2019 Scheme

Q.P. Code: 214001 **Reg. no.: .....**

Second Professional MBBS Degree Supplementary Examinations
December 2025
Pathology - Paper II

Time: 3 Hours **Total Marks: 100**

- ***Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers***
- ***Indicate the question number correctly for the answer in the margin space***
- ***Answer all parts of a single question together • Leave sufficient space between answers***
- ***Draw table/diagrams/flow charts wherever necessary***

1. Multiple Choice Questions **(20x1=20)**

The **MCQ** questions (Q.No. i to Q.No. xx) shall be answered **only in the OMR sheet provided at page No. 51** of the answer book (the inner portion of the back cover page (PART III)). Responses for MCQs marked in any other part/page of the answer book will not be valued. **For marking the correct responses use X mark only**

Question Numbers (i) – (v) are Single Response Type

i. Mac Callum patch is seen in the region of
   a) Pericardial surface in the posterior wall of left atrium
   b) Pericardial surface in the posterior wall of left ventricle
   c) Endocardial surface in the posterior wall of left atrium
   d) Endocardial surface in the posterior wall of left ventricle

ii. The neoplastic cells in a Giant Cell Tumour of bone (Osteoclastoma) are:
   a) Osteoclastic giant cells c) Mononuclear stromal cells
   b) Fibroblastic cells d) Sinusoidal lining cells

iii. CSF forms cobweb on standing in
   a) Tuberculous meningitis c) Viral meningitis
   b) Fungal meningitis d) Pyogenic meningitis

iv. A biopsy of the stomach reveals an area of normal - appearing pancreatic tissue. This is an example of
   a) Choristoma b) Teratoma c) Hamartoma d) Haemangioma

v. Toxic megacolon is a known complication of
   a) Crohn's disease c) Ulcerative colitis
   b) Typhoid ulcer d) Tuberculosis of the intestine

Question numbers (vi)-(x) are multiple response type questions. Read the statements & mark the answers appropriately.

vi. The penile lesions which are considered in situ carcinoma are:
   1) Condyloma acuminate 2) Erythroplasia of Queyrat 3) Bowen's disease
   4) Bowenoid papulosis
   a) 1, 2, 3 b) 2, 3 ,4 c) 3, 4, 1 d) 1, 2, 4

vii. Nuclear features of papillary carcinoma thyroid are:
   1) Orphan Annie nucleus 2) Nuclear grooves 3) Psamomma bodies
   4) Ground-glass appearance
   a) 1, 2, 3 b) 2, 3, 4 c) 3, 4, 1 d) 1, 2, 4

viii. Characteristic features of Schwannoma are:
   1) It is a nerve sheath tumour 2) Verocay bodies 3) It is locally invasive
   4) Hyaline collars around blood vessels
   a) 1, 2, 3 b) 2, 3, 4 c) 3, 4, 1 d) 1, 2, 4

ix. Features of Giant cell tumour of bone include
   1) Age group is 10-20 years 2) X ray shows soap bubble appearance
   3) Epiphyscal lytic lesion 4) Benign tumour
   a) 1, 2, 3 b) 2, 3, 4 c) 3, 4, 1 d) 1, 2, 4

x. Components of MEN 2A syndrome are:
   1) Parathyroid hyperplasia 2) Pituitary adenoma 3) Medullary carcinoma thyroid
   4) Pheochromocytoma
   a) 1, 2, 3 b) 2, 3, 4 c) 3, 4, 1 d) 1, 2, 4

(PTO)

Question numbers (xi) – (xv) consists of two Statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below.

a) Both A & R are correct and R is the reason for A **c) A is correct, R is incorrect**
b) Both A & R are correct, but R is not the reason for A **d) A is incorrect, R is correct**

xi. **Assertion:** Bacteria settle in the region of the diaphysis and makes it the site initially involved in hematogenous osteomyelitis
Reason: The anatomic feature that allows organisms to settle is that the arteries become arterioles and finally form capillary loops in the region of the metaphysis.

