GI tract pathology

MCQs

1): The most common cause of intestinal obstruction is

A. volvulus
B. neoplasm
C. intussusception
D. hernia
E. adhesions

2): A filling defect on a barium examination of the gastrointestinal tract means

A. the lumen is locally dilated or there is an outpouching
B. something protruding into the lumen displaces the barium
C. both
D. neither

3. Each of the following applies to Hirschsprung’s disease except:

A. intestinal obstruction
B. absence of ganglion cells in myenteric plexus
C. treated by removal of distended segment of bowel
D. toxic megacolon as complication
E. narrow, more distal segment exhibits characteristic deficiency of development

4. A two-week-old boy develops persistent projectile vomiting. The most likely diagnosis is:

A. pyloric stenosis
B. esophageal atresia
C. annular pancreas
D. incomplete rotation of the gut
5. Which congenital abnormality of the gastrointestinal tract most characteristically has its clinical onset at 2 to 4 weeks of age and has a strong male preponderance?

A. pyloric stenosis  
B. intestinal atresia  
C. Meckel’s diverticulum  
D. Hirschsprung’s disease  
E. annular pancreas

6. An 8-month-old boy is reported by his mother to have had several episodes of “colic” and she has noticed blood in his stools. Your examination is negative except for slight abdominal tenderness and moderate anemia. Which of the following is most likely?

A. pyloric stenosis  
B. intestinal atresia  
C. Meckel’s diverticulum  
D. Hirschsprung’s disease

7. Congenital lesions that usually present with vomiting during the first three days of life include

A. pyloric stenosis  
B. intestinal atresia  
C. both  
D. neither

8. An endoscopic biopsy of gastric mucosa reveals small intestinal type epithelium. This finding is most likely due to:

A. chronic gastritis  
B. congenital heterotopia  
C. precancerous dysplasia  
D. metastatic carcinoma  
E. benign neoplasm
9. A male infant, who was normal for the first three weeks of life, develops projectile vomiting after feeding. The likely diagnosis is:

A. Meckel’s diverticulum
B. esophageal atresia
C. congenital diaphragmatic hernia
D. congenital pyloric stenosis
E. Hirschsprung’s disease

10. The treatment of Hirschsprung’s disease typically involves:

A. resecting the constricted segment
B. resecting the dilated segment
C. colectomy and ileostomy
D. avoidance of surgical intervention, if possible

11. Absence of ganglion cells is an essential diagnostic feature of:

A. congenital pyloric stenosis
B. Hirschsprung’s disease
C. both
D. neither

12. Hematemesis is an indication of:

A. upper gastrointestinal bleeding
B. lower gastrointestinal bleeding
C. both
D. neither

13. Melena is an indication of:

A. upper gastrointestinal bleeding
B. lower gastrointestinal bleeding
C. both
D. neither
14. Occult fecal blood may be an indication of:
A. upper gastrointestinal bleeding
B. lower gastrointestinal bleeding
C. both
D. neither

15. The most common cause of upper gastrointestinal hemorrhage (hematemesis or melena) is:
A. esophageal varices
B. gastric carcinoma
C. peptic ulcer
D. gastritis

16. Occult fecal blood test would be helpful in discovering:
A. colonic carcinoma
B. malabsorption syndrome
C. both
D. neither

17. The Mallory-Weiss syndrome refers to the occurrence of gastrointestinal hemorrhage as a result of:
A. esophageal varices
B. esophageal peptic ulcers
C. mucosal tears at the esophagogastric junction
D. iatrogenic perforation
E. ulcerogenic drugs

18. Hematochezia is found with:
A. upper gastrointestinal bleeding
B. lower gastrointestinal bleeding
C. both
D. neither
19. Mucosal necrosis is an essential part of:

A. blind loop syndrome
B. pseudomembranous enterocolitis
C. both
D. neither

20. Which of the following mechanisms most accurately describes how pseudomembranous colitis caused by Clostridium difficile is produced?

A. elaboration of an enterotoxin following colonization of the colon
B. ingestion of a preformed toxin
C. invasion and destruction of mucosa by the organism
D. host immune response to the organism

21. Infarction of the bowel may be caused by:

A. volvulus
B. mesenteric artery thrombosis
C. both
D. neither

22. The carcinoid syndrome is likely to occur with carcinoid tumors:

A. of the appendix
B. localized to the ileum
C. both
D. neither

23. Carcinoid tumors (argentaffinomas) are characterized by all of the following except:

A. many are multiple especially in the ileum
B. can occur in alimentary, biliary and respiratory tracts
C. may produce systemic symptoms when accompanied by liver metastases
D. appendix is the most common site
E. appendiceal types have greatest malignant potential
24. Primary carcinoma is least common in:
A. esophagus
B. stomach
C. small intestine
D. colon

