The Male Reproductive System and Prostate

1. In an undescended testis the risk of developing a testicular malignancy is increased to average of:

A. 20 fold **B.** 25 fold

C. 30 fold **D.** 35 fold

2. In an undescended testis, the following tumour develops most often:

A. Seminoma **B.** Teratoma

C. Choriocarcinoma **D.** Yolk sac tumour

3. Granulomatous orchitis is the term used for inflammation of testis due to following etiology:

A. Tuberculosis **B.** Sarcoidosis

C. Autoimmune **D.** Leprosy

4. The origin of epithelioid cells in autoimmune orchitis is from:

A. Macrophages **B.** Sertoli cells

C. Leydig cells **D.** Spermatogenic cells

5. Seminoma is a:

A. Benign tumour

B. Borderline tumour

C. Malignant tumour

D. Locally aggressive tumour

6. Sequential tumorigenesis in seminomatous tumours involves:

A. Single hit **B.** Double hit

C. Triple hit **D.** Multiple hits

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7. Spermatocytic seminoma differs from classic seminoma in the following respects *except:*

A. It occurs in older age (past 6th decade)

B. Tumour cells are pleomorphic

C. The stroma lacks lymphocytic infiltrate

D. The tumour has worse prognosis

8. AFP levels are elevated in 100% cases of following type of germ cell tumour:

A. Seminoma **B.** Embryonal carcinoma

C. Yolk sac tumour **D.** Choriocarcinoma

9. All types of testicular teratomas in adults are:

A. Benign tumours **B.** Borderline tumours

C. Locally aggressive tumours **D.** Malignant tumours

10. The most common testicular tumour in the elderly is:

A. Seminoma **B.** Teratoma

C. Malignant lymphoma **D.** Leydig cell tumour

11. The following penile lesions are considered as *in situ* carcinoma *except:*

A. Condyloma acuminatum **B.** Bowen's disease

C. Erythroplasia of Queyrat **D.** Bowenoid papulosis

12. Prostatic hyperplasia affects most often:

A. Peripheral prostate **B.** Periurethral prostate

C. Capsule of prostate **D.** Entire prostate

13. Normally prostatic tissue responds to hormones as under:

A. Periurethral prostate responds to oestrogen as well as andro

B. Outer prostate responds to androgen as well as oestrogen

C. Periurethral prostate responds to rising level of oestrogen

D. Outer prostate responds to rising level of oestrogen

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14. Prostatic acid phosphatase (PAP) levels given below are diagnostic of prostatic carcinoma:

A. 1-2 KA units **B.** 2-3 KA units

C. 3-5 KA units **D.** 5-7 KA units

15. Metastasis to the following tissues occur early in prostatic carcinoma:

A. Vertebrae **B.** Obturator lymph node

C. Lungs **D.** Brain

16. Areas of intratubular germ cell neoplasia (ITGCN) are frequently found in seminiferous tubules adjacent to the following tumours *except*:

A. Seminoma **B.** Spermatocytic seminoma

C. Embryonal carcinoma **D.** Immature teratoma

17. Classic seminoma cells show positivity for which special stain?

A. Mucicarmine **B.** PAS

C. Alcian blue **D.** Masson's trichrome

18. Classic perivascular structures seen in yolk sac tumours are known as:

A. Schiller -Duval bodies **B.** Call–Exner bodies

C. Michaelis-Guttmann bodies **D.** Russel bodies

19. Latent prostatic carcinoma is:

A. Incidental carcinoma prostate found in prostatectomies done for BEH

B. Small focus of prostate carcinoma found during autopsy

C. Asymptomatic carcinoma of prostate presenting with metastas.. on investigation

D. Prostatic carcinoma in-situ

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20. Granulomatous prostatitis occurs due to:

A. Tuberculosis **B.** Sarcoidosis

C. Autoimmune **D.** Syphilis

KEY

1 = D 2 = A 3 = C 4 = B

5 = C 6 = C 7 = D 8 = C

9 = D 10 = C 11 = A 12 = B

13 = A 14 = D 15 = B 16 = B

17 = B 18 = A 19 = B 20 = C

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The Female Genital Tract

1. The following vulval lesion can progress to vulval carcinoma:

A. Stromal polyp **B.** Papillary hidradenoma

C. Squamous hyperplasia **D.** Lichen sclerosus

2. High risk HPV types implicated in cervical intraepithelial lesions are:

A. 6 and 11 **B.** 5 and 8

C. 16 and 18 **D.** 19 and 22

3. The most common histologic type of cervical cancer is:

A. Well-differentiated keratinising squamous cell carcinoma

B. Moderately-differentiated non-keratinising squamous cell carcinoma

C. Small cell undifferentiated carcinoma

D. Adenocarcinoma

4. Arias-Stella reaction occurs in:

A. Ectopic tubal gestation only

B. All ectopic gestations

C. Uterine gestation

D. Uterine as well as ectopic gestations

5. Chocolate cyst of the ovary is:

A. Haemorrhagic corpus luteum **B.** Ruptured luteal cyst

C. Endometriotic cyst **D.** Ruptured follicular cyst

6. The malignant potential of atypical hyperplasia is:

A. About 5% **B.** About 25%

C. About 50% **D.** About 75%

7. Peak incidence of endometrial adenocarcinoma is in:

A. Reproductive years **B.** Premenopausal years

C. Perimenopausal years **D.** Postmenopausal years

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8. The commonest site for endometriosis is:

A. Hernial sacs **B.** Vulva

C. Ovaries **D.** Vagina

9. Bilaterality of following ovarian tumours is most common:

A. Benign serous tumours

B. Malignant serous tumours

C. Benign mucinous tumours

D. Brenner tumour

10. The most common germ cell tumour of the ovary is:

A. Dysgerminoma

B. Benign teratoma

C. Immature teratoma

D. Endodermal sinus tumour

11. The most aggressive ovarian germ cell tumour is:

A. Malignant teratoma **B.** Embryonal carcinoma

C. Endodermal sinus tumour **D.** Dysgerminoma

12. Granulosa cell tumour is associated with following *except:*

A. Endometrial hyperplasia

B. Endometrial adenocarcinoma

C. Endometrioid tumour

D. Fibrocystic change in breast

13. Krukenberg tumour is bilateral metastatic tumour from the following primary sites *except:*

A. Stomach **B.** Colon

C. Breast **D.** Endometrium

14. The following trophoblastic tumour does not respond to chemotherapy:

A. Complete mole **B.** Invasive mole

C. Gestational choriocarcinoma **D.** Ovarian choriocarcinoma

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15. Identifiable chorionic villi are present in the following tumours *except:*

A. Complete mole

B. Partial mole

C. Invasive mole

D. Gestational choriocarcinoma

16. According to the Bethesda system, the squamous intraepithelial lesions for the grades of cervical cytology are:

A. Two **B.** Three

C. Four **D.** Five

17. In the etiology of condyloma acuminatum, the most commonly implicated HPV types are:

A. Types 1,2 **B.** Types 6, 11

C. Types 2,3,9 **D.** Types 16,18

18. Protein product of HPV 16 is:

A. E2 **B.** E5

C. E6 **D.** E7

19. Upper age limit for cervical screening is:

A. 50 years **B.** 55 years

C. 60 years **D.** None

20. Characteristic mutation seen in endometrioid carcinoma is:

A. PTEN **B.** p53

C. Rb **D.** K-ras

21. Genetic syndrome associated with increased risk of ovarian cancer includes all *except*:

A. Lynch syndrome

B. Peutz-Jegher's syndrome

C. Nevoid basal cell carcinoma

D. Turcot's syndrome

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22. Pick the odd one out:

A. Sertoli's leydig cell tumour **B.** Androblastoma

C. Arrhenoblastoma **D.** Gonadoblastoma

KEY

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13 = D 14 = D 15 = D 16 = A

17 = B 18 = D 19 = D 20 = A

21 = D 22 = D

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The Breast

1. Mammary duct ectasia is characterised by the following features *except:*

A. It affects women in 2nd to 3rd decade of life

B. There are dilated ducts containing inspissated secretions

C. There is periductal chronic inflammation

D. There may be presence of multinucleate giant cells

2. Out of the various epithelial hyperplasias in breast the most ominous is:

A. Papillary ductal hyperplasia

B. Florid ductal papillomatosis

C. Lobular hyperplasia

D. Epithelial hyperplasia of usual type

3. Tubular adenoma of breast is mainly composed of:

A. Closely-packed ductules

B. Ductal epithelial hyperplasia

C. Lobular hyperplasia

D. Lactational hyperplasia

4. Phyllodes tumour is distinguished from fibroadenoma by having:

A. More ductal hyperplasia **B.** Compressed ducts

C. More cellular stroma **D.** More lobular hyperplasia

5. Intraductal papilloma occurs most often in the following region:

A. Collecting ducts **B.** Lactiferous ducts

C. Terminal ducts **D.** Acini

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6. Lobular carcinoma *in situ* has the following features *except:*

A. A palpable lump is generally present

B. After excision, about 25% cases develop ipsilateral invasive cancer in 10 years

C. There is a higher incidence of bilaterality

D. The tumour cells are rather uniform and cohesive

7. The following type of carcinoma of the breast is characterised by 'Indian file' pattern of tumour cells:

A. Infiltrating duct carcinoma

B. Invasive lobular carcinoma

C. Medullary carcinoma

D. Tubular carcinoma

8. The following type of breast carcinoma is seen in children:

A. Papillary carcinoma

B. Adenoid cystic carcinoma

C. Secretory carcinoma

D. Metaplastic carcinoma

9. Paget's cells in Paget's disease of the breast are malignant cells of following type:

A. Squamous cell carcinoma **B.** Basal cell carcinoma

C. Melanoma **D.** Adenocarcinoma

10. Patients of breast cancer having high levels of oestrogen receptors imply:

A. Patient has an anaplastic breast cancer

B. Anti-oestrogen therapy will be helpful

C. Patient has an oestrogen-secreting ovarian tumour

D. Patient is likely to have poor prognosis

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11. Men who have mutated *BRCA 1* have increased risk of following cancer:

A. Male breast

B. Germ cell tumours of testis

C. Sex-cord-stromal tumour of testis

D. Carcinoma of prostate

12. What percentage of phyllodes tumours are malignant:

A. 10% **B.** 20%

C. 30% **D.** 40%

13. All are genetic mutations seen in breast cancer *except:*

A. BRCA-1 **B.** p53

C. PTEN **D.** Rb

14. All are true about medullary carcinoma breast *except:*

A. Worse prognosis than IDC

B. Prominent lymphoid infiltrate

C. Bizarre & atypical mitosis

D. Soft & fleshy consistency

15. Which of the following feature is *not* used in modified Bloom Richardson grading system for breast cancer:

A. Tubule formation **B.** Nuclear pleomorphosis

C. Mitotic count **D.** Tumour necrosis

16. HER2/neu overexpression in breast cancer:

A. Is a bad prognostic marker

B. Responds to herceptin therapy

C. Responds to tamoxifen

D. Is a serum marker for breast cancer

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