.2 Chronic inflammation [Home](#)

37.Regarding granulomatous inflammation, one of the following is **INCORRECT**.

- A. central caseous necrosis is rare in all granulomatous diseases **EXCEPT** tuberculosis.
- B. both Langerhan's and foreign-body type giant cells may be seen in the granulomas of sarcoidosis.
- C. acid fast bacilli are seen in leprosy and tuberculosis
- D. fungal infections cannot result in granulomas.
- E. the "gumma" is the granulomatous manifestation of syphilis.

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<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

**3. Tissue response to injury**  
3.3 Healing **Home**



3. **Tissue response to injury**
  - 3.4 Repair [Home](#)

**4. Fluid and haemodynamic derangements**

4.1\* Oedema [Home](#)

38. Generalised oedema results from all of the following disorders **EXCEPT**

- A. systemic hypertension
- B. CCF
- C. cirrhosis
- D. nephrotic syndrome
- E. hyperaldosteronism

<b>SUBJECT</b>	Pathology
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TEXT Robbins	EDITION 5th PAGE(s) 93-97
ORIGINATOR Dr Greg Sweetman	
DATE 1997	
<b>CORRECT RESPONSE A</b>	
<b>APPLICATION</b>	

#### **4. Fluid and haemodynamic derangements**

4.2 Hyperaemia and congestion [Home](#)

**4. Fluid and haemodynamic derangements**

4.3 Haemorrhage [Home](#)

**4. Fluid and haemodynamic derangements**

4.4\* Thrombosis [Home](#)

39. Disorders that predispose to thrombosis include all of the following **EXCEPT**

- A. pancreatic cancer
- B. pregnancy
- C. vitamin K deficiency
- D. sickle cell anaemia
- E. diabetes mellitus

<b>SUBJECT</b>	Pathology
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<b>ORIGINATOR</b> Dr Greg Sweetman	
<b>DATE</b> 1997	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

40. In which of the following situations is a thrombus likely to contain the least admixed blood clot

- A. saccular aneurysms
- B. phlebothrombosis
- C. thrombophlebitis
- D. rheumatic vegetations
- E. coralline thrombi

<b>SUBJECT</b>	Pathology
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<b>SUBCATEGORY</b>	Thrombosis
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<b>ORIGINATOR</b> Surgical Part I examples	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

**4. Fluid and haemodynamic derangements**

4.5\* Haemostasis [Home](#)

41. Endothelial derived antithrombotic factors include all of the following, except:

- A. PGI<sub>2</sub>
- B. NO
- C. protein S
- D. plasminogen
- E. tissue plasminogen activator

<b>SUBJECT</b>	Pathology
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<b>CORRECT RESPONSE D</b>	
<b>APPLICATION</b>	

42. Treatment of a patient with idiopathic thrombocytopenic purpura (ITP) utilises:

- A. aminocaproic acid.
- B. cryoprecipitate.
- C. corticosteroids.
- D. fresh frozen plasma.
- E. calcium chloride.

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<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 618-619
<b>ORIGINATOR</b> Surgical Part I examples	
<b>DATE</b> 1992	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	



43. Dense bodies of platelets secrete all of the following except:

- A. ADP
- B. ionised Calcium
- C. PDGF
- D. Adrenaline
- E. Serotonin

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<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

#### 4. Fluid and haemodynamic derangements

4.6 Embolism [Home](#)

44. With regard to pulmonary emboli.

- A. 30% are clinically silent
- B. obstruction of small end artery pulmonary branches only occurs in 5%
- C. acute RHF may occur if >60% of total vasculature is occluded
- D. embolic obstruction of middle sized arteries causes infarction in 10-15%
- E. 80% are from thromboembolic disease

<b>SUBJECT</b>	Pathology
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45. Each of the following pairs is correctly associated **EXCEPT**

- A. air embolism - deep sea diving.
- B. tumour arterial embolism - pulmonary infarct.
- C. fat embolism - fractures of long bones.
- D. paradoxical embolism - atrial septal defect.
- E. venous embolism - postoperative state.

