VOLGOGRAD STATE
MEDICAL UNIVERSITY
Department of Pathological Anatomy

Stomach disease. Gastritis. Peptic ulcer (peptic ulcer). Tumors of the stomach. Bowel disease. Ischemic colitis. Nonspecific ulcerative colitis. Crohn's disease. Appendicitis.

Guidelines for students
III year of medical faculty
for practical exercises in pathological anatomy

Volgograd

QUESTIONS OF THE CURRENT TEST CONTROL:

Select all correct answers.

1. Microscopic signs of catarrhal gastritis:
a) moderate edema,
b) slight hyperemia,
c) single leukocytes in their own plate of the mucous membrane,
g) the safety of the surface lining,
e) point hemorrhages.
Select all correct answers.
2. Microscopic signs of severe acute gastritis:
a) ulcers with tight edges,
b) erosion of the mucous membrane,
c) focal hemorrhages,
g) white blood cells above the basement membrane,
e) foci of desquamation of the surface epithelium.
Select all correct answers.
3. The pathogenesis of pernicious anemia in a patient with autoimmune gastritis:
a) the cessation of the production of HC1,
b) production of antibodies to Helicobacter pylori,
c) production of antibodies to parietal cells,
g) production of antibodies to the internal factor,
e) destruction of glands and atrophy of the mucous membrane.
Select all correct answers.
4. Chronic gastritis associated with Helicobacter pylori is characterized by:
a) damage to the antrum,
b) lymphoplasmacytic infiltration,
c) metaplasia
d) multiple erosions,
e) an increase in the mitotic activity of the epithelium of the cervical glands.
Select all correct answers.
5. Epithelial changes in chronic gastritis:
a) atrophy,
b) dysplasia
c) intestinal metaplasia,
g) hyperplasia
e) atypia.
Select all correct answers.
6. A 43-year-old woman with cirrhosis died of posthemorrhagic anemia. Possible bleeding sources:
a) veins of the esophagus,
b) aneurysm of the thoracic aorta,
c) uterine veins,
g) the veins of the cardia of the stomach,
e) aneurysm of the abdominal aorta.
Select all correct answers.
7. Etiological factors of esophagitis:
a) chronic gastritis,
b) reflux of gastric contents into the esophagus,
c) chemical burns,
g) treatment with large doses of antibiotics,

e) uremia.

Select all correct answers.

8. Histological signs of Barrett's esophagus:

a) intestinal metaplasia,

b) gastric metaplasia,

c) epithelial metaplasia,

g) hyperplasia of the epithelium.

Select all correct answers.

9. Edges of chronic gastric ulcer:

a) proximal and distal gently sloping,

b) proximal gently sloping

c) proximal undermined,

g) a distal gentle,

d) distal undermined.

Select all correct answers.

10. Complications of chronic gastric ulcer:

a) bleeding

b) perforation

c) stenosis and obstruction of the stomach,

g) gastroptosis,

e) malignancy.

Select all correct answers.

11. A 63-year-old man was operated on for bleeding from a chronic ulcer of lesser curvature of the stomach. Microscopically found in the bottom of the ulcer:

a) caseous necrosis,

b) fibrinous purulent exudate,

c) fibrous connective tissue,

g) fibrinoid necrosis,

e) purulent hemorrhagic exudate.

Select all correct answers.

12. Ulcerogenic promoters:

a) corticosteroids,

b) stress

c) aspirin

d) smoking

d) increase the tone of the vagus nerve.

Select all correct answers.

13. A young woman with extensive skin burns developed massive stomach bleeding that caused her death. Possible sources of gastric bleeding:

a) acute ulcers of the antrum,

b) a chronic ulcer of lesser curvature,

c) acute ulcers of the bottom and body of the stomach,

d) chronic pyloric ulcers.

