

DOCTOR 2011

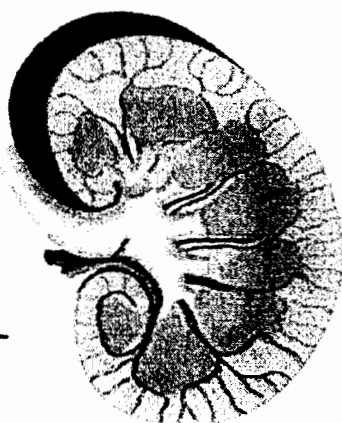
MID-FINAL-LAB

DATE 4/5/2014

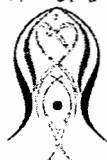
100 قرش

PAST PAPERS

UROGENITAL SYSTEM



Lec #:



Lejan 2009/2010

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

UGS-Mid Exam-2012

Physiology – Dr.Yanal

- 1) Wrong About minimal Urine output -----> Excessive sweating decrease it by 100
- 2) Doesn't make sense in a routine lab examination of urine -----> PH = 3
- 3) increase in inulin plasma concentration -----> increases ONLY Filtered load ($GFR * P(in)$)
- 4) 50 yo male with asymptomatic hematuria and normal creatinine plasma conc, what u recommend for him:
 - a- needs full investigations
 - b- normal and don't have to be afraid from
 - c- no need for further investigations
- 5) pH=7.6, CO₂= 40mmHg: HCO₃ = 40
- 6) something about the kidney's ability to concentrate the urine being affected by diet
- 7) in micropuncture technique, clearance of inulin in any studied segment indicates the renal GFR
- 8) true :
conc of Na remains constant after reabsorption throughout the length of the PCT

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9) after taking a sample of titrable acids , the conc of NH_4 in urine is not affected due to:

$\text{PKa} = 9.2$

(answered by dr.yanal)

10) sb ingested large amount of acids, the renal compensation for that will be:

a- hyperventilation

b- increase production of ammonium

c- increase excretion of H in free form

11) true:

minimal urinary output 300ml/ m² body surface area / day for an adult

Anatomy:

1. Failure of fusion of the caudal part of Mullerian duct Uterine Congenital defects
2. About renal arteriogram Accessory segmental A. >>>> From aorta (T) No mixing of blood (T) main segmental A.'s are less than usual (T) >>>>> All of the above
3. All from mesonephric duct except >>>> Appendix of testis
4. Wrong statement >>>>> both Testis & epididymis posses an appendix that is derived from mesonephric duct
5. Folley's Catheter can be introduced to a patient with hypospadias
6. $2n + 23$ double DNA -----> sec. spermatocyte
7. True statement Suckling induces ... milk ejection & uterus contractions etc.
8. female true pelvis, >> it's shorter than the male's and its inlet and outlet are wider
9. all have dual origin except " cervix"
10. CT scan of lower abd, wrong statement: rt kidney is directly related to liver

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11. what is not one of the posterior relations of the rt kidney:
 - 1- rib 12 with diaphragm in between
 - 2- parietal pleura with diaphragm in between
 - 3- subcostal nerve without diaphragm
 - 4- 2 nerves with the same root value
 - (5) TWO arcuate ligaments (??)

12. wrong statement: estrogen released into the antrum of an ovarian follicle upregulates LH receptors on granulosa cells (not sure)

13. which cell in the ovary is the equivalent of a leydig cell: theca interna cells

14. wrong statement: something about the whole asc. loop of henle passively resorbing solutes

15. section through uterus: shows the secretory phase (coz of tortuous glands) which is true:
requires progesterone secretion to be maintained

16. after extravasation of urine due to traumatic tear of penial bulb, urine may accumulate in all of the following sites except:
 - (a) ischiorectal fossa
 - b- body of the penis
 - c- ant side of the scrotum
 - d- lat side of the scrotum
 - e- ant abd wall

