

بسم الله الرحمن الرحيم

بعد التعديل:

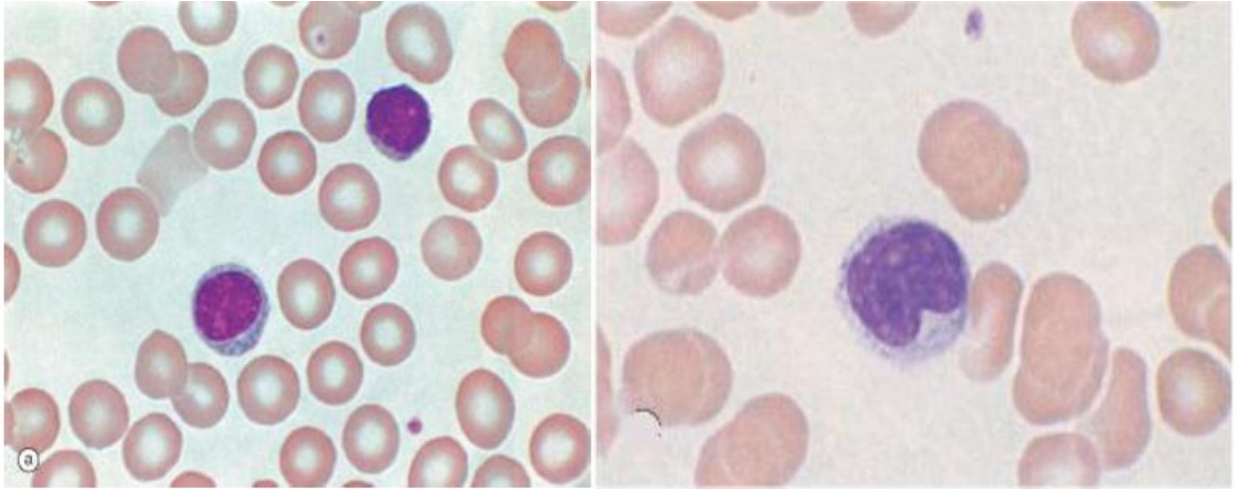
تم تعديل حل اسئلة الاناتومي + حل اسئلة الفارما + اضافة وحل اسئلة جديدة

في هذا الملف تم حل اسئلة الاوسبي
الحل مجهود شخصي قابل للاخطاء ..

تجميع : عبدالله النعيمشي

حل : علي السديس

HISTOLOGY:



1. Identify the above cell
2. Name the cell marker of the types of this cell?

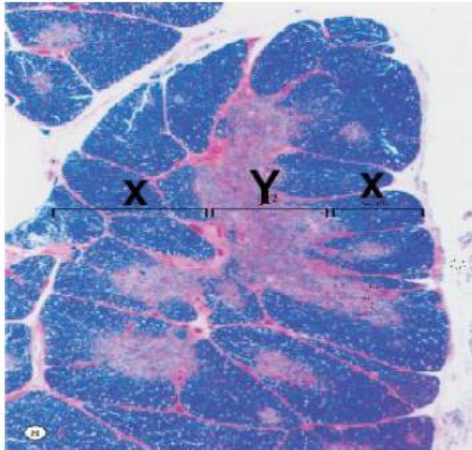
answers:

Left pic :

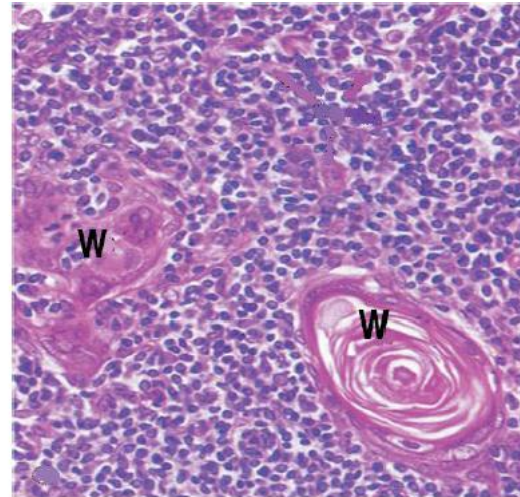
- 1) Lymphocyte.
- 2) CD marker.

Right pic :

- 1) Monocyte .
- 2) Kuffer cells , micriglia .



Identify the above section ?
Identify the structure marked by X and Y?



1. Identify the above section ?
2. Identify the structure marked by w ?
3. Name the cell formed in this structure W ?

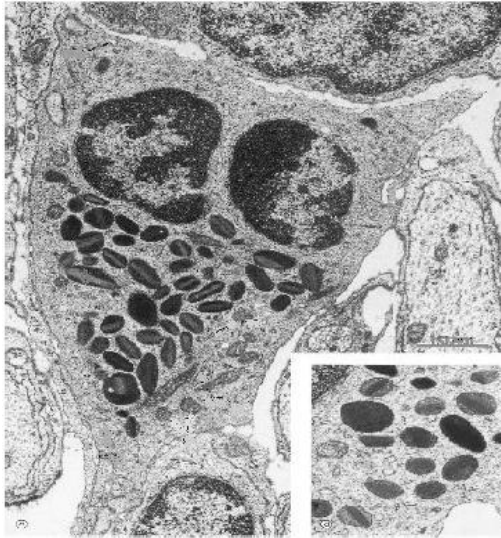
Answers :

Left pic :

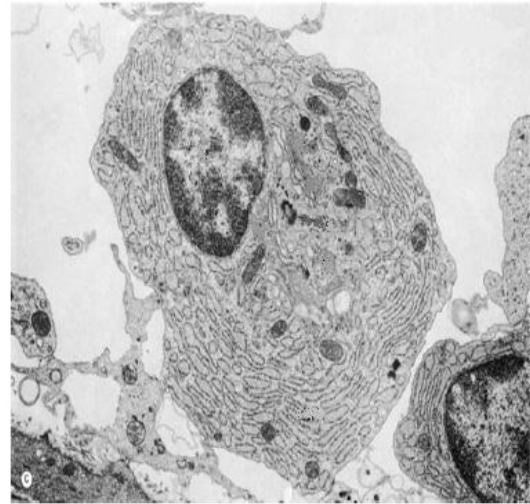
- Thymus
- X: cortex
- Y: medulla

Right pic :

- 1) Thymic medulla
- 2) H: Hassall's corpuscle
- 3) ??? mabey thymic interdigitating cell



1. Identify the above cell?
2. What are the contents of these specific granules?



1. Identify this cell?
2. Mention the function of this cell?
3. Name the most numerous organelle in this cell?

Answers:

Left pic :

- 1) Eosinophil
- 2) Histaminase ,
major basic
protein ,
eosinophil
peroxidase ...