25. Which is most characteristic of carcinoma of the cecum or right colon (in contrast to carcinoma of the rectum)?
A. anemia
B. associated polyposis
C. bowel obstruction
D. diarrhea

26. In which of the following segments of the gastrointestinal tract is primary carcinoma least common?
A. esophagus
B. stomach
C. small intestine
D. colon
E. mouth

27. Bilateral ovarian metastases presenting as tumor masses are most characteristically associated with carcinoma of the:
A. esophagus
B. stomach
C. small intestine
D. appendix
E. colon

28. The worst prognosis is associated with carcinoma of the:
A. esophagus
B. stomach
C. small intestine
D. colon

29. Diffuse intramural spread with extensive fibroblastic thickening is a morphologic pattern most characteristically associated with carcinoma of the

A. esophagus
B. stomach
C. small intestine
D. appendix
E. colon

30. Carcinoid tumors have a varied malignant potential. The most benign are located in the:

A. stomach
B. small intestine
C. rectum
D. appendix

31. Which of the following characterizes the biologic nature of carcinoid tumors (argentaffinomas)?

A. benign but produce systemic symptoms
B. production of systemic symptoms when they metastasize to the liver
C. especially malignant when primary in the appendix
D. production of jejunal ulceration due to gastrin elaboration

32. In the colon, which is benign and has no significant tendency to undergo malignant transformation?

A. familial polyposis
B. juvenile polyp
C. villous adenoma
D. carcinoid tumors

33. Carcinoma of the esophagus:

A. produces symptoms early and is more curable than carcinoma of the stomach
B. is difficult to cure because of local spread
34. Carcinoma of the esophagus has a poor prognosis because:
   A. metastases to liver or lung are usually present before the diagnosis is made
   B. the lesion is not accessible to surgery
   C. local spread usually prevents complete removal
   D. the tumor is radioresistant

35. All of the following correctly describe carcinoma of the esophagus except:
   A. male predominance
   B. most frequently involves adenocarcinoma
   C. patients usually over 50 years of age
   D. most frequently of the squamous cell type
   E. symptoms may occur late in the disease

36. Which of the following is most characteristic of carcinoma of the esophagus?
   A. produces symptoms early and is more curable than cancer of the stomach
   B. difficult to cure because of local spread
   C. characterized by widespread and early metastases
   D. has a good response to chemotherapy and therefore is rarely excised or radiated

37. The most common type of esophageal cancer in the United States is:
   A. adenocarcinoma
   B. leiomyosarcoma
   C. lymphoma
   D. squamous cell carcinoma

38. What is the most common cause of esophageal varices?
   A. alcoholic cirrhosis
   B. cardiac cirrhosis
   C. extra-hepatic portal vein obstruction
D. esophagitis

39. Which of the following is an important complication of hiatal hernia?
A. Zenker’s diverticulum
B. achalasia
C. Mallory-Weiss syndrome
D. esophagitis
E. esophageal varices

40. Esophageal varices are most conspicuous in the esophageal:
A. mucosa
B. submucosa
C. muscularis
D. adventitia

41. Which of the following esophageal lesions would have the youngest age distribution?
A. Zenker’s diverticulum
B. corrosive burns
C. achalasia
D. hiatal hernia
E. esophageal varices

42. Which is characterized by vomiting of blood?
A. Zenker’s diverticulum
B. traction diverticulum
C. achalasia
D. Mallory-Weiss syndrome

43. Which of the following pathological conditions of the esophagus is most common?
A. carcinoma
B. hiatus hernia
C. achalasia
D. Iye stricture
E. Mallory-Weiss Syndrome

44. Chronic atrophic gastritis is characterized by all of the following except:

A. gross and radiological rigidity of gastric wall
B. loss of parietal cells
C. intestinalization of gastric mucosa
D. chronic inflammatory cells in gastric mucosa
E. frequent presence of serum antibodies to intrinsic factor

45. Acute erosive gastritis is characterized by:

A. pus in the stomach
B. superficial multiple ulcerations of gastric mucosa
C. a deep ulcer of the stomach with a scarred base
D. a frequent association with gastric cancer
E. perforation as frequent complication

46. Which is true concerning chronic non-specific gastritis?

A. It is much more common in males.
B. It is usually symptomatic.
C. It is most common in young adults.
D. It has a slight association with development of cancer

47. Which is/are seen with greater than usual frequency in patients exhibiting atrophic gastritis?

A. pernicious anemia
B. carcinoma of the stomach
C. both
D. neither

48. The occurrence of chronic non-specific gastritis is most strongly related to:

A. alcoholism
B. smoking
C. epigastric distress
D. aspirin therapy

49. What is the significance of intestinal metaplasia in the stomach or colon?
A. It has no significance.
B. It is frequently associated with mildly precancerous inflammatory disease.
C. It is highly precancerous.
D. It is usually associated with heterotopic pancreas.