17. wrong statement: external spermatic fascia covers the whole spermatic cord

18. True statement about Prostate: Direct connection between veins of prostate and vertebral venous plexus.

19. True statement : (((invasive))) Carcinoma of cervix can affect the ureter

20. all true about female breast except:
21. >>> carcinoma of breast can metastasis to anterior and posterior group of axillary LN but never can reach lateral and central groups
22. all true except;>>> polycystic kidney disease in infants arise from all parts of the nephron (not sure 100%)
23. the cell of the testes that provides mechanical and nutritive support for developing sperms is controlled by...
 - a- Inhibin, fsh
 - b- Lh only
 - c- Fsh only<<
 - d- Lh and estrogen

Physiology - Sresha

1. wrong:

human sexual behavior is not conditioned by social and psychic factors
2. Oral contraceptives >> Suppress ovulation
3. Not related to impotence Sterility
4. most common cause of female infertility : failure to ovulate
5. factors needed to produce estradiol in males: leydig, sertoli, FSH, LH
6. what induces labour:
 - a- fetal ACTH
 - b- maternal ACTH
 - c- prostaglandines
7. figure, Num. 1: FSH.

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8. wrong:
9. testosterone levels increase in male in intrauterine life then decrease after birth to reach ZERO levels then increase at puberty

Micro - Tassan & Azmi:

- 1) Wrong ----> Tr.Vaginalis transmitted by cysts.
- 2) Wrong ----> Mercadian infects human.
- 3) Wrong about Schistosoms ----> Basophelia
- 4) wrong statement... HSV is almost always symptomatic and mainly transmitted transplacentally
- 5) what is not teratogenic: hep. B
- 6) genital ulcers: something about having equal predominance in males and females
- 7) what doesnt affect the incidence of cervical cancer
 - a- pap smear
 - b- type of HPV
 - c- environmental/genetic factors
- 8) wrong statement: immunity to CMV is premenent (not sure)

Pharma:

- 1) Efficacy decrease in few days Acetazolamide (?)
- 2) low Na diet being advised when giving diuretics so as to decrease the amount of Na reaching the macula densa

** وما يوفيني **ألا بالله** عاتيه **يوكلت** **وآلته** **أنيب** **

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

UGS - Final, 2012

patho dr.fatima:

1. which is false:
tumors derived from sex cord/stromal tumors are benign
2. which is false:
spermatocystic seminoma has a poorer prognosis than classical seminomas
3. the testicular neoplasm having granuloma formation is:
seminomas
4. which is wrong:
the most common primary testicular tumor in children younger than 3y is embryonal carcinoma

patho dr.maha;

1. the most predominant characteristic of nephrotic syndrome is:
heavy proteinuria more than 3.5 gm / day
2. the most frequent change that can be seen in a glomeruli of a child younger than 7 y of the nephrotic syndrome is:
fused foot processes
3. a patient suffered recurrent hematuria following few days of non- specific upper respiratory tract infection >> igA nephropathy
4. the mostly found in patient with rapidly progressive glomerulonephritis is:
crescents formation
5. all of the following true about RPGN except:
uncommon renal failure
6. which of the following is true about a patient treated with many analgesics and suffering elevation in BUN and creatinine:
papillary necrosis

7. a patient with painless hematuria, flank pain, and palpable abdominal mass is most likely to have:
renal- cell carcinoma
8. the most common tumor kidney related tumor found in children, and have a tendency to form primitive glomeruli :
wilms tumor
9. heavy smoker with painless hematuria, which is false:
 - a- smoking have contributed to his condition
 - b- prognosis depends on depth of invasion
 - c- (?)
10. a patient complained from hematuria, upon examination found to have defness, the least likely to occur for this patient is:
 - a- mesangial cell proliferation (having hereditary nephritis)
 - b- being an immune complex disease

Anatomy

1. wrong statement about epididymis and seminal vesicle:
they both require DHT for their deffrentiaion.
2. true about Juxtaglomerular cell:
respond to low blood pressure and release rennin
3. not a derivative of the urogenital sinus: Labia minora
4. wrong combination:
acrosomal cap: nuclear membrane
5. true about the uterus:
lower uterine segment is part of the cervix
6. which of the following structures are both similar in structure and function:
thick ascending tubules & early DCT
7. which of the following is false
 - a- hcG elevation in maternal urine after 8 days
 - b- water bag is formed of decidua capsulatum, amniomitic wall, chorionic wall and contain amniotic fluid
 - c- 67 % of monozygotic twins have two placenta, two amnion, two chorion
 - d-true
 - e- ... true