Right pic :

- 1) plasma cell.
- 2) secretion of
antibodies
- 3) RER

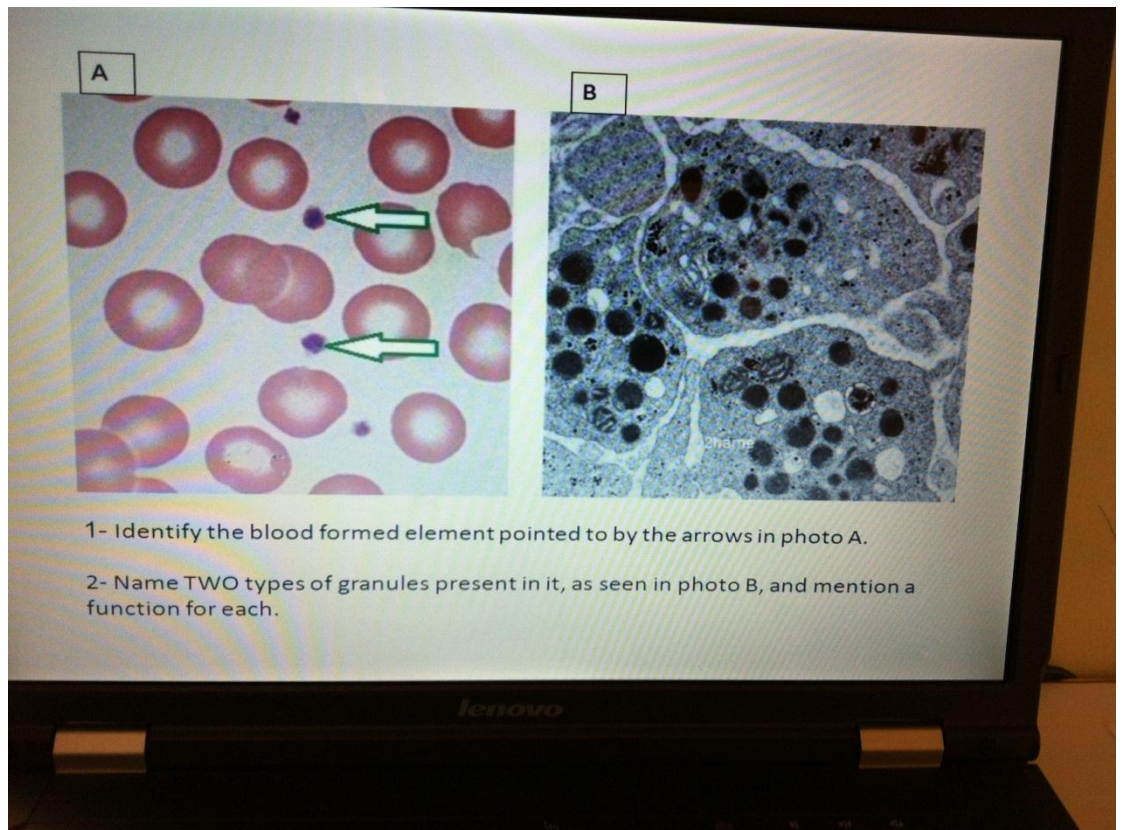
Microscopic slide

كانت عن الاسبيلين

1. Identify this section
2. Identify the spherical structure in this section ?
3. Name the cell abundant in this spherical structure ?

Answers :

- 1) Spleen of course :)
- 2) Lymphatic nodule >not sure
- 3) I think B cells but for more details :
In germinal centre >> differ but mainly B cells.
In the thymus dependent zone>> T cells
Mantle zone >>mainly B cells
Marginal zone >> mainly T cells



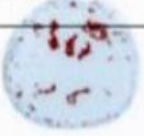
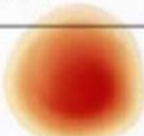



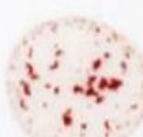
Answers :

1) Platelets

2) Alpha granules > contain many proteins e.g glycoprotein , fibrinogen which are imp. In hemostasis mechanism.

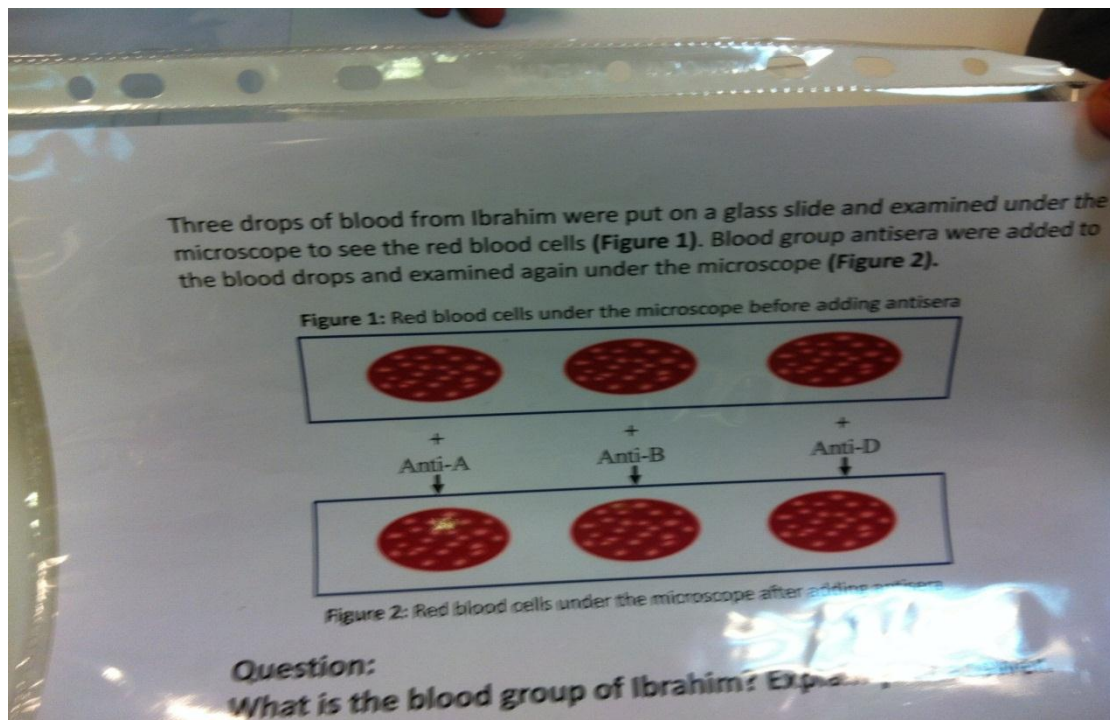
Dense granules> contains serotonin which is a vasoconstrictor .