50. Choose the best statement concerning the pathogenesis of peptic ulcer.
A. Acid must be increased.
B. Acid must be at least normal in amount.
C. Acid must be present.
D. Acid need not be present.

51. Multiple recurrent ulcers in proximal and distal duodenum for several years are likely to be associated with:
A. heavy aspirin intake
B. islet cell adenoma of pancreas
C. smoking
D. excessive bile secretion

52. Incompetent sphincteric action (reflux) is most clearly associated with ulceration of the:
A. esophagus
B. stomach
C. proximal duodenum
D. distal duodenum and jejunum
E. distal ileum

53. Which one of the following is a feature of the Zollinger-Ellison syndrome?
A. hypoglycemic attacks
B. obesity
C. gastric hyperchlorhydria
D. diabetes
E. fainting spells

54. The most common site of chronic gastric peptic ulcer is:
A. lesser curvature at antral-body junction
B. anterior wall at duodenal verge
C. greater curvature in mid-antrum
D. esophago-gastric junction

55. The most frequent complication of chronic duodenal ulcer is:
A. hemorrhage
B. obstruction
C. perforation
D. malabsorption

56. Chronic peptic ulcer of the stomach occurs predominantly:
A. on the acid-secreting portion of the gastric mucosa
B. in an area of the stomach that has undergone squamous metaplasia
C. on areas of the gastric mucosa adjacent to the acid secreting mucosa
D. at the cardio-esophageal junction
E. adjacent to carcinoma

57. Which is inconsistent with a diagnosis of benign gastric ulcer?
A. absence of ulcer crater radiologically
B. achlorhydria even after histamine challenge
C. multiple defects seen radiologically
D. age less than 20 years

58. All of the following are frequent complications of chronic peptic ulceration except:
A. carcinomatous change
B. bleeding
C. perforation
D. scarring deformity of the involved organ upon healing

59. Which of the following is most clearly predisposing to acute stress ulcers?
A. Zollinger-Ellison syndrome
B. long distance running
C. appendectomy
D. extensive burns
E. emphysema

60. In a patient with a chronic peptic ulcer of the stomach, the chance that carcinoma will develop in the ulcer is:
A. over 80%
B. about 50%
C. about 30%
D. very small

61. Intractable multiple chronic ulcers involving proximal and distal duodenum are often associated with:
A. stress
B. gastrin secreting tumor
C. drugs
D. increased tissue susceptibility

62. Among the following, chronic peptic ulcer of the duodenum is best characterized as a lesion that:
A. frequently develops carcinoma as a complication
B. is related to intrinsic factor deficiency
C. occurs in patients with high levels of gastric acidity
D. is the result of cytotoxic antibodies to duodenal epithelial antigen
E. is due to focal infarction of the duodenal mucosa
63. Ulcers of the ileum with massive hemorrhage are usually associated with:

A. corticosteroid therapy
B. carcinoid tumors
C. post gastrectomy states
D. ectopic gastric mucosa

64. Which of the following findings is incompatible with the diagnosis of benign peptic gastric ulcer?

A. patient younger than 15 years
B. ulcer located in the upper third of the stomach
C. normal roentgenograms (upper G.I. series)
D. absence of acid in the gastric secretions
E. the presence of multiple gastric ulcers

65. Acute superficial ulcers of the stomach or duodenum may occur in patients with:

A. extensive burns of skin
B. head injury
C. both
D. neither

66. A normal level of gastric acidity following administration of histamine would tend to exclude which of the following?

A. gastric ulcer
B. duodenal ulcer
C. gastric carcinoma
D. Curling’s ulcer
E. atrophic gastritis

67. Carcinoma of the stomach usually arises from:

A. smooth muscle cells
B. acid producing cells
C. pepsinogen producing cells
D. mucus producing cells
E. argentaffin cells

68. Which presents as a bulky mass lesion often with deep central ulceration?
A. leiomyoma of stomach
B. leiomyosarcoma of stomach
C. both
D. neither

69. The incidence of carcinoma of the stomach is increased significantly above the general population in patients with:
A. pernicious anemia
B. acute monocytic leukemia
C. polycythemia rubra vera
D. sickle-cell anemia

70. Factors associated with an increased risk for development of carcinoma of the stomach include each of the following except:
A. family history of gastric carcinoma
B. acute stress ulcers
C. pernicious anemia
D. chronic atrophic gastritis with achlorhydria
E. high dietary intake of smoked meat and fish