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8. which is false:
placental membrane is formed late at pregnancy is formed of endothelial cells and cytotrophoblast

- micro 3azmi
(not sure of the answers)
1-which is false
autoantibodies against lipids induce recurrent abortion

... 2- which is false:
manifestations of congenital acquired rubella needs several years to appear

Clinical

which is abnormal to be found in a urine sample:

- a- up to 3 RBCs
- b- up to 5 WBCs
- c- up to 2 tubular epithelial cells
- d- up to 10 bacteria
- e- up to 10 squamous epithelial cells

which of the following is a wrong combination:

RBCs >>> indicate myoglobinemia in blood

sever acute pain in the left testis and elevated slightly, the patient refuse even u touch him from pain:

tortion of testis

which of the following is the best to look for renal stones:

- a- intravenous urography
- b- plain film of the abdomen
- c- contrasted CT scan
- d- non- contrasted CT scan

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if the last menstrual period was on 15/8/2011 then expected day of birth is:
22, may 2012

a preterm birth occurs:
less than 37 weeks

patho dr.nisreen:
the most common location of ectopic pregnancy is:
ovarian ducts

all favors complete mole over partial except:
triploid (69, XXY)

which is true :
choriocarcinoma is chemosensitive so can be treated with chemotherapy

all favors endometriosis over adenomyosis except:
origin from stratum basalis

the most common cause of DUB is:
failure of ovulation

which of the following has the highest risk to develop endometrial carcinoma:
atypical hyperplasia

which of the following mutations is present in serous carcinoma of endometrium:
P53

all of the following true about BRCA gene except:
a- present in hereditary ovarian cancer
b- present in hereditary uterine cancer
c- present in hereditary fallopian cancer
d- tumor suppressor gene
e- *leiomyosarcoma*

all true about PCO except:
elevation in FSH

the most common ovarian malignant diseases are derived from:
surface epithelial-stromal cells

all of the following true about BRCA gene except:

- a- present in hereditary ovarian cancer
- b- present in hereditary uterine cancer
- c- present in hereditary fallobian cancer
- d- tumor suppressor gene
- e- leiomyosarcoma

the most common bilateral ovarian tumors is:
metastasis to ovary: keukenberg tumor

the grade of the cervical condition to involve the full thickness of epithelium is >>
CIN III

all true about mucinous ovarian tumors except:
have psammoma bodies

which is false about condyloma acuminatum:

realted to HPV type 16

all true about basaloid type (poorly defferentited) squamous cell carcinoma except:
not HPV related

all have minimal or no increase risk of breast cancer except:
atypical hyperplasia

all true except:

duct ectasia has a high risk of malignancy

all true about fibroadenoma except:

neoplastic component is ductual epithelial cells

all true except:

invasive ductual carcinoma is mostly bilateral

micro dr.3sem:

which of the following is resistant to fluconazole :

- C. albicans
- C. glabrata
- C. tropicalis
- C. krusei
- none of the above

the most common cause of community acquired UTI is:

E. coli

which of the following can be viewed in McCoy cell tissue culture:

- a- chlamydia trachomatis
- b- gardnerella vaginalis
- c- t. pallidum
- d- a and b
- e- all of the above

all true except:

t. pallidum can be cultured on a fluid medium

physio

which of the following best describe a condition to maintain potassium hemostasis:
potassium excretion equals potassium intake

clearance of:

inulin, if plasma concentration is 16% is equal to its clearance if its 30%

the maximum transmembranous difference in hydrogen concentration along nephron occurs at:

medullary collecting tubules (don't know if 100% true)

a substance its concentration in plasma is 1, concentration in urine 300, urine output rate 1, GFR is 100... this substance is most likely to be:

- PAH
- sodium
- inulin
- creatinine

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which is true:

we can calculate PH of urine if we know the concentration of HCO₃ and PCO₂

dr.saleem:

which of the following is wrong about hormonal therapy:

all of the above mentioned are the only fields investigated for the effectiveness of hormonal therapy in females

all cause delayed puberty except:

infertility

ll true about viagra except:

used to treat mild hypertension

in a typical 28 day menstrual cycle, all true except:

day 14-28 is variable from cycle to another

pharmacology

a single 150 mg tablet to treat vaginal candidiasis is: Fluconazole

drug of choice for non-threatening histoplasmosis: itraconazole.