<b>SUBJECT</b>	Pathology
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<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

#### 4. Fluid and haemodynamic derangements

4.7 Infarction [Home](#)

46. Liquefaction characteristically occurs following infarction of the

- A. heart.
- B. kidney.
- C. liver.
- D. spleen.
- E. brain.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Fluid and haemodynamic derangements
<b>SUBCATEGORY</b>	Infarction
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 114-116
<b>ORIGINATOR</b> Surgical part I examples	
<b>DATE</b> 1992	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

## 4. Fluid and haemodynamic derangements

4.8\* Shock [Home](#)

**5 Diseases of immunity**

5.1\* General features of the immune system [Home](#)

47. All of the following are cytokines **EXCEPT**

- A. interleukin 1 (IL-1)
- B. tumour necrosis factor (TNF)
- C. granulocyte-colony stimulating factor
- D. erythropoietin
- E. gamma interferon (IFN- )

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Diseases of immunity
<b>SUBCATEGORY</b>	General features of the immune system
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 174-175
<b>ORIGINATOR</b> Surgical Part I examples	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

48. A 2 year old boy was healthy for the first six months of life. He then develops recurrent infections. Serum concentration of complement, phagocytic function and bactericidal function of neutrophils are normal. A skin test with *Candida* antigens shows 2 cm of induration at 48 hours.

The time of onset of the disease is best explained by:

- A. development of a viral infection.
- B. exposure to rare bacteria.
- C. a maturation defect in the thymus.
- D. transplacental transfer of IgM antibodies.
- E. loss of passive immunity from the mother.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	??.??.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 216
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

49. In the patient in the above question, which of the following would most likely be abnormal?

- A. T4:T8 blood lymphocyte ratio
- B. Fc receptors on macrophages
- C. activity of myeloperoxidase.
- D. serum concentration of IgG.
- E. concentration of chloride in sweat.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 216
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	



**5 Diseases of immunity**

5.2\* Hypersensitivity reactions [Home](#)

50. Severe haemolytic transfusion reactions commonly occur when

- A. the transfused blood contains antibodies against the recipient cells.
- B. the recipient has a high titre of antibodies against the donor cells.
- C. Group A blood is transfused into Group AB recipients.
- D. Group O blood is transfused into Group A recipients.
- E. Rhesus negative blood is transfused into Rhesus positive recipients.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Diseases of immunity
<b>SUBCATEGORY</b>	Hypersensitivity reactions
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 183, 446-447
<b>ORIGINATOR</b> Surgical part I examples	
<b>DATE</b> 1992	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

51. Complement is involved in the pathogenesis of each of the following **EXCEPT**

- A. Arthus reaction.
- B. contact dermatitis.
- C. erythroblastosis foetalis.
- D. haemolytic transfusion ABO reaction.
- E. serum sickness.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Diseases of immunity
<b>SUBCATEGORY</b>	Hypersensitivity reactions
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 182-190, 446-447
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

52. One week following an injection of aqueous penicillin, a patient develops joint pains, a red, pruritic skin rash, fever and lymphadenopathy. Presuming that the diagnosis of serum sickness is correct:

- A. the antibody involved is probably IgD.
- B. the antibody involved is probably IgA.
- C. no antibody is involved, since this syndrome is secondary to a cell-mediated immune reaction.
- D. the serum concentration of complement would be decreased.
- E. readministration of penicillin at a later date could be accomplished without hazard.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Diseases of immunity
<b>SUBCATEGORY</b>	Hypersensitivity reactions
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 184-187
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

53. Which of the following statements about hypersensitivity reactions is **FALSE**:

- A. type I hypersensitivity reactions rely on IgE antibodies
- B. the Arthus reaction is a type III reaction
- C. complement depletion usually results in type II reaction
- D. T cells are fundamental to type IV reactions
- E. type I reactions aid resistance to parasites

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 178-182
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

## **5 Diseases of immunity**

5.3 Immunologic tolerance and causative mechanisms of auto immune disease [Home](#)

## **5 Diseases of immunity**

5.4 Acquired immunodeficiency syndrome [Home](#)

## **6. Neoplasia**

6.1 Pathogenesis of cancer; oncogenes and anti-oncogenes; tumour-host interactions

[Home](#)

## 6. Neoplasia

6.2 Characteristics of benign and malignant neoplasms [Home](#)



## 6. Neoplasia

6.3 Mechanisms of invasion and spread [Home](#)

## 6. Neoplasia

6.4 Laboratory diagnosis; grading and staging of cancer [Home](#)

**7 Infectious disease**

7.1 General features of microbial activity including transmission [Home](#)

54. All of the following organisms cause a clinical effect via the production of an exotoxin except:

- A. Clostridium tetani.
- B. Staphylococcus aureus.
- C. Escherichia coli.
- D. Pseudomonas aeruginosa.
- E. Vibrio cholera.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 318-319
<b>ORIGINATOR</b> NZ faculty primary examination lecture course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