71. Lymphoma of the stomach:
A. may be primary or secondary in the stomach
B. has a better prognosis than carcinoma of the stomach
C. both
D. neither

72. Linitis plastica, as defined by most radiologists, refers to:
A. a small contracted rigid stomach usually caused by infiltrating adenocarcinoma
B. tertiary syphilis of the stomach
C. polypoid adenocarcinoma of the stomach
D. scleroderma

73. Which finding favors peptic ulcer over ulcerated carcinoma of the stomach?
A. large size
B. heaped up margins
C. folds radiating from the ulcer
D. location in the antrum

74. The most appropriate test for diagnosis of giardiasis in a patient with malabsorption syndrome is:
A. culture of duodenal fluid
B. small intestinal mucosal biopsy
C. direct microscopy of duodenal aspirate
D. serologic examination
E. fixed and stained preparation of feces

75. The primary pathophysiologic mechanism of malabsorption in a-beta-lipoproteinemia involves:
A. bacterial overgrowth in the small intestine
B. villous atrophy of small intestinal mucosa
C. defective fat digestion due to lipase deficiency
D. an epithelial cell biochemical defect
E. lymphatic abnormalities

76. Pancreatic steatorrhea is due to:
A. inadequate lipolysis
B. inadequate micelle formation
C. secretin deficiency
D. dipeptidase deficiency

77. Inadequate intestinal lipolysis of food occurs with:
A. celiac disease
B. chronic pancreatitis
C. long-standing cirrhosis
D. Whipple’s disease

78. In a patient with steatorrhea the finding of normal small intestinal mucosa on a peroral biopsy specimen:

A. excludes celiac disease and Whipple’s disease
B. excludes rare causes of steatorrhea
C. suggests that steatorrhea is not due to small intestinal disease
D. gives no significant information

79. Celiac disease is the result of:

A. bacterial destruction of small bowel mucosa
B. poor dietary practices
C. reaction to gluten
D. a primary enzyme deficiency
E. lymphatic obstruction

80. The best method of demonstrating the presence of celiac disease is:

A. radiographic study of the upper intestinal tract
B. small bowel biopsy
C. Schilling test
D. history of specific food intolerance
E. quantitative stool fat test

81. Which may be produced by metabolic effects of bacteria in the upper gut but not in the lower gut?

A. macrocytic anemia
B. steatorrhea
C. both
D. neither
82. A diagnosis CANNOT be made without a clinical history in a case of:

A. tropical sprue
B. Whipple’s disease
C. intestinal lymphangiectasia
D. a-beta lipoproteinemia
E. Giardiasis

83. Celiac disease is best described as a/an:

A. mucosal disease of the small intestine producing malabsorption
B. asymptomatic disease of the left colon
C. condition associated with reflux esophagitis
D. type of inflammatory bowel disease
E. common cause of intestinal obstruction

84. The radiologic findings in various malabsorptive disorders are likely to be diagnostic in the case of:

A. celiac disease
B. tropical sprue
C. jejunal diverticulosis
D. Giardiasis
E. primary lactase deficiency

85. Weight loss, steatorrhea, and marked atrophy of villi in the jejunum are seen in:

A. achalasia
B. Whipple’s disease
C. celiac disease
D. tracheo-esophageal fistula
E. Crohn’s disease

86. Celiac disease is best treated by:

A. low fat and low protein diet with vitamin supplements
B. intestinal resection
C. gluten free diet and vitamin supplements
D. oral antibiotics
E. high protein diet and vitamin supplements

87. In children, the most common site of intussusception is:
A. rectosigmoid colon
B. ileocecal valve
C. transverse colon
D. jejunum
E. appendix

88. The following are associated with intestinal obstruction. Which is/are a cause rather than a result of intestinal obstruction?
A. intussusception
B. chronic diverticulitis, colon
C. both
D. neither

89. Which feature of ulcerative colitis is most closely related to the development of carcinoma?
A. age of patient at time of onset
B. the duration of the disorder
C. severity of manifestations at onset
D. presence of pseudopolyps

90. The most typical distribution of the inflammatory process in ulcerative colitis is:
A. entire colon and terminal ileum
B. diffuse, involving entire colon
C. focal, segmental
D. rectum and a variable length of contiguous colon
91. Which condition always involves the rectum histologically?