which of the following is a wrong match adverse effect:

a- ketoconazole >>> nephrotoxic

b- flucytosine >>> bone marrow suppression

c- voriconazole >>> visual disturbances

d- itreconazole >>> suppression of adrenal steroid synthesis

e-...

wrong combination:

Raloxifne: Osteoporosis

a patient in ICU having fever of unknown cause and didn't improve after empirical antibiotic, what to give next:

a- caspofungin

b- terbinafine

drug of choice for treatment of onychomycosis is:

terbinafine

a patient taking warfarin developed bleeding after being treated for fungal infection, which of the following is most likely the cause:
clotrimazole

wrong statement, oxytocin cannot be given to induce abortion.

which of the following is advised to be given following more than 6 month treatment with continuous gonadorelin for endometriosis:
estrogen

all of the following are advantages for the use of GnRH receptor antagonist over sustained GnRH agonist in IVF except:
antagonist effect reverse more quickly after discontinuation

oral contraceptive induce their action by inhibiting implantation & also they function by:
growing endometrium inhibits the implantation of the fertilized egg

Lab:

micro:

1. (oxidase positive) ~Pseudomonas aeruginosa
2. (blue agar) ~ c.tropicalis
3. (black test tube) ~ esculin test

dr nisreen patho:

- 1- teratoma
- 2- ectopic pregnancy
- 3- absent coagulative necrosis
- 4- a slide showing serous cancer,,, what is fase (not foud)

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Answer, Stromal Inavasion of other tissue..

dr maha:

1. Silver stain, seen in membrano proliferative glomerular disease
2. this picture shows which of the following types of renal cell carcinoma:
3. clear cell carcinoma

Anatomy

which of the following is required for this cells (granulosa cells of uni laminar primary follicle):

- a- oocyte- maturation inhibition factor
- b- FSH
- c- both a and b
- d- neither a nor b

wire around anterior division of renal artery... obstruction of this artery result in loss of how many segments of the kidney:

4 segments

x-ray... kidney duplication... which is true:

- a- shows duplication of kidneys and ureters
- b- result in stress incontinence
- c- both
- d- none

x-ray... kidney kinking artery:

- a- this x-ray shows kinking of renal artery
- b- it didn't result in any clinical significance
- c- can be caused by aberrant artery
- d- all of the above

pregnancy breast... all true except:

no milk secretion due to low levels of prolactin

Pregnancy maintains corpus luteum

Endometrium with straight tubules >> neither (no corpus luteum, no tortuous glands)

x-ray... renal stone obstruction:

- a- this shows hydrokideny & hydroureter
- b- result from stone impacted at lower third of ureter
- c- IVU
- d- all true

wire in vagina...all true about pointed except:
posterior wall covered by peritoneum

x-ray male pelvis...which is wrong

pelvic outlet transverse diameter is longer than anterioposterior diameter

wire abound prostate... which is wrong

- a- above levator prostati muscle
- b- above urogenital diaphragm
- c- firm indicate malignancy
- d- a and b
- e- all of the above

seminal vesicle...

- a- produce 25% of seminal fluid
- b- needs DHT
- c- both
- d- none

lydeing cells:

- a- produce mollarian inhibiting factor
- b- produce testosterone after 8th week of intrauterian life
- c- both

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d- none

primary spermatocyte...

a- needs high concentration of DHT

b- presents in ad-luminal compartment

c- both

d- none

corpus luteum...to maintain the growth of this above 14-16 days u need

a- FSH

b- pregnancy

c- oral contraceptive

d-all of the above

****وَمَا تَوْفِيقِي إِلَّا بِاللَّهِ عَلَيْهِ تَوَكَّلْتُ وَإِلَيْهِ أُنِيبُ****

Urogenital

- Blas
- Tassan
- Wrong about schistosomes: causes liver failure
- Wrong about trichin. spiralis: two nuclei x one nucle!
- Wrong about japonicum: short terminal spine x lateral
- Wrong about schist: cercariae infect small intestine
- 309m
- Not true about chlamydia trachomatis: P.P. tr.
- All true about 3o syphilis: not HT by Antibiotic, neurosyphilis, ...
[answer is all of the above]
- 322m
- Wrong about rubella: Acute Lytic inf...
- Which virus doesn't spread readily by Transplacental route? HBV
- Wrong about HPV: causes latent inf...

