VOLGOGRAD STATE
MEDICAL UNIVERSITY
Department of Pathological Anatomy

Revision II.

Questions

1. Inflammation. Definition. Biological significance of inflammation. The problem of local and general characteristics in understanding the inflammation. Comparative pathology of the inflammation (Prof. I.I. Mechnicov). Age particularities of the inflammation.
2. Inflammation. Definition. Etiology and pathogenesis of inflammation. Mediators of inflammation. Classification of the inflammation. Acute inflammation. Exudative inflamation: serous, fibrinous (croupous, diphtheritic), suppurative, hemorrhagic, catarrhal, mixed.
3. Inflammation. Definition. Chronic inflammation. Classification. Productive inflammation, its types: intestitial, granulomatous, inflammation with the formation of a polyp. Reasons, mechanism of development, morphological characteristics, outcomes. Granulomatosis. Kinetics of granulomatosis.
4. Regeneration. Definition. Biological significance of regeneration. General and local conditions, defining the nature of the current regenerative process. Morphogenesis of the regenerative process, phases of proliferation and differentiation, their characteristics.
5. Hypersensitivity reactions, I, II types. Morphogenesis, morphological and immunohistochemical characteristics, interconnection with inflammation. Clinical significance.
6. Hypersensitivity reactions, III type. Morphogenesis, morphological and immunohistochemical characteristics, interconnection with inflammation. Clinical significance.
7. Autoimmunization and autoimmune disease. Autoimmune disease. Etiology, mechanism of development, morphological characteristics. Classification: autoimmune diseases and diseases with autoimmune damages.
8. Primary and secondary immunodeficiency syndromes. Clinical and morphological characteristics. HIV-infection.
9. Amyloidosis. Definition. Classification. Clinical and morphological characteristics. Physical & chemical features of amyloid.
10. Adaptation. Definition, biological and medical significance of adaptation. Phases, nature of adaptation. Physiological and pathological adaptation. Hypertrophy and hyperplasia. Clinical and morphological characteristics.
11. Atrophy. Definition, biological and medical significance. Classification. Clinical and morphological characteristics.
12. Stress-syndrome. Definition, stages, biological and medical significance. Clinical and morphological characteristics.
13. Regeneration. Definition, biological and medical significance. Classification. Clinical and morphological characteristics of regeneration. Metaplasia and dysplasia.

Questions

1. CHRONIC INFLAMMATION SHALL BE A SIMULTANEOUS COMBINATION
1) untenable reparation
2) angiogenesis, scarring
3) reactive changes
4) tissue damage
5) embolism

2. CAUSES OF CHRONIC INFLAMMATION
1) acute infection
2) persistent infection
3) long-term exposure to toxic substances

3. CHRONIC INFLAMMATION IS CHARACTERIZED
1) deposition of amyloid
2) mononuclear infiltration

3) fibrosis of damaged tissues
4) persistent destruction of connective tissue

4. MACROPHAG BY THE CELL OF CHRONIC BASIC INFLAMMATION
1) is
2) is not

Add:
5. The main cell of chronic inflammation is _____.

6. CELLS OF INFILTRATE IN THE FOCUS OF CHRONIC INFLAMMATION
1) macrophages
2) lymphocytes
3) neutrophils
4) eosinophils

7. TISSUE REACTION IN GRANULOMATIC INFLAMMATION
1) exudative
2) proliferative

8. CELLS PARTICIPATING IN PHAGOCYTOSIS
1) macrophages
2) lymphocytes
3) neutrophils
4) erythrocytes
5) plasma cells
6) epithelioid

9. IN THE FOCUS OF PRODUCTIVE INFLAMMATION PHAGOCYTOSIS DEVELOPS
1) pinocytosis
2) completed
3) endocytobiosis
4) unfinished

10. CELLS OF HEMATOGENIC ORIGIN IN THE FOCUS OF CHRONIC INFLAMMATION
1) monocytes
2) labroites
3) lymphocytes
4) fibroblasts
5) endothelial