A. ulcerative colitis
B. Crohn’s disease
C. toxic megacolon
D. ischemic colitis

92. Perianal fistulas are most typically found in patients with:

A. carcinoma of the colon
B. Crohn’s disease
C. diverticulosis
D. hemorrhoids

93. Which neoplasm is most FREQUENTLY found in the appendix?

A. carcinoid
B. villous adenoma
C. lymphoma
D. adenomatous polyp
E. adenocarcinoma

94. Of the following, the most definitive morphologic finding of acute appendicitis is:

A. obstruction of the lumen by a fecalith
B. mucus in the lumen
C. neutrophils in the muscular layer
D. congestion and margination of polys in the serosa
E. presence of Enterobius vermicularis (pinworms)

95. The most benign examples of carcinoid tumor usually are found in the:

A. colon
B. appendix
C. ileum
D. stomach
96. At which of the following ages would you expect colonic diverticula to be most common?

A. 5
B. 10
C. 20
D. 40
E. 60

97. Colonic diverticula are associated with all of the following complications, except:

A. fistula formation
B. hemorrhage
C. carcinoma
D. obstruction
E. infection

98. A rectal polyp in a 5-year-old child is very likely to be a:

A. hyperplastic polyp
B. adenomatous polyp
C. juvenile polyp
D. Peutz-Jegher’s polyp

99. Which type of polyp is most LIKELY in a patient presenting with watery mucoid diarrhea?

A. juvenile polyp
B. adenomatous polyp
C. villous adenoma
D. carcinomatous polyp

100. Which type of colonic polyp is least likely to produce symptoms?

A. hyperplastic polyp
B. adenomatous polyp
C. juvenile polyp
101. A bulky tumor of the rectum exhibits a delicate, velvety, easily bleeding surface. It has no pedicel and its base appears to be as wide as its apex. The process is most probably:

A. inflammatory polyp
B. villous adenoma
C. mucinous adenocarcinoma
D. lymphoid polyp
E. leiomyoma

102. Familial polyposis of the colon is associated with:

A. ulcerative colitis
B. sex-linked dominant trait
C. severe diverticulosis
D. carcinoma of the colon
E. tuberculous granuloma

103. Which is characterized by small size?

A. adenomatous polyp
B. hyperplastic polyp
C. villous adenoma
D. juvenile polyp

104. What percentage of villous adenomas contain carcinoma at the time of their removal?

A. 10%
B. 30%
C. 50%
D. 70%

105. Which best characterizes Peutz-Jeghers polyps?

A. solitary, hamartomatous, not premalignant
B. multiple, hamartomatous, not premalignant
C. solitary, neoplastic, premalignant
D. multiple, neoplastic, not premalignant

106. Which of the following factors is most valuable in predicting the biologic behavior of carcinoma of the colon?

A. age of the patient
B. duration of symptoms
C. region of the colon affected
D. diameter of the cancer
E. lymph node metastasis

107. Which of the following is most strongly predisposing to colon cancer?

A. ulcerative colitis
B. familial polyposis
C. Crohn’s disease
D. Peutz-Jegher’s syndrome

108. Colonic neoplasms tend to metastasize most frequently to:

A. liver
B. lung
C. vertebral column
D. small intestine
E. kidney

109. Adenocarcinoma of the ascending colon is more likely than adenocarcinoma of the sigmoid colon to:

A. encircle the bowel, causing a stricture or obstruction
B. be bulky
C. both
D. neither

110. A man of advanced middle age or beyond with iron deficiency anemia must be suspected of having:

A. Crohn’s disease
B. ulcerative colitis
C. typhoid fever
D. Clostridium perfringens food poisoning

E. carcinoma of the colon

111. Tumors of the ascending colon in comparison to tumors of the descending colon are more likely to:

A. completely encircle the bowel
B. be malignant
C. be bulky
D. spread earlier to the lymphatics

112. Persistent elevation of serum carcinoembryonic antigen following surgical resection of a carcinoma of the colon suggests:

A. a poorly differentiated neoplasm
B. a second cancer
C. cirrhosis
D. metastases
E. peritonitis

113. Which would be the most encouraging findings in a patient with colon carcinoma?

A. normal liver function tests and normal liver biopsy
B. a histologically well-differentiated neoplasm
C. short duration of symptoms at the time of diagnosis
D. absence of tumor in regional lymph nodes

114. In contrast to carcinoma of the right colon, carcinoma of the left colon tends to be associated with:

A. anemia
B. diverticulosis
C. malabsorption
D. obstruction
E. no symptoms
115. In congenital megacolon (Hirschsprung’s disease), there is absence of ganglion cells in the:

A. dilated segment
B. narrowed segment distal to the dilated segment
C. both
D. neither

116. The most common area for volvulus is:

A. cecum
B. ascending colon
C. transverse colon
D. splenic flexure
E. sigmoid colon

117. Which of the following lesions of the colon has the least tendency to undergo malignant transformation?

A. ulcerative colitis
B. juvenile polyp
C. villous adenoma
D. polyp of Gardner’s syndrome

118. Perianal granulomatous inflammation may occur in:

A. tuberculosis
B. Crohn’s disease
C. both
D. neither

119. The most common histological type of primary malignant tumor of the anus is:

A. adenoacanthoma
B. adenocarcinoma
C. spindle cell sarcoma
D. squamous cell carcinoma
120. Transmural inflammation is characteristic of:

A. Crohn’s disease
B. ulcerative colitis
C. both
D. neither

121. Principally a mucosal disease:

A. Crohn’s disease
B. ulcerative colitis
C. both
D. neither

122. A 30-year-old female was admitted for bloody diarrhea, cramping abdominal pain and weight loss. Colonoscopy revealed a friable, diffusely red mucosa involving the rectum and sigmoid colon. The mucosa was normal proximal to this. The disease progressed with time to involve most of the entire colon, but not the ileum. Many years later, a colonic biopsy shows high grade epithelial dysplasia. The most likely diagnosis at this time is:

A. diverticulosis
B. ischemic bowel disease
C. ulcerative colitis
D. tuberculosis

123. A bus driver has a long history of epigastric pain related to meals. The x-ray reveals an area of gastric ulceration with a Hampton’s line. The least likely complication is:

A. adenocarcinoma
B. hematemesis
C. pyloric stenosis
D. perforation
E. peritonitis
124. A 30-year-old female was admitted for bloody diarrhea, cramping abdominal pain and weight loss. Colonoscopy revealed a friable, diffusely red mucosa involving the rectum and sigmoid colon. The mucosa was normal proximal to this. The disease progressed with time to involve most of the entire colon, but not the ileum. A partial colectomy was done. The gross findings were that of ulcerative colitis and would typically include the following:

A. segmental ulcerations and scarring involving the full thickness of the colon wall

B. fissure ulcers

C. pseudopolyp formation

D. a separate lesion in the ileum

125. Chronic peptic ulcer of the stomach occurs predominantly:

A. on the acid secreting portion of the gastric mucosa

B. in an area of the stomach that has undergone squamous metaplasia

C. on areas of the gastric mucosa adjacent to the acid secreting mucosa

D. at the cardio-esophageal junction

E. adjacent to carcinoma

126. A middle aged female has increasing difficulty in swallowing which developed gradually over many years. She has no other systemic symptoms. The most likely diagnosis is:

A. squamous cell carcinoma, esophagus

B. achalasia

C. hiatal hernia

D. pulsion diverticulum

E. Mallory-Weiss syndrome

127. Diverticula in the colon may be associated with all of the following complications, except:

A. fistula formation

B. hemorrhage

C. development of Crohn’s Disease

D. obstruction

E. peridiverticulitis
128. A bus driver has a long history of epigastric pain related to meals. The x-ray reveals an area of gastric ulceration with a Hampton’s line. The most likely diagnostic histologic feature of the stomach is:

A. granulomatous inflammation and giant cells
B. ulceration, chronic inflammation, and fibrosis
C. anaplastic glands with invasion
D. hamartomatous polyp
E. diffuse lymphocytic infiltration

129. An elderly female has increasing difficulty in swallowing which developed gradually over many years. She has no other systemic symptoms. The best treatment is:

A. radiotherapy
B. chemotherapy
C. dilatation by instrumentation
D. radical esophagectomy
E. psychotherapy

130. Granulomas are frequently found in:

A. Crohn’s disease
B. ulcerative colitis
C. both
D. neither

131. A bus driver has a long history of epigastric pain related to meals. The x-ray reveals an area of gastric ulceration with a Hampton’s line. The most likely diagnosis is:

A. multiple acute superficial stress ulcers
B. Peutz-Jeghers syndrome
C. chronic peptic ulcer, stomach
D. chronic gastritis
E. adenocarcinoma, stomach
132. A 52-year-old female with a palpable right upper quadrant mass developed weight loss and painless jaundice 2 months ago. She most likely has:

A. a positive Trousseau’s sign
B. Zollinger-Ellison’s syndrome
C. acute cholecystitis
D. Gardner’s syndrome

133. Which of the following is an inflammatory bowel disease?

A. Crohn’s disease
B. ulcerative colitis
C. both
D. neither

134. A child has malabsorption and a “flat gut” histology. A gluten free diet produces marked improvement of clinical state. The most LIKELY diagnosis is:

A. Whipple’s disease
B. celiac disease
C. lymphangiectasia
D. A-beta-lipoproteinemia
E. tropical sprue

135. Carcinoma of the esophagus is all of the following except:

A. not a common carcinoma
B. usually adenocarcinoma
C. a tumor with a poor prognosis
D. dysphagia a common symptom

136. An elderly female has increasing difficulty in swallowing which developed over six months. She has no other systemic symptoms. The esophagus is most likely to show:

A. a linear tear in the lower esophagus
B. a fungating mass
C. varices
D. a polyp
137. A cause of malabsorption:
A. celiac disease
B. Whipple’s disease
C. both
D. neither

138. A cause of intestinal obstruction:
A. celiac disease
B. Whipple’s disease
C. both
D. neither

139. Predisposes to adenocarcinoma:
A. Barrett’s esophagus
B. achalasia, esophagus
C. both
D. neither

140. Predisposes to squamous cell carcinoma:
A. Barrett’s esophagus
B. achalasia, esophagus
C. both
D. neither

141. Responds to antibiotics:
A. celiac disease
B. Whipple’s disease
C. both
D. neither
142. Carcinoma of the esophagus is all of the following except:

A. not a common carcinoma

B. most frequently adenocarcinoma

C. a tumor with a poor prognosis

D. dysphagia a common symptom

143. Villous atrophy is present in:

A. celiac disease

B. Whipple’s disease

C. both

D. neither

144. An executive recently had his annual physical which included a colonoscopy. A reddish 1 cm smooth projecting nodule was observed in the sigmoid which was removed. The most likely diagnosis is:

A. carcinoid tumor

B. Peutz-Jeghers polyp

C. adenocarcinoma

D. adenomatous polyp

E. pseudopolyp

145. Diverticula in the colon may be associated with all of the following complications except:

A. fistula formation

B. hemorrhage

C. development of Crohn’s Disease

D. obstruction

E. diverticulitis
146. An executive recently had colon surgery. A flat velvety mass was observed in the cecum. The provisional diagnosis was villous adenoma. A partial colectomy was performed. The further management of the patient should include:

A. more physical exercise  
B. serial AFP (alpha fetoprotein) tests  
C. serial follow-up colonoscopies  
D. exploratory laparotomies

147. Associated with dysphagia:

A. carcinoma of the esophagus  
B. achalasia, esophagus  
C. both  
D. neither

148. Villi distended by histiocytes:

A. celiac disease  
B. Whipple’s disease  
C. both  
D. neither

149. The patient is a recent Japanese immigrant with a 3 month history of indigestion and a gastric mass. The most likely diagnostic histologic features in a slide of stomach are:

A. granulomatous inflammation and giant cells  
B. chronic inflammation, ulceration and fibrosis  
C. invasive anaplastic glands  
D. adenomatous polyp  
E. diffuse lymphocytic infiltration

150. A 76-year-old male was admitted for symptoms including constipation, change in stool character and weight loss. Colonoscopy revealed multiple polyps in the rectosigmoid area. An adenomatous polyp was removed. Another colonic tumor was seen in the same patient which was flat with irregular “shaggy rug” surface. A biopsy showed frond-like glandular architecture. Atypical epithelial cells in clusters were seen beneath the muscularis mucosae. The most likely diagnosis is:

A. adenomatous polyp
B. villous adenoma with atypism

C. focus of adenocarcinoma arising in villous adenoma

D. colitis cystica profunda

151. A 30-year-old female was admitted for bloody diarrhea, abdominal cramping pain and weight loss. Colonoscopy revealed a friable diffuse red mucosa involving the rectum and sigmoid colon. The mucosa was normal above the sigmoid colon. The microscopic picture of the rectal biopsy would be likely to show all of the following except:

A. crypt abscesses

B. hemorrhagic lamina propria

C. irregular spacing of glands

D. granulomas

152. The patient is a recent Japanese immigrant with a 3 month history of indigestion and a gastric mass. The most likely diagnosis is:

A. multiple acute superficial stress ulcers

B. Peutz-Jeghers syndrome

C. chronic peptic ulcer

D. chronic gastritis

E. adenocarcinoma, stomach

153. A 30-year-old female was admitted for bloody diarrhea, abdominal cramping pain and weight loss. Colonoscopy revealed a friable diffuse red mucosa involving the rectum and sigmoid colon. The mucosa was normal above the sigmoid colon. Smear of the rectal mucus revealed numerous PMNs. Culture of the stool was positive for dysentery organisms. This correlates with which of the histologic features on biopsy?