PHYSIOLOGY:

| | Anti-A | Anti-B | Anti- D | |
|----------|---|---|---|------------------|
| A |  |  |  | Blood group..... |
| B |  |  |  | Blood group..... |

Q1: Identify the blood grouping of A and B ?

Answers : A) A+ B) B+

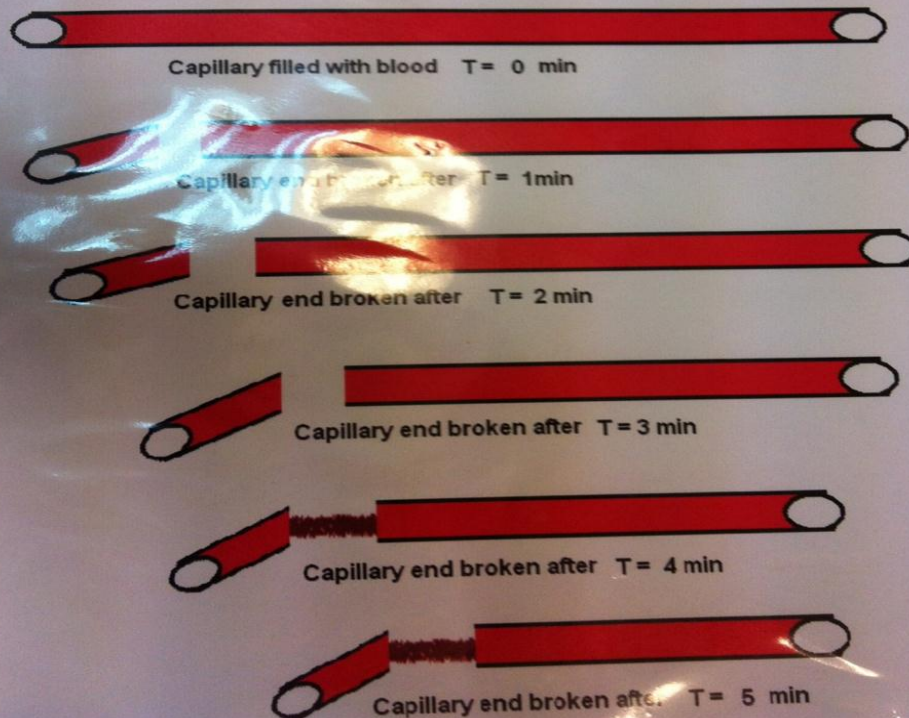


Answer :

His blood group is O- since there is no agglutination .

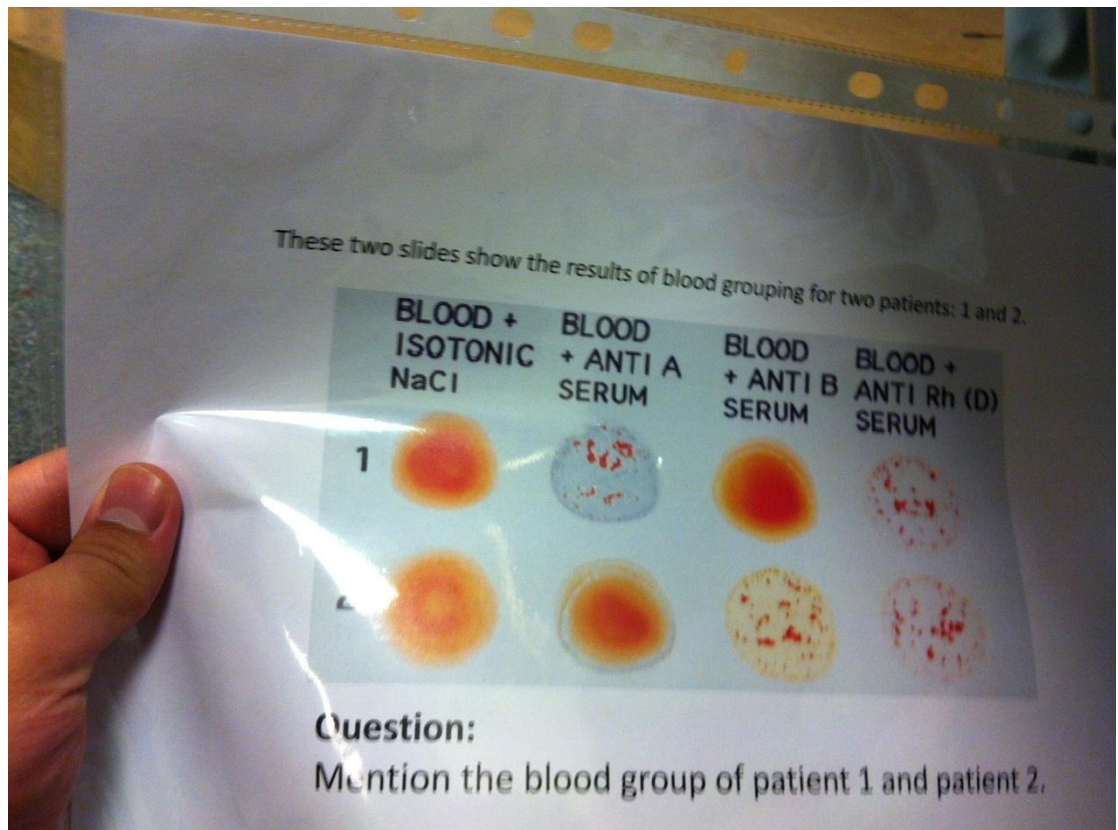
A patient's clotting was tested using the capillary method. The capillary was filled with blood and its end was broken every minute as shown in the figure (T = time, min = minute)

**What is the clotting time for this patient?
Explain your answer.**



ANSWER :