Choose one correct answer

14. The background for the development of adenoma of the stomach is gastritis of the form:

a) chronic superficial,

b) acute erosive hemorrhagic,

c) acute fibrinous,

d) chronic with enterolization.

Select all correct answers.

15. Clinical and morphological characteristics of intestinal cancer of the intestinal type:

a) occurs more often before the age of 30,

b) has a high degree of differentiation,
c) develops against a background of chronic gastritis,
d) 2 times more often affects men,
e) develops from metaplastic epithelial cells.
Select all correct answers.
16. *A 40-year-old woman developed epigastric pain and decreased appetite. When fibrogastroscopy in the area of lesser curvature revealed a thickening of the wall of the stomach and its defect, which is regarded as an ulcerative infiltrative cancer. Clinical and morphological characteristics of diffuse type cancer:*
a) develops from epithelial cells,
b) occurs at a relatively young age,
c) histologically - cricoid-cell carcinoma,
g) occurs against a background of chronic gastritis,
e) has a low degree of differentiation.
Choose one correct answer
17. The most important morphological indicator of prognostic value in gastric cancer:
a) histological option
b) macroscopic form,
c) the depth of invasion,
g) mucus formation,
e) secondary changes.
Select all correct answers.
18. Microscopic characteristics of polypous cancer of the stomach:
a) glands of a bizarre shape,
b) cricoid cells,
c) mucus in the lumen of the glands,
g) creeping growth,
e) glands of the intestinal type.
Select all correct answers.
19. Complications of stomach cancer:
a) hemoptysis,
b) the dilatation of the gatekeeper,
c) perforation
g) exhaustion
e) gastric bleeding.
Select all correct answers.
20. The development of appendicitis is promoted by:
a) thrombosis of the arteries of the appendix,
b) clogging with coprolites,
c) blockage with gallstones,
g) compression of the veins of the appendix,
e) the reproduction of microbial flora.
Select all correct answers.
21. Histological signs of superficial appendicitis:
a) edema of the serous membrane,
b) a conical focus of purulent inflammation,
c) diffuse neutrophilic infiltration,
d) plethora
e) minor hemorrhages.
Select all correct answers.
22. Macroscopic signs of phlegmonous appendicitis:
a) normal sizes

b) fibrin filaments on the serous membrane,
c) pus in the lumen of the appendix,
g) thickening of the wall,
e) ulceration of the mucous membrane.

Choose one correct answer

23. A young man with a clinical picture of an acute abdomen underwent appendectomy. An enlarged vermiform appendix, covered with greenish-gray fibrinous-purulent overlays, was removed. Under a microscope, necrosis of the mucous membrane, hemorrhage, and microvascular thrombosis are visible in the wall of the process. Morphological form of appendicitis:

a) simple
b) surface
c) phlegmonous,
g) apostematous,
e) gangrenous.

Select all correct answers.

24. Complications of acute appendicitis:
a) phlebitic abscesses of the pancreas,
b) perforation of the process wall,
c) self-amputation of the appendix,
d) purulent thrombophlebitis of the mesenteric arteries,
d) pylephlebitic abscesses of the liver.

Select all correct answers.

25. The expansion of the lumen of the appendix due to the accumulation of mucous secretions is:

a) empyema
b) hydrocele,
c) mucocele,
g) pneumocele,
e) pseudomyxoma.

Choose one correct answer

26. During histological examination in the apical part of the appendix, a small node was found consisting of isolated complexes of monomorphic atypical cells. During immunohistochemical studies, chromogranin A was visualized in the cytoplasm of cells. Conclusion:

a) adenoma,
b) cystadenoma,
c) mucocele,
g) adenocarcinoma,
e) carcinoid.

Select all correct answers.

27. The causes of fibrinous-purulent peritonitis in acute appendicitis:
a) self-amputation of the appendix,
b) perforation of the process wall,
c) purulent thrombophlebitis of the mesenteric veins,
g) pylephlebitis,
d) liver abscesses.

4. 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).

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