Physio:

Yanof:

True statement:

Correctly always less than HCO_3^-

More in renal A. than in urine:

HCO_3^-

In vomiting of gastric contents,

Choose the correct changes (in Arteries):

$\downarrow \text{pH}$, $\downarrow \text{HCO}_3^-$, $\downarrow \text{CO}_2$

In end stage renal failure, which

is true \Rightarrow $[\text{Hb}]$ decreases

Shaban:

At 21 week, compared to 10 w pregnancy

MCGI, all other mentioned increase

When can we remove ovary without

risk of abortion \rightarrow 8 w procedure forms

Which of these in Wb: T GnRH:

testosterone

At day 21 of menstrual cycle:

$\downarrow \text{LH}$, LH , inhibin \downarrow progesterone

Can't produce estrogens

Leading cells

wrong statement: Androgens 95% free X

for LH surge: GnRH + estradiol

- True about implantation: 6 to 10 LH window.
- At age 50: 4 stages, follicles, AMH / \downarrow FSH, LH
- Stimulates prolactin secretion \rightarrow sucking
- Plasma:
- not true combination: \rightarrow Hepatitis
- wrong statement about advantages of GnRH compared to GnRH agonist:
- effects early reversed after stopping administration x
- wrong combination: \rightarrow ovulation therapy
- False: FSH used for cryptorchidism - Given once in mid luteal phase as a contraceptive: Mifepristone
- GnRH continuous used to: \rightarrow \downarrow LH surge and ... x
- Hypoandrogenism results in HT of: endometrial + leiomyoma
- wrong: cytostatic decreases conc. of GnRH

20.5 per cent
- 2n + 23 double chromosomes -

no mixing of old & new from recombination
if it's ligated → inserts to a segment
[All of the above] ✓

renal A. choose correct statement(s):

If on X-ray there was an 1st below
a pt. with hypostadiis - 1st
Felix's criterion can be used in
Wrong:

Appendix test - ✓

All from mesonephric duct except
- all (Gravarian follicle, ...)

to locate found in:
- can be felt on abdominal exam - ✓
- wrong about ovaries.

Uterine anomalies - ✓

Abnormal fusion of caudal part of
paramesonephric ducts; leads to:
Anastomosis

Esophageal → 14. dermatomyomas ✓

Vaccination

decrease the incidence of Malaria except:-

all of the following methods used to decrease

if used primaquine as treatment

? falsiparum all N except:-

None of the above

According to Plasmodium life cycle

L to liver

moving to RBC

Circumsporozoite Protein facilitates Plasmodium

all V except:-

duffy - P. ovalis

all V except:-

Sertoli --> High columnar cells
duct of epididymis & vas deferens --> Pseudostratified columnar with stereocilia
glands of prostate --> columnar epithelium
seminal vesicle --> Pst. columnar or columnar
prostatic ducts --> inner columnar & outer cuboidal
prostate --> inactive low cuboidal to active pst. column.

inner surface of fimbriae --> ciliated columnar epithelium
mesovarium --> squamous epithelium
ovary --> cuboidal epithelium
general peritoneum --> squamous mesothelium
ovarian capsule (tunica albuginea) --> single layer of cuboidal cells (germinal epithelium)
vagina --> strat. sq. non-Ker.
cervix --> tall columnar cells / some are ciliated
uterine tubes --> simple columnar cells (tall-ciliated / short-non-ciliated-secretory-peg cells)

outer wall of Bowman's capsule --> simple squamous epithelium changes abruptly to cuboidal epithelium at the start of proximal convoluted tubule of kidney

proximal convoluted tubules of kidney --> cuboidal or low columnar
thin descending limb --> simple squamous
thick ascending limb & early distal tubules --> eosinophilic low cuboidal epithelium
macula densa --> columnar packed cells

collecting tubules --> cuboidal
straight papillary ducts --> tall columnar
apex of renal papillae (at minor calyx) --> transitional

ureter & bladder --> transitional epithelium

perimetrium --> squamous mesothelium
endometrial stroma --> simple columnar epithelium

cervix & uterine tubes --> columnar ciliated
vagina --> strat. sq. non ker.
breast --> simple cuboidal

collecting tubules... cuboidal / wider than loop but less regular diameter
collecting duct... columnar / large diameter