After 4 min since the clot and the fibrin thread are formed at this time and the blood does not flow any more



Answer :

Patient A his blood group is A+

Patient B his blood group is B+

MICROBIOLOGY:

طبعاً اول ستيشن كانت عن الـ Plasmodium

والصوره اللي كانت موجوده اولا مو موجوده بمحاضرات دكتور خالد مادري من وين جاييبنها

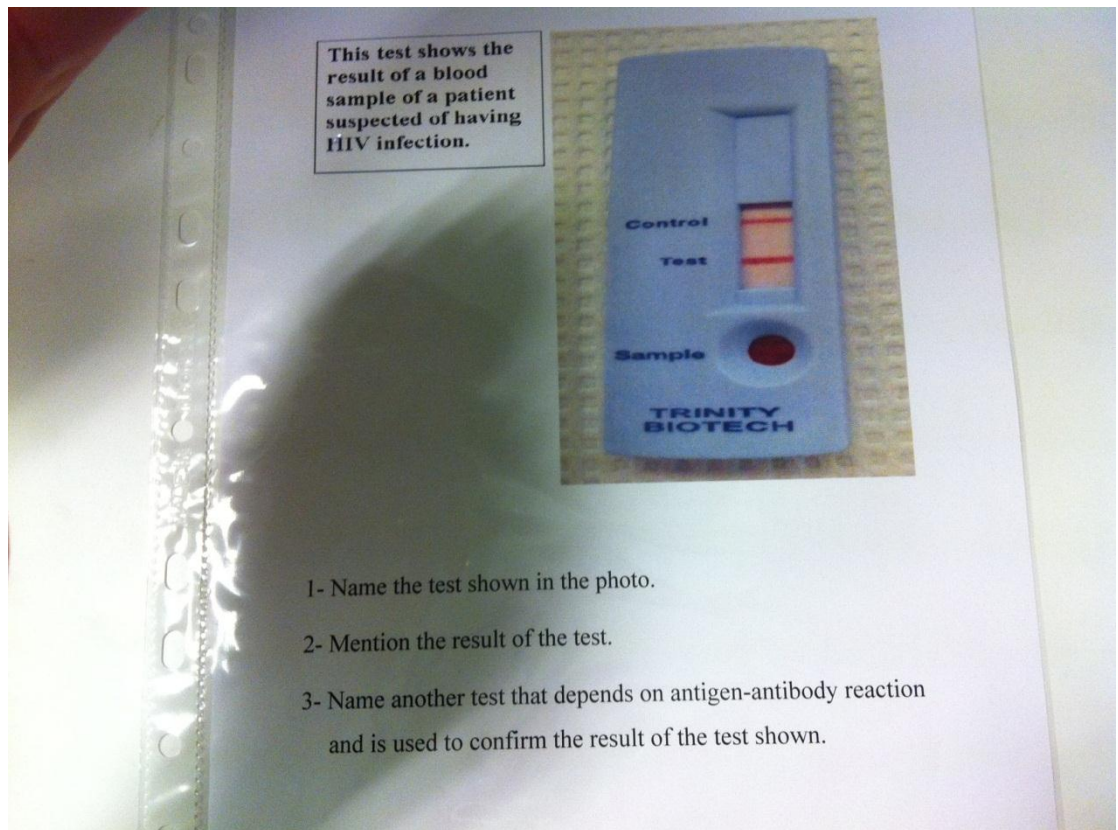
ثانياً مااااااااااااااهي وaaضح مسون لها زوم مادي كيف طالعه المهم بعد الاختبار رحت لدكتور خالد وقال صح بلازميديوم

وهذي الاسئلة اللي كانت عليها

- 1.Name the Genus and three species of this parasite
- 2.What are the stage of it?
- 3.Mention four Laboratory Diagnosis of it ?

Answers :

- 1) Plasmodium , (vivax , ovale, malariae) >>not sure
- 2) I should see the pic :)
- 3) Microscopic examination , PCR.



Answers :

- 1) Immunochromatography test
- 2) Positive for HIV
- 3) ELISA

BIOCHMESTRY:

❖ Patient have iron deficiency anemia :

Q1: what your expected on the Total iron bending capacity (decrease – incese – normal) in this patient ?

Q2: mention the estimation of the iron ?

Answers:

- 1) Increase
- 2) Serum Iron= $\frac{\text{Reading of Test X Conc. of standard}}{\text{Reading of standard}}$

❖ Patient have vomiting and diarrhea :

Q1: what your expected of the hemoglobin is increase or decrease in this patient?
And why?

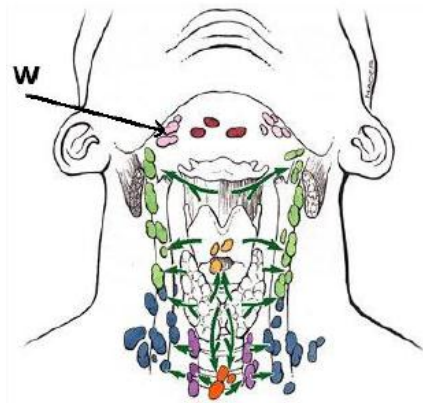
Q2: mention the principle of estimation of the hemoglobin ?

answers :

- 1)?
- 2)?

DR TARIQ said it is not imp. To know the priciples

ANATOMY:

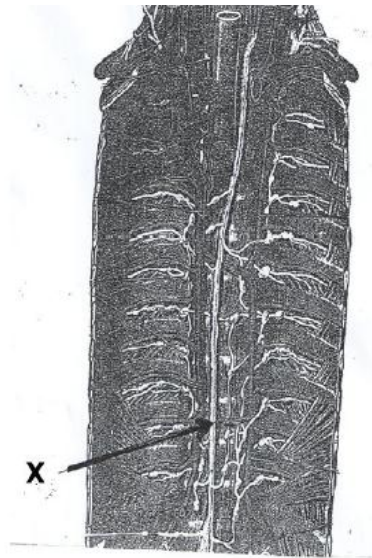


Q1: Identify the lymph marked by W?
Q2: Name three structure drained by it

answers:

left pic :

- 1) Submandibular LN
- 2) Upper lip , lower lip ,cheek , nose.



Q1: Identify the structure X ?
Q2: Name three Tributaries of this structure X ?