**7 Infectious disease**

7.2 Viral disease [Home](#)

55. Mumps virus is a -

- A. adenovirus.
- B. herpes virus.
- C. paramyxovirus.
- D. pox virus.
- E. picornavirus.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
TEXT Robbins	EDITION 5th PAGE(s) 346-347
ORIGINATOR NZ faculty primary examination lecture course	
DATE 1996	
<b>CORRECT RESPONSE C</b>	
<b>APPLICATION</b>	

- 7.3 **7 Infectious disease**  
Bacterial infections—infections by pyogenic cocci, common gram negative infections, infections if childhood, tetanus and tuberculosis [Home](#)

56. With Salmonella infection:

- A. Salmonella typhi infection commonly by uncooked chicken
- B. related to bubonic plague
- C. typhoid fever is self limiting, short lived illness
- D. carrier state for Salmonella typhi exists
- E. Salmonella enteritidis has carrier state

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 331-332
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

57.The virulence of Mycobacterium Tuberculosis is related to:

- A. the production of exotoxin
- B. the production of endotoxin
- C. its ability to induce delayed type hypersensitivity
- D. its ability to escape killing by polymorphonuclear phagocytes
- E. its ability to release histolytic enzymes

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 324
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

58. At present the most useful method of epidemiological investigation of staphylococcal infections is to determine

- A. colony and colour variation
- B. M protein production
- C. coagulase production
- D. specific bacteriophage production
- E. specific anti-haemolysin titre

**SUBJECT** Pathology

**SUBJECT CATEGORY**

**SUBCATEGORY**

**FILE NUMBER**

**SOURCE OF QUESTION**

**TEXT** Robbins

**EDITION** 5th **PAGE(s)** 335

**ORIGINATOR** MCQs in Basic Surgical Sciences (1.018)

**DATE** 1991

**CORRECT RESPONSE** D

**APPLICATION**

- 7.4 **7 Infectious disease**  
General features of other infectious diseases—chlamydia, rickettsia, mycoplasma, protozoa, helminths [Home](#)

59. Clinical features of malaria may include each of the following **EXCEPT**

- A. cerebral haemorrhages.
- B. polycythemia.
- C. splenomegaly.
- D. hepatomegaly.
- E. disseminated intravascular coagulation.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Infectious disease
<b>SUBCATEGORY</b>	General features of other infectious diseases
<b>FILE NUMBER</b>	07.04.01
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 362-363
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	



60. Giardia Lamblia may be spread by the faecal-oral route to people from all of the following **EXCEPT**:

- A. people
- B. cats
- C. beavers
- D. bears
- E. moose

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 334
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

61.Regarding hydatid disease in man:

- A. Amphotericin B is a recognised treatment.
- B. Typically shows a pig/dog cycle in Australasia.
- C. Is characterised by tapeworms in the intestines of humans.
- D. Is characterised by hydatid cysts in dogs.
- E. Human infection follows the ingestion of ova.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b>
<b>ORIGINATOR</b> Dunedin surgical part I course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

## **7 Infectious disease**

7.5 Principles of sterilisation and disinfection [Home](#)

**8 Environmental pathology**  
8.1 Air pollution [Home](#)

62. Vitamin C deficiency results in

- A. a decreased number of collagen fibres.
- B. an increased elastin:collagen ratio.
- C. formation of defective collagen fibres.
- D. detachment of ribosomes in fibroblasts.
- E. insufficient ground substance.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
TEXT Robbins	EDITION 5th PAGE(s) 423
ORIGINATOR ECFMG sample questions	
DATE 1990	
<b>CORRECT RESPONSE C</b>	
<b>APPLICATION</b>	

## **8 Environmental pathology**

8.2 Chemical and drug injury [Home](#)

## **8 Environmental pathology**

8.3 Physical injuries [Home](#)

## 9 Diseases of aging

### 9.1 Diseases of infancy and childhood [Home](#)

63. The first-born infant of an Rh-negative 26 year old woman, who had two previous second trimester abortions, has severe haemolysis and circulatory failure. This most likely could have been prevented by treating the mother with:

- A. a combination of IgG and IgM anti-D antibodies.
- B. anti-D IgG during the mother's most recent pregnancy.
- C. anti-D IgG upon termination of each of the first two pregnancies.
- D. anti-D IgM during the mother's most recent pregnancy.
- E. anti-D IgM upon termination of her first pregnancy.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 447
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

## 10. Cardiovascular system

10.1 Atherosclerosis [Home](#)

64. Cells normally found in an atheromatous plaque include all the following, except

- A. smooth muscle cells.
- B. foam cells.
- C. macrophages.
- D. lymphocytes.
- E. platelets.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Cardiovascular system
<b>SUBCATEGORY</b>	Atherosclerosis
<b>FILE NUMBER</b>	10.01.01
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 477
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	



65.Raynaud disease characteristically:

- A. occurs almost entirely in young male cigarette smokers.
- B. is associated with atherosclerosis.
- C. occurs primarily in tropical climates.
- D. is the result of a vasospastic reaction.
- E. involves elastic arteries.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 499
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

66.From inside to the outside, the layers of the arterial wall compose of:

- A. endothelium, muscularis mucosa, external elastic lamina, adventitia
- B. tunica interna, tunica media, internal elastic lamina, adventitia
- C. endothelium, internal elastic lamina, muscle layer, external elastic lamina, adventitia
- D. endothelium, muscle layer, internal elastic lamina, adventitia, external elastic lamina
- E. endothelium, internal elastic lamina, muscle layer, adventitia

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 468
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

## **10. Cardiovascular system**

10.2 Venous thrombosis [Home](#)

## **10. Cardiovascular system**

10.3\* Congestive cardiac failure [Home](#)

## **10. Cardiovascular system**

10.4\* Ischaemic heart disease [Home](#)

## **11. Respiratory system**

11.1\* Atelectasia [Home](#)

## 11. Respiratory system

11.2\* Pulmonary congestion and oedema [Home](#)

67. Recent pulmonary infarcts are characterised by each of the following **EXCEPT**

- A. subpleural location.
- B. increased frequency in patients with heart failure.
- C. pale colour.
- D. wedge shape.
- E. becoming abscesses when infected.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Respiratory system
<b>SUBCATEGORY</b>	Pulmonary congestion and oedema
<b>FILE NUMBER</b>	??.??.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 114-116, 679
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

## **11. Respiratory system**

11.3\* Chronic obstructive airways disease, asthma [Home](#)



## 11. Respiratory system

11.4 Restrictive pulmonary disease [Home](#)

## 11. Respiratory system

11.5\* Hyperbaric oxygen [Home](#)

## 12 Liver and biliary tract

### 12.1 Jaundice [Home](#)

68. Causes of a predominantly unconjugated hyperbilirubinaemia include all of the following, **EXCEPT**:

- A. haemolytic anaemia
- B. breast milk jaundice
- C. viral hepatitis
- D. primary biliary cirrhosis
- E. Crigler Najjar Syndrome Type II

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Liver and biliary tract
<b>SUBCATEGORY</b>	Jaundice
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 838
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

69. All of the following causes of jaundice are associated with a predominantly unconjugated hyperbilirubinaemia **EXCEPT**:

- A. haemolysis.
- B. Dubin-Johnson syndrome.
- C. Crigler-Najjar syndrome type I and II.
- D. physiologic jaundice of the newborn.
- E. Gilbert's syndrome.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 838-841
<b>ORIGINATOR</b> Dr John Maguire, Emergency Department, John Hunter Hospital	
<b>DATE</b> 1999	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

## 12 Liver and biliary tract

12.2 Hepatitis [Home](#)

70. In relation to the hepatitis viruses, which of the following is true?

- A. Hepatitis A can produce cirrhosis
- B. Hepatitis B is **NOT** present in stool
- C. HBeAb confers immunity against Hepatitis B
- D. Hepatitis C is commonly sexually transmitted
- E. Hepatitis D increases the risk of hepatocellular carcinoma in people with hepatitis B infection

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Liver and biliary tract
<b>SUBCATEGORY</b>	Hepatitis
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 844
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

71.Hepatitis B

- A. has an incubation period of 15-45 days
- B. is spread by ingestion of contaminated seafood
- C. most patients recover completely
- D. 50% become healthy carriers
- E. is a SSRNA virus