Concerning the muscular layers arrangement :

Upper 2/3 of ureter: inner L, outer C
lower 1/3 of ureter: LCL

Epididymis/Head: C
Epididymis/Tail: LCL
Vas deferens: LCL

seminal vesicles : inner C , outer
Uterine tubes: inner C, outer L
Vagina : inner C , outer L

Some Notes :

No submucosa --> vas deferens/vagina/Uterine tubes
No glands-->vagina
glands-->cervix / uterine tubes
Adventitia -->UB/Ureter/vas deferens/vagina
Serosa (peritoneal covering) -->Uterine tubes

In males-->testosterone mediates FSH effect on sertoli cells
In females-->estradiol mediates FSH effect on follicular cells

FSH functions during childhood

1-production of oocyte maturation inhibiting factor to keep it arrested in diplotene stage-prophase-Meiosis 1

FSH functions follicular stage-->

1-growth of primary follicles to secondary ones (through activin released from them)
2-affect granulosa cells to produce estrogen
3-increase LH receptors on Theca interna cells (page 48 slide 6)
4-along with estrogen, they increase LH receptors on granulosa cells (page 49 slide 5)

FSH functions in luteal stage-->

1-production of progesterone by granulosa cells

LH receptors are present on both theca interna & granulosa cells
FSH receptors are present ONLY on granulosa cells

1ry oocyte --> arrested in Meiosis 1/prophase,,,released by : puberty
2ry oocyte --> arrested in meiosis 2/metaphase,,,released by : fertilization

***resting/inactive/non-lactating breast --> *cuboidal to low columnar*,,,inter. & intra. ducts appear and grouped to lobules**
***active/proliferating breast/pregnancy-nonlactating--> *simple cuboidal* epithelium,,,alveoli (from intra) & myoepithelial arise,,,inter & intra greatly reduced**
***active lactating breast-->alveoli sacculate /myoepithelial cells contract,,,inter. reduced to thin septa between lobules**

EXCEPTION : Ducts in nipple are lined by *stratified squamous epithelium*

Mammary glands & Prostate glands-->compound tubuloalveolar glands
uterine glands-->simple tubular glands

the whole Male Genital System is : pseudo stratified columnar (y3ni epididymis , vas , seminal vesicle and even prostatic glands (when active))

all ductal system is with 3 muscular layers LCL (epididymis -tb3n b3d elhead- , vas) except seminal vesicle --> 2 layers (12no mu daroori kteer contraction feeha)

epididymis --> highly ciliated (stereocilia)

Vas --> ciliated But to a lesser extent / longitudinal folds

seminal vesicle --> honeycomb appearance

prostate : prostatic salts (corpora amyloidea) + papillary projections ..

Miscellaneous:

Ducts of prostate: double cuboidal or inner columnar outer cuboidal

prostatic glands, inactive: low cuboidal, active pseudo strat. columnar

most common / cyst

is the most common acquired cyst -
remembers that squamous inclusion cyst

- I don't remember the question, but
Polyps, ... (all of the above)