xii. **Assertion:** Patients with Kartagener's syndrome have the triad of bronchiectasis, recurrent sinusitis, and situs inversus.
Reason: The respiratory problems associated with this syndrome are caused by abnormal motility of the cilia, which is due to abnormalities of the ATPase-containing dynein arms.

xiii. **Assertion:** The troponin levels are elevated after myocardial infarction (MI).
Reason: The levels begin to increase 14 to 16 h after the onset of chest pain, reach maximal serum concentration in about 2 to 4 days, and remain elevated for about 30 days, hence not useful for the diagnosis of MI.

xiv. **Assertion:** Berry aneurysms are saccular aneurysms most commonly found in the circle of Willis.
Reason: The cause is atherosclerosis.

xv. **Assertion:** The classic triad of symptoms associated with insulinomas is called Whipple's triad and consists of hypoglycemia, symptoms of hypoglycemia, and relief of these symptoms with glucose intake.
Reason: Insulinomas are tumors that originate from the alpha cells of the islets of Langerhan's in the pancreas resulting from the excess and uncontrolled secretion of insulin.

Question numbers (xvi) – (xx) Read the following case scenario and answer subsequent questions based on this

A 28-year-old man is evaluated for persistent cough, night sweats, low-grade fever, and general malaise. A chest X-ray reveals a cavitary lesion in the apex of the right upper lobe.

xvi. This type of lesion is seen in
a) Primary tuberculosis c) Tertiary tuberculosis
b) Secondary tuberculosis d) Miliary Tuberculosis

xvii. The type of necrosis seen is
a) Caseous necrosis c) Coagulative necrosis
b) Colliquative necrosis d) Liquefactive necrosis

xviii. The presence of the bacilli in the sputum can be demonstrated by
a) Gram stain b) Albert stain c) Fite-Faraco d) Ziehl-Neelsen stain

xix. Examination of hilar lymph nodes would demonstrate which of the following pathological change
a) Fibrosis c) Granulation tissue
b) Coagulative necrosis d) Granulomatous inflammation

xx. The immune response is in the form of
a) Antibody-mediated c) Delayed hypersensitivity
b) Allergic reaction d) Immune-complex mediated

Long Essays **(2x10=20)**

2. A 12 year old boy presented to the OPD with periorbital swelling, pedal oedema, oliguria and hypertension. His mother gives history of the child having a sore throat 15 days earlier.
   a) What is the most likely diagnosis
   b) Discuss the aetiopathogenesis of this condition
   c) Describe the pathological findings in this disease (1+3+6)
3. Discuss the aetiopathogenesis, morphology, clinical features and complications of peptic ulcer (4+3+2+1)

Short Essays **(6x6=36)**

4. Aetiopathogenesis and morphology of Hashimoto's thyroiditis
5. Aetiopathogenesis and morphology of alcoholic liver disease
6. Differences between ulcerative colitis and Crohn's disease
7. Classify ovarian tumours and discuss briefly about mature cystic teratoma
8. Hodgkin's lymphoma
9. Discuss the prognostic factors for carcinoma breast

Short Answers **(6x4=24)**

10. Discuss informed consent for surgical procedures
11. Aetiopathogenesis of Prostatic hyperplasia
12. Morphology of Basal cell carcinoma
13. Aetiopathogenesis of carcinoma cervix
14. Retinoblastoma
15. Describe the types of Meningiomas

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CORRECTION / NO-CORRECTION FILE

QPCODE: 214001 **Dated: 22-12-2025**

Question No.1 (vi)

The term 'Condyloma acuminate' is corrected as "Condyloma acuminata"

Question No.1 (ix)

The term 'Epiphyscal lytic lesion' is corrected as "Epiphyseal lytic lesion"

Corrections/Modifications/Replacement of Questions if any shall be made available to all students. Take the print out of the Correction File in such cases and distribute to all students.

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CONTROLLER OF EXAMINATIONS