11. CELLS OF HYSTIOGENIC ORIGIN IN THE FOCUS OF CHRONIC INFLAMMATION
1) monocytes
2) lymphocytes
3) fibroblasts
4) endothelial
5) myofibroblasts

12. CELL OF INFILTRATE
Set correspondence:
1) macrophage
2) lymphocyte
3) fibroblast
4) epithelioid
ORIGIN
A) hematogenous
B) histiogenic

13. CHARACTERISTIC OUTCOME OF PRODUCTIVE INFLAMMATION
1) necrosis
2) sclerosis
3) dystrophy
4) tissue melting

14. TYPES OF PRODUCTIVE INFLAMMATION
1) interstitial (interstitial)
2) granulomatous
3) serous
4) purulent

15. WITH RHEUMATISM IN ADULTS, INFLAMMATION DEVELOPS IN THE MYOCARDIUM
1) granulomatous chronic
2) acute granulomatous
3) interstitial
4) exudative

16. WITH TUBERCULOSIS IN THE LUNGS INFLAMMATION DEVELOPS
1) granulomatous chronic
2) acute granulomatous
3) interstitial
4) exudative

17. WITH ALVEOCOCCOSIS IN THE LIVER INFLAMMATION DEVELOPS
1) interstitial

2) granulomatous
3) exudative
4) polyposis

18. INFLAMMATION DEVELOPS AROUND ANIMAL PARASITES
1) interstitial
2) granulomatous
3) exudative
4) intermediate
5) purulent

19. MICROSCOPIC INTERMEDIATE MYOCARDITIS CHARACTERIZED
1) inflammatory infiltrate in the myocardial stroma
2) dystrophic changes in cardiomyocytes
3) diffuse small focal cardiosclerosis
4) giant cell granulomas
5) stromal hyalinosis

20. CELL COMPOSITION OF INFILTRATE IN INTERCURRENT MYOCARDITIS
1) macrophages
2) lymphocytes
3) neutrophils
4) fibroblasts
5) plasma cells
6) multinucleated giant cells of foreign bodies

21. CHARACTERISTIC OUTCOMES OF INTERSTITIAL (INTERSTITIAL) INFLAMMATION
1) edema
2) necrosis
3) sclerosis
4) calcification

22. CHARACTERISTIC OUTCOME OF INTERSTITIAL (INTERSTITIAL) MYOCARDITIS
1) cardiomyopathy
2) myocardial infarction
3) large focal cardiosclerosis
4) small focal diffuse cardiosclerosis

23. INTERSTITIAL INFLAMMATION MOST OFTEN DEVELOPS IN
1) the brain
2) liver and kidney
3) myocardium and lungs
4) spleen and lymph nodes

24. TYPES OF GRANULOMATOUS INFLAMMATION DEPENDING ON PATHOGENESIS
1) spicy
2) immune
3) subacute
4) chronic
5) non-immune

25. GRANULE IS A MANIFESTATION OF TISSUE REACTION
1) exudation
2) proliferation

26. CHARACTERISTIC CELLS FOR NON-IMMUNE GRANULA
1) lymphocytes
2) eosinophils
3) neutrophils
4) plasma
5) multicore giant foreign bodies

27. IMMUNE GRANULOMATOUS INFLAMMATION DEVELOPS WHEN
1) silicosis
2) syphilis
3) rabies
4) tuberculosis
5) alveococcosis

28. NON-IMMUNE GRANULOMATOUS INFLAMMATION DEVELOPS WHEN
1) rabies
2) syphilis
3) tuberculosis
4) schistosomiasis
5) rhinoscleroma

29. CLINICAL COURSE OF DISEASES WHICH DEVELOP GRANULOMATOUS IMMUNE INFLAMMATION
1) acute
2) subacute
3) the sharpest
4) chronic