Right pic :

- 1)thoracic duct
- 2) right& left intestinal lymph trunks, Posterior intercostal lymph nodes, Left jugular lymph trunk

كانت عن :
Spleen and lymph nod

الاسبلين كان جايب اسبلين وحاط علامتين

الاولى على :

A- Gastric impression

والثانية على

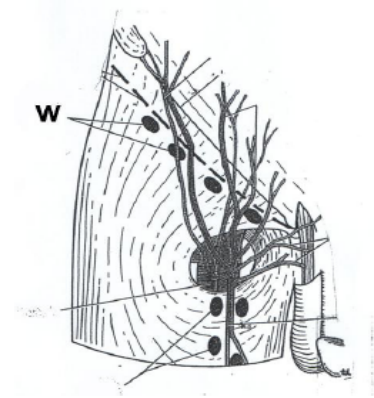
B- The medial end

الاسئلة كانت :

Q1: Identify the marked structure by A ?

Q2: Identify the marked structure by B ?

Q3: Name the surface anatomy of B ?



- 1- Identify the lymph node marked by W?
2-name three the structure drained by it

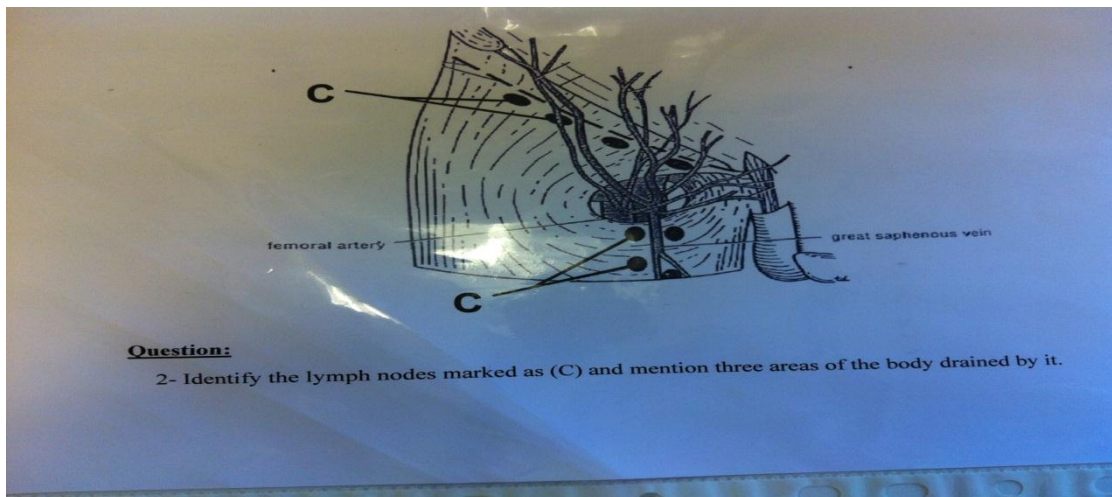
Answers:

Spleen:

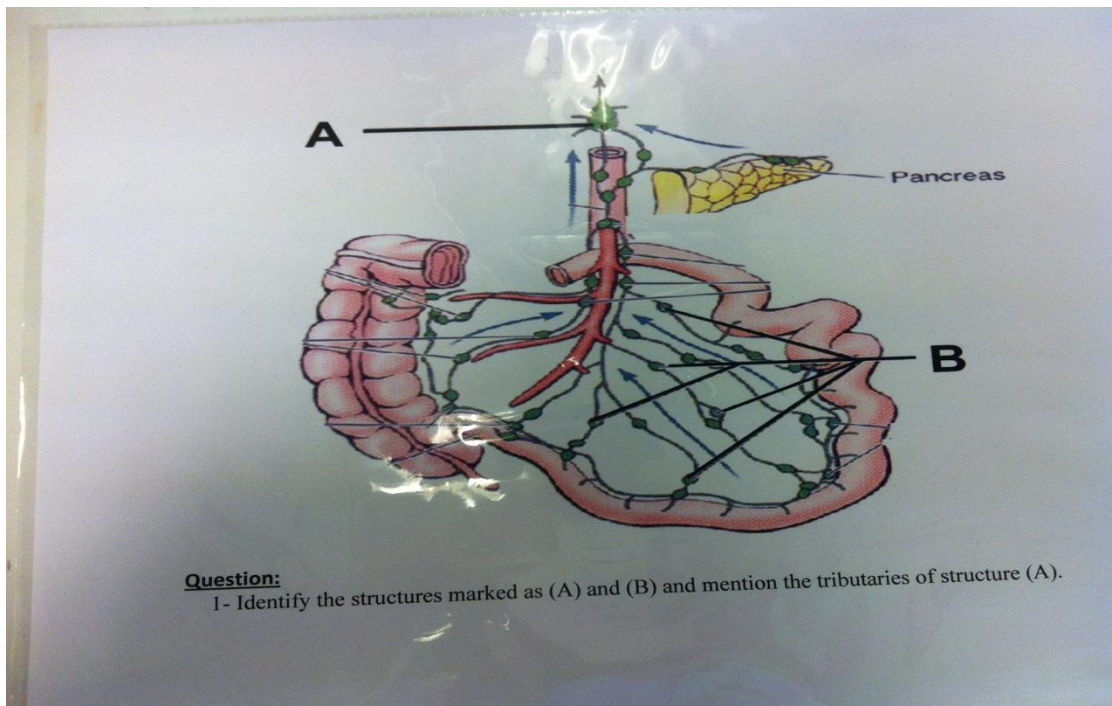
- 1) Gastric impression
- 2) The medial end
- 3) It is related to the ribs (9th , 10th & 11th and it long axis related to the 10th .