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Liver and biliary tract
<b>SUBCATEGORY</b>	Hepatitis
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 843-845
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

## 12 Liver and biliary tract

12.3 Hepatic failure [Home](#)

## 12 Liver and biliary tract

12.4 Cirrhosis [Home](#)

72. The pathogenesis of cirrhosis involves all of the following **EXCEPT**:

- A. demolition of collagen in the space of Disse
- B. chronic inflammation
- C. conversion of Kupffer cells into fibroblast-like cells
- D. loss of fenestrations in sinusoidal capillaries
- E. disruption of normal hepatic blood flow

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Liver and biliary tract
<b>SUBCATEGORY</b>	Cirrhosis
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 834-835
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> A	
<b>APPLICATION</b>	



## 12a Gastrointestinal tract

12.1a Oesophagus [Home](#)

**12a Gastrointestinal tract**  
12.2a Stomach [Home](#)

## 12a Gastrointestinal tract

12.3a Small and large intestines [Home](#)

73.Crohn's disease

- A. is characterised by the presence of caseating granulomas
- B. incidence peaks in fourth decade
- C. involves the small intestine alone in 10% of sufferers
- D. involves the colon alone in 30% of sufferers
- E. affects men more commonly than women

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Gastrointestinal tract
<b>SUBCATEGORY</b>	Small and large intestines
<b>FILE NUMBER</b>	??.??.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 801-803
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

## 12a Gastrointestinal tract

12.4a Peritoneum [Home](#)

## 13 Pancreas

13.1 Acute pancreatitis [Home](#)

## 13 Pancreas

13.2 Chronic pancreatitis [Home](#)

## 13 Pancreas

13.3 Endocrine pancreas [Home](#)

74. Which of the following is **NOT** a complication of long term diabetes mellitus?

- A. accelerated arteriosclerosis.
- B. diffuse glomerulosclerosis.
- C. increased synthesis of type IV collagen.
- D. increased myoinositol in nerves.
- E. glycosylation of proteins to form advance glycosylate end products.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Pancreas
<b>SUBCATEGORY</b>	Endocrine pancreas
<b>FILE NUMBER</b>	13.03.01
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 916-920
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

## 14 Renal system

14.1\* Acute renal failure [Home](#)

75. The following diseases have both renal and systemic manifestations. In determining an overall prognosis, the severity of the renal glomerular lesions is **LEAST** important in which of the following?

- A. amyloidosis.
- B. diabetes mellitus.
- C. Goodpasture's syndrome.
- D. shock.
- E. systemic lupus erythematosus.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 963-965
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	



76. Among the following, transitional cell carcinoma of the urinary bladder most often is associated with:

- A. metastases to bone.
- B. metastases to the kidneys.
- C. metastases to the lungs.
- D. metastases to the central nervous system.
- E. local extension to surrounding tissues.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1000
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

## **14 Renal system**

14.2\* Chronic renal failure [Home](#)

## **14 Renal system**

14.3\* Hypertensive renal disease [Home](#)

## **14 Renal system**

14.4\* Abnormalities in acid-base balance [Home](#)

## 15 Haematopoietic system

15.1\* Anaemias [Home](#)

77. Each of the following assays would help distinguish haemolytic anaemia from iron deficiency anaemia **EXCEPT**

- A. Coombs test.
- B. haematocrit.
- C. reticulocyte count.
- D. serum concentration of bilirubin.
- E. serum concentration of haptoglobin.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Haematopoietic system
<b>SUBCATEGORY</b>	Anaemias
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 587-589, 601-602, 610-613
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

78. A blood film demonstrating red cell hypochromia is indicative of:
- A. vitamin B<sub>12</sub> deficiency
  - B. bone marrow aplasia
  - C. Thalassemia major
  - D. folate deficiency
  - E. pernicious anaemia

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Haematopoietic system
<b>SUBCATEGORY</b>	Anaemias
<b>FILE NUMBER</b>	???.???
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 596-604
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

79. A favourable response to splenectomy is most likely to occur in

- A. hereditary elliptocytosis
- B. Thalassaemia major
- C. paroxysmal nocturnal haemoglobinuria
- D. hereditary spherocytosis
- E. autoimmune haemolytic anaemia

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Haematopoietic system
<b>SUBCATEGORY</b>	Anaemias
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 589, 598-603,
<b>ORIGINATOR</b> MCQs in Basic Surgical Sciences (1.019)	
<b>DATE</b> 1991	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	
<b>COMMENT</b> 1.019 Answer: D (75%; + 0.36) Splenectomy is of no value in the haemoglobinopathies or in paroxysmal nocturnal haemoglobinuria. It has some value in acquired haemolytic anaemia and hereditary elliptocytosis. The indication par excellence for splenectomy is hereditary spherocytosis (D correct).	