30. CLINICAL COURSE OF DISEASES WHICH DEVELOP GRANULOMATOUS NON-IMMUNE INFLAMMATION

1) spicy
2) subacute
3) the sharpest
4) chronic

31. SYNONYM OF ENDOCYTOBIOSIS
1) pinocytosis
2) granulomatosis
3) completed phagocytosis
4) incomplete phagocytosis

32. IN MULTI-CHAMBER ECHINOCOCCOSIS OF THE LIVER ORGAN SIZES
1) reduced
2) not changed
3) increased

33. OUTCOMES OF INFLAMMATION AROUND ANIMAL PARASITES
1) petrification
2) encapsulation
3) hyalinosis of arterioles
4) atrophy of organ tissue
5) secondary amyloidosis

34. MICROSCOPIC TUBERCULOSIS GRANULE IS CHARACTERIZED
1) neutrophils
2) lack of blood vessels
3) many small vessels
4) caseous necrosis in the center
5) fibrinoid necrosis in the center
6) giant cells of Pirogov-Langhans

35. STROMA COMPONENT IN TUBERCULOSIS GRANULE
1) collagen fibers
2) reticular fibers
3) elastic fibers
4) fibrin filaments
5) vessels

36. CELLS OF TUBERCULOSIS GRANULUM
1) MONOCYTES
2) lymphocytes
3) fibroblasts
4) epithelioid
5) plasma
6) giant Pirogov-Langhansa

37. TUBERCULOSIS GRANULE IS A MANIFESTATION OF A HYPERSENSITIVITY REACTION
1) immediate type
2) delayed type

38. VESSELS IN TUBERCULOSIS GRANULE
1) are present in small quantities
2) are determined in large quantities
3) absent

39. THE CENTRAL PART OF THE TUBERCULOSIS GRANULE IS PRESENTED BY NECROSIS
1) fatty
2) caseous
3) waxy
4) fibrinoid
5) colliquation

Add:
40. The central part of the tuberculous granuloma is represented by _____ necrosis.

41. CHARACTERISTIC TISSUE REACTION IN THE PRESENCE OF IMMUNITY IN A PATIENT WITH TUBERCULOSIS
1) productive
2) alternative
3) exudative

42. TUBERCULOSIS BUILDINGS DEPENDING ON CELL COMPOSITION
1) lymphoid
2) necrotic
3) plasma cell
4) giant cell
5) epithelioid cell

43. SYNONYM OF SYPHILYTIC GRANULEMA
1) petrification
2) tubercle
3) knot
4) gumma

44. GUMMA IS A MORPHOLOGICAL MANIFESTATION OF SYPHILIS
1) early congenital

2) primary
3) secondary
4) tertiary

45. BASIC CELLS OF GUMMA
1) lymphocytes
2) neutrophils
3) fibroblasts
4) epithelioid
5) plasma

46. FIBER OF THE STROMA OF A SYPHILYTIC GRANULE
1) collagen
2) reticular
3) elastic
4) fibrin

47. VESSELS IN A SYPHILYTIC GRANULE
1) are present in small quantities
2) are determined in large quantities
3) absent

48. VESSELS IN GUMMA
1) little
2) a lot

49. A MICROSCOPIC SYPHILYTIC GRANULE IS CHARACTERIZED
1) hyalinosis in the center
2) lack of blood vessels
3) productive vasculitis
4) caseous necrosis in the center
5) collagen fibers in the stroma

50. MICROSCOPIC SYPHILYTIC GRANULE IS CHARACTERIZED
1) lack of necrosis
2) caseous necrosis in the center
3) reticular fibers in the stroma
4) an abundance of epithelioid cells
5) the predominance of lymphocytes and plasma cells

51. MOST OF ALL GUMMA IS LOCALIZED IN
1) stomach and intestines
2) the brain
3) spleen
4) liver
5) aorta

Add:
52. Gummas and syphilitic mesaortitis are manifestations of the _____ period of syphilis.