Right pic:

- 1) Inguinal LN (horizontal)
- 2) Lower half of the anal canal , external genitalia ,lower part of the vagina (below the hymen) , Gluteal region



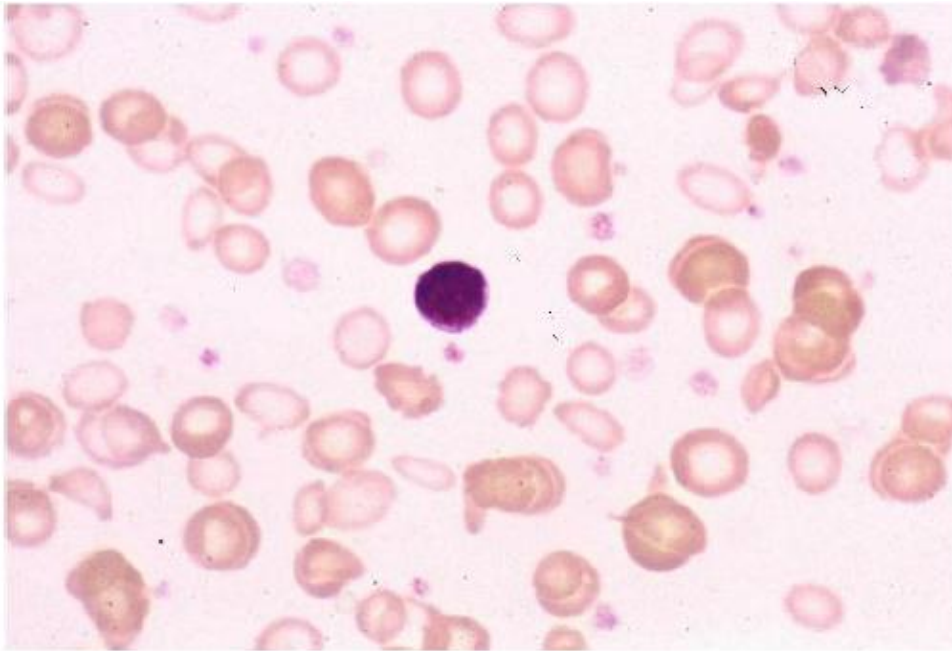
ANSWER : C > inguinal LN horizontal & vertical . the areas are mentioned in the previous slide



Answers :

- A > cisterna chyli , its tributaries :
Left and right lumbar lymph trunk and left intestinal lymph trunk
- B> mesenteric LN

PATHOLOGY:

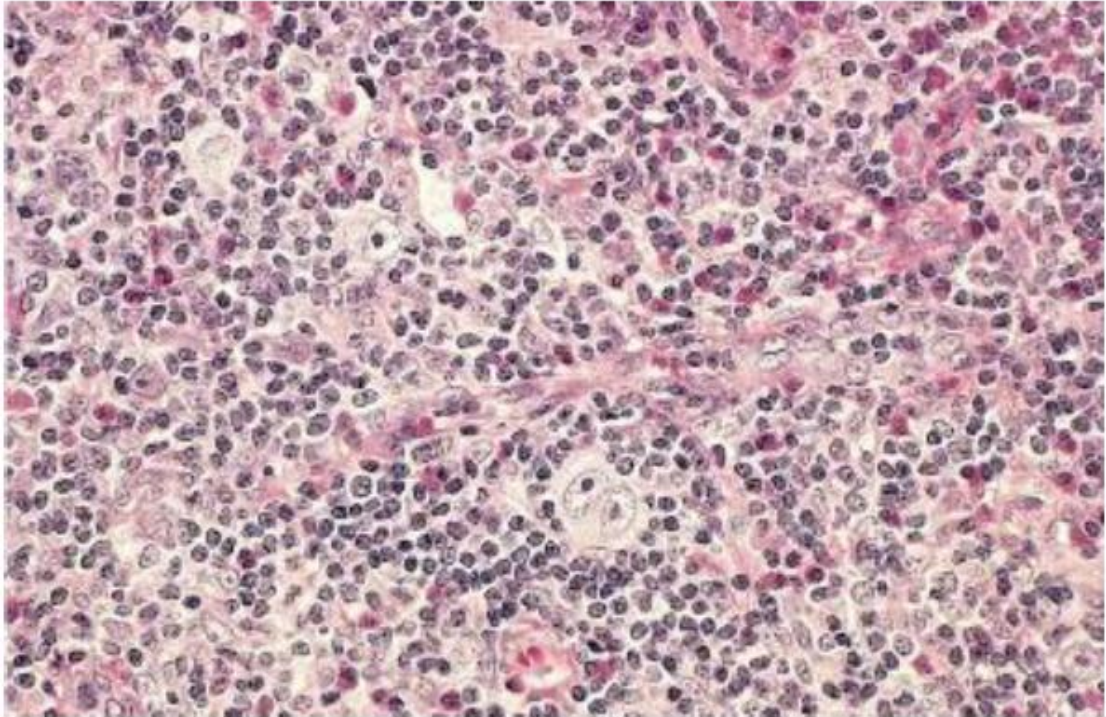


1.What you expect about hemoglobin in this micrograph ?
Justify your answer ?

answer :

This pic shows the morphology of iron deficiency anemia.

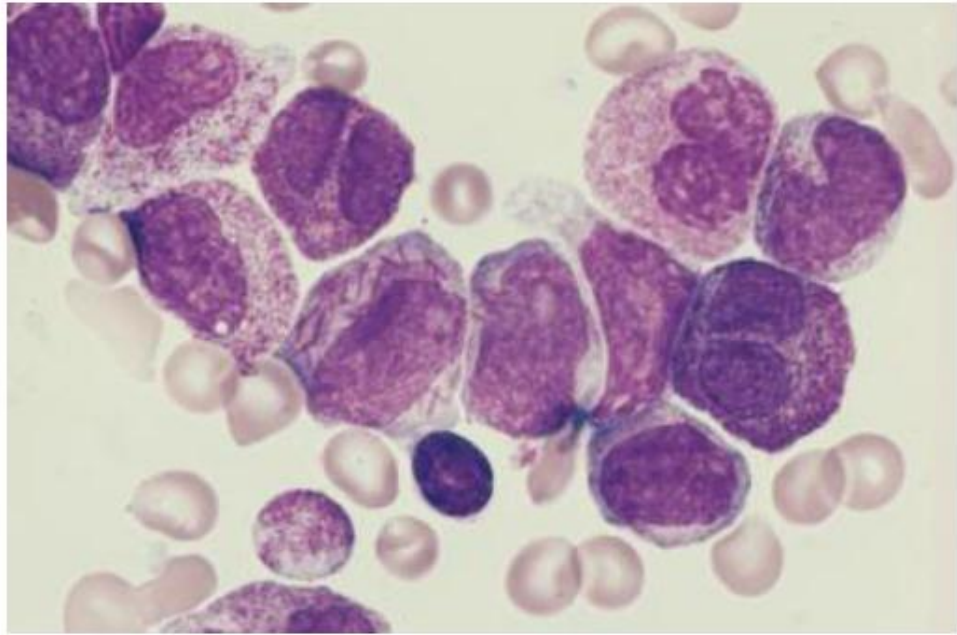
HB is decreases since the iron is decreased