A. superficial erosions of the mucosa

B. granuloma

C. mucous gland disarray

D. trophozoites
154. A 60-year-old male developed epigastric pain following meals. Endoscopy revealed an ulcer located on the lesser curvature of the stomach midway between the pylorus and the cardia. The ulcer has heaped up edges which prevent the gastric folds from reaching the ulcer crater. The ulcer base is irregular in contour when assessed by GI series. If the biopsy of the ulcer edge did, in fact, reveal a carcinoma, how is the cancer classified on a gross basis:

A. nodular  
B. early carcinoma  
C. fungating  
**D. ulcerating**

155. An elderly male had colon surgery. A flat velvety mass was observed in the cecum. The provisional diagnosis was villous adenoma. A partial colectomy was performed. The probability of finding malignancy when multiple sections of this lesion are examined microscopically is:

A. less than 1%  
B. 5%  
C. 10%  
**D. 25—50%**  
E. 100%

156. A male heavy smoker develops increasing difficulty in swallowing gradually over six months. An irregular constricting mass of the mid esophagus is seen on x-rays of barium swallow. After confirmatory biopsy the most curative treatment is likely to be:

A. radiotherapy  
B. chemotherapy  
C. dilatation with bougies (an instrument used for dilatation)  
**D. radical esophagectomy**  
E. psychotherapy

157. An executive recently had his annual physical which included a colonoscopy. A reddish 1 cm smooth projecting nodule was observed in the sigmoid which was removed. The further management of the patient should include:

A. more physical exercise  
B. exploratory laparotomy
C. serial follow-up colonoscopies
D. serial CEA tests
E. less roughage in the diet

158. A male heavy smoker develops increasing difficulty in swallowing gradually over six months. Constriction of the mid-esophagus is seen on x-rays of barium swallow. The esophagus has:
A. a linear tear in the lower esophagus
B. a fungating mass
C. varices
D. massive generalized dilatation with narrowing at the lower end
E. a polyp

159. Which is not a characteristic of primary carcinoma of the esophagus?
A. incidence increased in chronic alcoholics
B. marked weight loss
C. only a minority of patients are successfully treated
D. bleeding and iron deficiency anemia common
E. most are adenocarcinomas

160. An AIDS patient developed persistent diarrhea without blood in the feces. The most likely diagnosis is:
A. stress disorder
B. ulcerative colitis
C. Giardia infestation
D. intestinal lymphoma
E. syphilis

161. Chronic ulcerative colitis usually starts in the:
A. hepatic or splenic flexure
B. rectosigmoid area
C. transverse colon
D. terminal ileum
162. A 76-year-old male was admitted for symptoms including constipation, change in stool character and weight loss. Colonoscopy revealed multiple polyps in the rectosigmoid area. An adenomatous polyp was removed. The histology of the polyp would show:

A. an overgrowth of tubular glands on a stalk
B. a sessile growth with villous architecture
C. a nodular collection of lymphoid follicles
D. a cystic glandular polyp with totally denuded ulcerated surface and inflammatory change

163. An elderly male had rectal bleeding. A flat velvety mass was observed in the cecum. The provisional diagnosis was villous adenoma. A partial colectomy was performed. Invasion through the muscularis mucosae, but not into the muscularis propria, was observed on paraffin sections. Therefore, the final diagnosis was:

A. pseudopolyp
B. adenomatous polyp
C. adenocarcinoma Dukes A
D. adenocarcinoma Dukes B
E. adenocarcinoma Dukes C

164. A 60-year-old male developed epigastric pain following meals. Endoscopy revealed an ulcer located on the lesser curvature of the stomach midway between the pylorus and the cardia. The ulcer has heaped up edges which prevent the gastric folds from reaching the ulcer crater. The ulcer base is irregular in contour when assessed by GI series. Biopsy of the ulcer edge is most likely to reveal:

A. chronic superficial gastritis
B. leiomyosarcoma in muscular wall
C. lymphomatous infiltrate in all layers
D. adenocarcinoma cells infiltrating the stomach wall

165. The most common fatal complication of chronic peptic ulcer of the stomach is:

A. adenocarcinoma
B. acute gastritis
C. perforation and peritonitis
D. pancreatitis
E. pyloric outlet obstruction
166. A male heavy smoker develops increasing difficulty in swallowing gradually over six months. Constriction of the mid-esophagus is seen on x-ray of barium swallow. The most likely diagnosis is:

A. pulsion diverticulum  
B. achalasia  
C. hiatal hernia  
D. squamous cell carcinoma  
E. Mallory-Weiss syndrome

167. A retired executive recently had his annual physical which included a colonoscopy. A reddish 1 cm smooth projecting nodule was observed in the sigmoid colon and was removed. The most likely histologic finding is:

A. a polyp composed of adipose tissue  
B. a polyp composed of acute inflammatory cells  
C. a polyp composed of glandular structures on a stalk  
D. a polyp composed of anaplastic cells  
E. a polyp composed of chronic inflammatory cells  

**AS4**