53. MORPHOLOGICAL MANIFESTATIONS OF THE TERTIARY PERIOD OF SYPHILIS
1) hard chancre
2) gum in the internal organs
3) fibrinous inflammation of the mucous membranes
4) gummy infiltration of the vessel walls and organ stroma

54. COMPONENTS OF THE GRANULE
Set correspondence:
1) plasmocytes and lymphocytes
2) collagen fibers
3) reticular fibers
4) epithelioid cells
5) caseous necrosis
6) fibroblasts
DISEASE
A) syphilis
B) tuberculosis
B) tuberculosis and syphilis

55. MEZAORTITIS DEVELOPS IN SYPHILIS
1) primary
2) secondary
3) tertiary

56. LOCALIZATION OF CHANGES IN THE AORTE IN SYPHILITIC MESORTITIS
1) arc
2) thoracic region
3) abdominal

57. LOCALIZATION OF INFILTRATE IN THE AORTIC WALL IN SYPHILITIC MESAORTITIS
1) only media
2) only intimacy
3) only adventitia
4) media and intimacy
5) media and adventure
6) intimacy and adventitia

58. PRIMARY SYPHILIS IS CHARACTERIZED BY EDUCATION
1) gum
2) syphilis
3) hard chancre
4) gummy infiltrate

List of recommended literature:
Basic literature:

1. "Basic pathology" Vinay Kumar, Ramzi S. Cotran, Stanley L. Robbins, 1997.

Additional literature:

1. "Pathology. Quick Review and MCQs" Harsh Mohan, 2004.
2. "Textbook of Pathology " Harsh Mohan, 2002.
3. "General and Systemic Pathology" Joseph Hunter, 2002.
4. "General and Systematic Pathology " Ed. J.C.E. Underwood – Edinburgh: Churchill Livingstone, 1996 (2th).
5. "Histology for Pathologist" Ed. S.S.Sternberg – Philadelphia: Lippincott Raven Publ, 1997 (2th).
6. "Histopathology. A Color Atlas and Textbook" Damjanov I., McCue P.A. – Baltimore, Philadelphia, London, Paris etc.: Williams and Wilkins, A Waverly Co., 1996.
7. "Muir's Textbook of Pathology" Eds. R.N.M. MacSween, K. Whaley London: ELBS, 1994 (14th).
8. "Pathology" Eds. Rubin, J.L. Farber – Philadelphia: Lippincott Raven Publ, 1998 (3th).
9. "Pathology Illustrated" Govan A.D.T., Macfarlane P.S., Callander R. – Edinburgh: Churchill Livingstone, 1995 (4th).
10. "Robbins Pathologic Basic of Disease" Eds. R.S.Cotran, V.Kumar, T.Collins – Philadelphia, London, Toronto, Montreal, Sydney, Tokyo: W.B.Saunders Co., 1998 (6th).
11. "Wheater's Basic Histopathology. A Color Atlas and Text" Burkitt H.G., Stevens A.J.S.L., Young B. – Edinburgh: Churchill Livingstone, 1996 (3th).
12. "Color Atlas of Anatomical Pathology" Cooke R.A., Steward B. – Edinburgh: Churchill Livingstone, 1995 (10th).
13. "General Pathology " Walter J.B., Talbot I.C. – Edinburgh: Churchill Livingstone, 1996 (7th).
14. "Concise Pathology" Parakrama Chandrasoma, Glive R. Taylor.
15. "Pathology" Virginia A. LiVolsi, Maria J. Merino, John S. J. Brooks, Scott H. Saul, John E. Tomaszewski, 1994.
16. "Short lectures on pathology" Zagoroulko A., 2002
17. "Robbins pathologic basis of diseases" Cotran R., Kumar V., Collins T.
18. "General pathology" Dr. Fatma Hafez, 1979.
19. "Anderson's Pathology " Damjanov I., Linder J. – St. Louis: Mosby Inc., 1995 (10th).

https://www.volgmed.ru/ru/depts/list/69/
https://volgmu-pat-anat.3dn.ru/

https://webpath.med.utah.edu/