1. Describe this lesion?
2. Identify this lesion?
3. What are the another type of this disease?

answer:

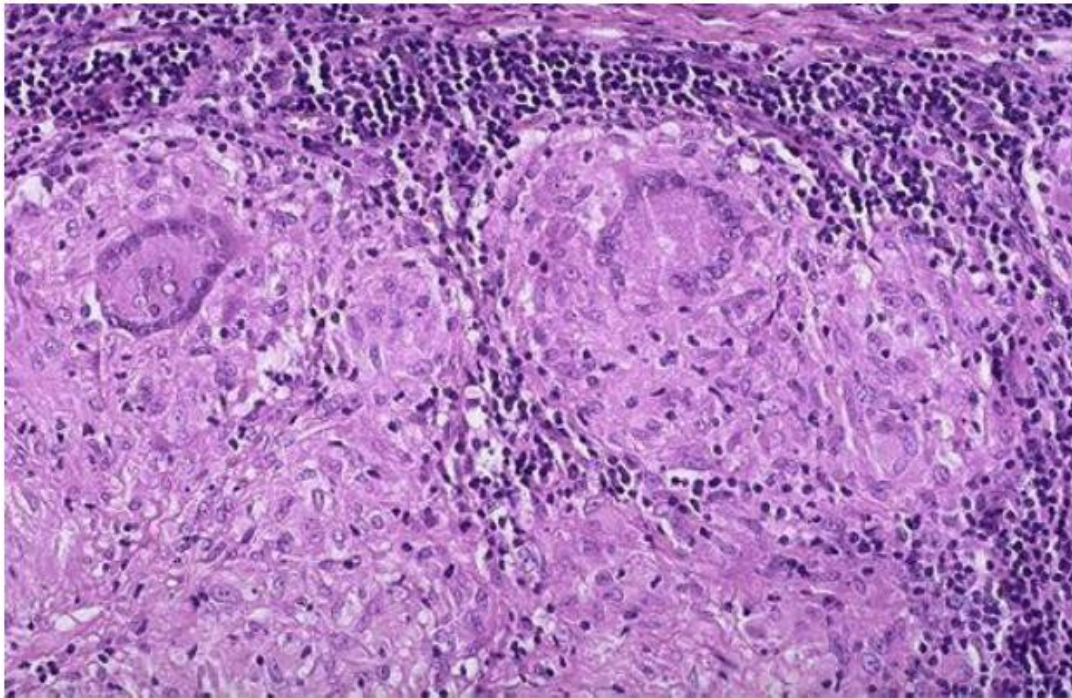
- 1) Presence of Reed Stenberg cell which is surrounded by multiple cell types including eosinophil , lymphocytes , histocytes
- 2) Hodgkin disease (mixed cellularity)
- 3) Nodular sclerosis



1. Describe this lesion?
2. Identify this lesion?
3. What are the molecular feature of this lesion?

answer:

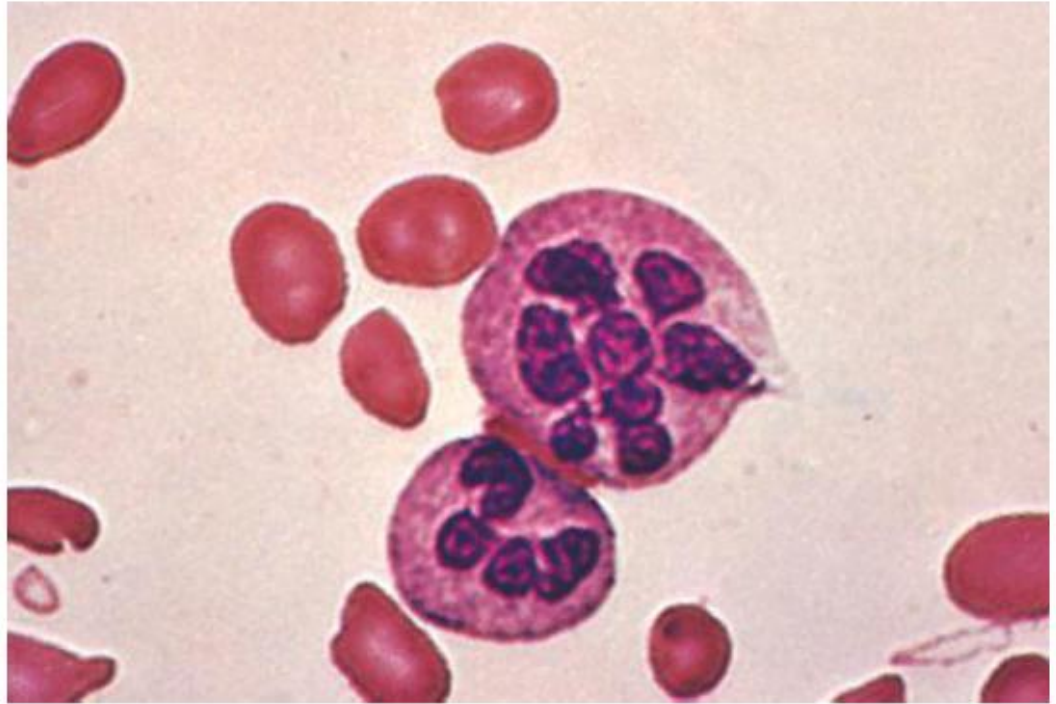
- 1) Most cells are abnormal promyelocytes , often containing abundant granules , bilobed nuclie & many auer rods per cell
- 2) Acute myeloid leukemia
- 3) Strongly associated with (15 ; 17) translocation .