80. A peripheral blood smear taken from a 72 year old man shows marked anisocytosis and poikilocytosis. The mean corpuscular volume is increased, and the neutrophils are hypersegmented. This patient probably has:

- A. bone marrow hypoplasia.
- B. pernicious anaemia.
- C. sickle cell anaemia.
- D. thalassaemia.
- E. anaemia associated with chronic renal disease.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Haematopoietic system
<b>SUBCATEGORY</b>	Anaemias
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 592, 596-601, 603-605, 613-615
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	



## **15 Haematopoietic system**

15.2\* Leucopenia and leucocytosis [Home](#)

## **15 Haematopoietic system**

15.3\* Blood groups, transfusions [Home](#)

## 16 Endocrine

### 16.1 Pituitary [Home](#)

81. Prolactinoma can present with all, **EXCEPT**

- A. increased menstrual bleeding
- B. bitemporal hemianopia
- C. galactorrhoea
- D. infertility
- E. hypogonadism in women

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Endocrine
<b>SUBCATEGORY</b>	Pituitary
<b>FILE NUMBER</b>	??.??.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1117
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> A	
<b>APPLICATION</b>	

**16 Endocrine**

16.2 Thyroid [Home](#)

82.Nodules in the thyroid

- A. neoplastic change is more likely to occur in a solitary nodule than multiple nodules
- B. male to female ratio 4:1
- C. malignant nodules are often “warm” on scanning
- D. solitary nodule at an early age is more likely to be benign than older age
- E. men more likely to have benign tumours

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Endocrine
<b>SUBCATEGORY</b>	Thyroid
<b>FILE NUMBER</b>	??.??.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1133-1134
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> A	
<b>APPLICATION</b>	

83. Which of the following statements about thyroid nodules and thyroid carcinoma is **NOT** true?

- A. most solitary nodules are not neoplastic
- B. "hot" nodules are more likely to be benign than malignant
- C. solitary nodules are more likely to be neoplastic than multiple nodules
- D. nodules in males are more likely neoplastic than in females
- E. nodules in younger patients are more likely to be benign than in older patients

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Endocrine
<b>SUBCATEGORY</b>	Thyroid
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1133-1134
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

## 16 Endocrine

### 16.3 Parathyroid [Home](#)

84. Hyperparathyroidism associated with renal failure is thought to be caused by all of the following mechanisms **EXCEPT**:

- A. phosphate retention
- B. hypocalcaemia
- C. reduction in system of 1,25 (OH)<sub>2</sub> Vitamin D<sub>3</sub>
- D. uraemia
- E. skeletal resistance to the calcaemic action of PTH

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Endocrine
<b>SUBCATEGORY</b>	Parathyroid
<b>FILE NUMBER</b>	???.??.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1146
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

## **16 Endocrine**

16.4 Adrenal cortex and medulla [Home](#)

**17 Musculoskeletal system**

17.1 Osteoporosis [Home](#)

85. Osteoporosis may be secondary to all the following, except:

- A. pregnancy.
- B. hypopituitarism.
- C. warfarin therapy.
- D. thyrotoxicosis.
- E. prolonged weightlessness in space.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Musculoskeletal system
<b>SUBCATEGORY</b>	Osteoporosis
<b>FILE NUMBER</b>	17.01.01
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1119, 1220
<b>ORIGINATOR</b> Masonic Hospital	primary exam course
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> A	
<b>APPLICATION</b>	



## 17 Musculoskeletal system

17.2 Osteoarthritis and rheumatoid arthritis [Home](#)

86. The pathogenesis of rheumatoid arthritis may involve all **EXCEPT**

- A. infective agents with cross-reactive epitopes in common with collagen.
- B. the HLA DR4 gene.
- C. antibodies to autologous IgM.
- D. cartilage destruction by neutrophils.
- E. a destructive process that may eventually fill the joint.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Musculoskeletal system
<b>SUBCATEGORY</b>	Osteoarthritis and rheumatoid arthritis
<b>FILE NUMBER</b>	17.02.01