1. Describe this lesion?
2. Identify this lesion?
3. Name two conditions that can cause this lesion?

Answers:

- 1) Multiple granulomas each made up of an aggregate of epithelioid cells and surrounded by lymphocytes. The granuloma in the center shows several multinucleated giant cells.
- 2) Multiple immune granuloma in LN
- 3) Sarcoidosis and TB



1. Describe this lesion?

2. Identify this lesion?

3. Name two causes may result from this lesion?

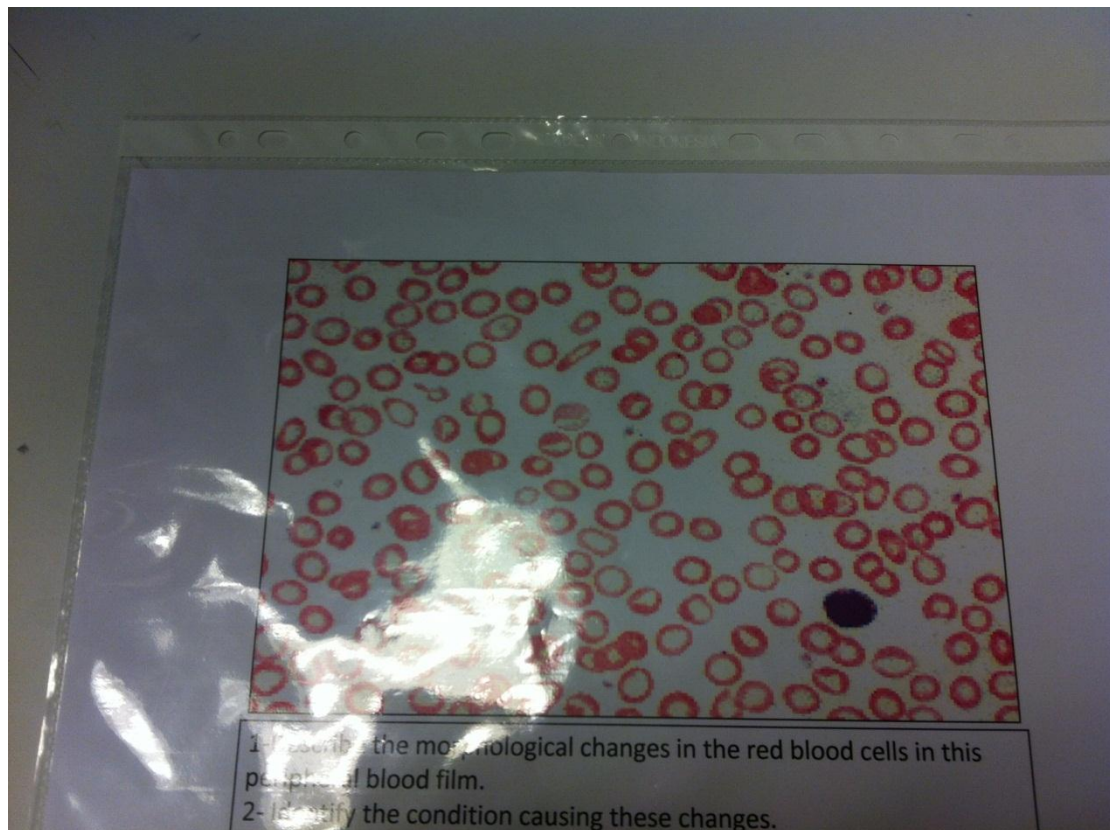
answers :

- 1) Presence of macro ovalocytes and hypersegmented neutrophils
- 2) Megaplastic anemia (B12 , folic acid deficiency anemia)
- 3) B12 , folic acid deficiency anemia.



Answers :

- 1) They have few nucleoli , nuclear chromatin is more condensed and cytoplasmic granules are absent.
- 2) Lymphoblasts .
- 3) Acute lymphoblastic leukemia .



ANSWERS :

- 1) The cells are smaller than normal RBCs and there is less HB content (microcytic hypochromic)
- 2) Iron deficiency anemia

THERAPEUTICS :

Name the drug of this conditions and name the route of administration :

1. Patient received Chronic lymphocytic leukemia :

وكان عنده اتوقع Pneumocystis

2. Patient with Chronic myeloid leukemia.

3. Patient with Acute promyelocytic leukemia :

وكانت عنده حساسه من دواء ثانيي بس نأسيه بعد

4. Patient want avoid Graft-versus disease

to do bone marrow transplantation

كان يبني دواء عشان تقدر تسوي للمريض نقل لـ البون ماروو بدون مايصير عنده اعراض بعد النقل ؟

Answers :

1) Can be treated by fludarabine (IV) for CLL + cotrimxazole(oral) to prevent pneumocystis carinii

2) Imatinib , oral

3) Induction : Cytarabin (IV) alone or with idarubicin(IV)

Consolidation : Cytarabin + idarubicin + amascarin

4) cyclophosphamide , orally OR IV.

OR large doses of methylprednisolone .

Patient maintain on heparin and after one week they do CBC count:

سيناريو مريض كان ماخذ هيبارين وبعد اسبوع سوا سي بي سي واعطانا
Platelet count
كانت ناقصه

Q1: what happening in this patient ? Justify your answer

Q2: how to manage?

Answers :

- 1) heparin induced thrombocytopenia and this is one of the side effects of heparin
- 2) Use direct thrombin inhibitor (argatroban) rather than heparin

سيناريو كانت عن الـ **SLE** وذكر :

patient developed multiple joint pain of mild degree, weight loss and a butterfly rash on his face.

Rash was also seen on his neck and back of hands

abnormal renal functions

elevated erythrocyte sedimentation rate (ESR),

positive antinuclear antibody (ANA) test. Patient diagnostic as SLE

Q1: how to manage the joint pain ? and How your treatment help the patient?

Q2: how to manage the renal abnormalities ? Explain

Answers :

- 1) Give the patient prednisone , which decreases the synthesis of cytokines , PGs and LTs.
- 2) Prescribe cyclophosphamide which is an alkylating agent used in proliferative lupus nephritis.

Cyclophosphamide + prednisone preserve renal function and decrease the risk of developing renal failure .

Name the drug and the dose and the route of administration of the following conditions:

1. Patient maintain on **Methotrexate** , then developed from **Megaloblastic anemia**.

2. Patient was done gastrectomy , then developed from megaloplastic anemia

3. Epileptic patient which maintain on epileptic drug , then get anemia.

هنا ماحدد نوع الانيميا بالكيس ذي

4. Obese patient which anemic of iron deficiency anemia , and his vein inaccessible .

, وهو اتوقع يبيك تستبعد الحقن بالوريد يعني يبيك تكتب له IM

او يبيك تكتب له Orally

بسراحه مادري بالضبط المطلوب من السؤال

answers :

1) Folic acid , 5 mg , oral.

2) Hydroxycobalamin , 100 – 1000 micro , IM

3) Folic acid , 5mg , oral.

4) Ferrous sulphate , 200 mg , oral OR

Iron sorbitol , 100 mg , IM >> I think orally is better for him.