### SOURCE OF QUESTION

**TEXT** Robbins

**EDITION** 5th **PAGE(s)** 1251

**ORIGINATOR** Masonic Hospital primary exam course

**DATE** 1996

**CORRECT RESPONSE** C

**APPLICATION**

87. The role of IL-1 and TNF in the pathogenesis of rheumatoid arthritis involves all of the following, **EXCEPT**

- A. stimulation of collagenases from synovial cells.
- B. up regulation of adhesion molecules.
- C. inhibition of synthesis of proteoglycans in cartilage.
- D. increasing production of nitric oxide.
- E. stimulation of fibroblasts via platelet-derived growth factor.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Musculoskeletal system
<b>SUBCATEGORY</b>	Osteoarthritis and rheumatoid arthritis
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1252
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

88. Juvenile rheumatoid arthritis compared with adult rheumatoid arthritis.

- A. asymmetrical versus symmetrical.
- B. antinuclear antibody negative versus antinuclear antibody positive
- C. small joints affected in both.
- D. 10-20% remission for both.
- E. RF -ve more often.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Musculoskeletal system
<b>SUBCATEGORY</b>	Osteoarthritis and rheumatoid arthritis
<b>FILE NUMBER</b>	???.???
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1253
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> E	
<b>APPLICATION</b>	

## 17 Musculoskeletal system

17.3 Fractures [Home](#)

17a Central nervous system [Home](#)

89. In which of the following conditions is a cerebrovascular embolus most likely to occur?

- A. verrucal (rheumatic) vegetations of the mitral valve.
- B. bacterial endocarditic vegetations of the mitral valve.
- C. ulcerative atherosclerotic plaques of the aorta.
- D. bacterial endocarditic vegetations of the tricuspid valve.
- E. thrombophlebitis of a lower extremity.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Central nervous system
<b>SUBCATEGORY</b>	---
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 112, 549-552, 1310
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

90. Berry aneurysm

- A. is third most common cerebrovascular disorder after atherosclerotic thrombosis and embolism.
- B. otherwise known as fusiform aneurysm.
- C. identifiable at birth.
- D. multiple in 20% at autopsy.
- E. aneurysms > 5mm have 50% risk of bleeding per year.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Central nervous system
<b>SUBCATEGORY</b>	---
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1312-1313
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	

91. Infections of the central nervous system occur by way of each of the following routes or mechanisms **EXCEPT**

- A. blood vessels.
- B. local extension.
- C. lymphatics.
- D. peripheral nerves.
- E. trauma.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	
<b>SUBCATEGORY</b>	
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 1314
<b>ORIGINATOR</b> ECFMG sample questions	
<b>DATE</b> 1990	
<b>CORRECT RESPONSE</b> C	
<b>APPLICATION</b>	

18 Calculi [Home](#)

92.Regarding urinary calculi, which is not true?

- A. all have an organic matrix of mucoprotein.
- B. 20% of calcium oxalate stones are associated with increased uric acid secretion with or without hypocalciuria.
- C. struvite stones are associated with infections by urea splitting bacteria.
- D. a tendency to excrete alkaline urine may predispose to the formation of uric acid stones.
- E. cysteine stones are associated with a genetically determined defect in renal transport of certain amino acids.

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Calculi
<b>SUBCATEGORY</b>	---
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 984-985
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> D	
<b>APPLICATION</b>	



93. What percentage of people with renal calculi have **BOTH** hypercalcaemia and hypercalciuria?

- A. 3.65
- B. 5.0
- C. 20.0
- D. 55.0
- E. 90.0

<b>SUBJECT</b>	Pathology
<b>SUBJECT CATEGORY</b>	Calculi
<b>SUBCATEGORY</b>	---
<b>FILE NUMBER</b>	???.???.??
<b>SOURCE OF QUESTION</b>	
<b>TEXT</b> Robbins	<b>EDITION</b> 5th <b>PAGE(s)</b> 984
<b>ORIGINATOR</b> Masonic Hospital primary exam course	
<b>DATE</b> 1996	
<b>CORRECT RESPONSE</b> B	
<b>APPLICATION</b>	