- Teratoma can cause:

before cancer in situ. X ^{germ} cell

Invasive cancer occurs 1-3 decades

wrong: all age ~~age~~ + ~~age~~

Wilms tumor: only of child bearing age X

wrong: any age

Salivary glands mostly are benign ~~and~~ ~~and~~ ~~and~~

wrong: ~~ascending~~

[all of the above]

carcinoma independent + age + aggressiveness

popillary serous compared to other types

folial

by lymphatic

folial

Pathe:

so recurrent abortions

can lead to antiphospholipids and

wrong about viral infection

not severe X

Neurological symptoms are common but

wrong about CMV

can be caused by some types X

malignant and benign lesions (warts)

wrong about HPV



(2) c

MEIG'S

8. Meig's syndrome: (sheet 7, p5)
Thecoma & fibroma (resulting in ascites & pleural effusion esp. in the rt. side of the body) ✓
9. Most common germ cell tumor is: (sheet 7, p1)
Teratoma.. benign (cystic) mature teratoma. ✓
10. Most common metastatic tumor of the ovary is: (sheet 6, p7)
Crockenberg (adenocarcinoma of GIT esp. stomach)
11. Papillary projections & psammoma bodies are seen in: (sheet 6, p4,5)
SEROUS tumors but not in mucinous tumors.
12. Psammoma bodies are seen in all papillary tumors except: (
Brain tumors. ✓
13. Adenoma peritoni is seen in: (sheet 6, p5)
Mucinous tumors
14. Most common tissue found in monodermal teratomas: (sheet 7, p2..c)
Thyroid tissue (stroma ovarii) ✓
15. All of the following are germ cell tumors except: (sheet 7, p1)
A. Teratoma. ✓
B. Dysgerminoma. ✓
C. Yolk sac tumors. ✓
D. Choriocarcinoma. ✓
E. Meig's tumors. ✗
16. Miller Duval bodies are characteristic of: (mo maojoode bl sheet bs read about yolk sac tumors sheet 7, p3)
Yolk sac tumor (endodermal sinus tumor). ✓
17. The most common site of endometritis:
More in ovary than in uterus. (sheet 4, p1) ✓

(3) c

18. Most common site from which cervical cancer arise: (sheet 2, p8)
Squamization or epidermatization zone. Or Sqamous metaplastic zone. ✓
19. All of the following cause specific cervicitis except: (sheet2, p8)
Staph, strep, enterococcus, E-coli... (they are all non-specific). ✓
20. Chronic cervicitis is more common than acute cervicitis. (sheet2, p8)
21. Most common cervical growth or over growth is: (sheet 3, p1)
Endocervical polyps (usually benign NOT always). ✓
22. Most common site of squamous intraepithelial lesion (SIL): (sheet 2, p4)
Cervix. ✓
23. Most common screening test in cervical lesion is: (sheet 3, p3)
PAP smear ✓
24. Most common risk factor of cervical cancer is: (sheet 3, p4)
HPV(16,18,31). ✓
25. All increase the risk of cervical cancer except: (sheet 3, p4)
Herpes1. (mktob bl sheet eno some say that there may be an interaction b/w HSV-1 & HPV16 resulting in cervical carcinoma).
26. Most common cervical cancer is: (sheet 3, p4)
Squamous cell carcinoma...usually due to **HPV** not estrogen. ✓
27. Most common type of cervical carcinoma is:
A. Fungating. ✓
B. Exacavity.
C. Infiltrative.
D. Ulcerating.

u c

E. Endophytic.

28. Morphological → vast majority (2/3) ✓

29. Most common site of TB in FGT (female genital tract) is:
Fallopian tubes not endometrium coz t s secondary to TB salpingitis. (sheet 5,p7) ✓

30. Cells in chronic endometriosis are: (sheet3,p9)
Plasma cells. (chronic non-specific) ✓

31. Theory of endometriosis, all except: (sheet 4,p1)

- A. Regurgitation. ✓
- B. Metaplasia. ✓
- C. Lymphatic spread. ✓
- D. Direct implantation. ✓
- E. Hard spread.**

32. Chocolate bleeding character of: (sheet 4,p1)
Endometriosis. ✓

33. Cyclical Bleeding is a character of: (sheet 4,p1)
Endometriosis. ✓

34. Most common type of endometrial polyps are:
Hyperplastic. ←

35. Endometrial polyp is > than endocervical polyp. more malignant

36. Most common cause of endometrial hyperplasia is: (sheet 4,p2)
Hyperestronism. ←

37. Most benign form of endometrial hyperplasia is: (sheet 4,p2)
Simple cystic with no atypia. ✓

38. Most dangerous form of endometrial hyperplasia is: (sheet 4,p2)
Complete with atypia (25% malignant). ✓

(1) d

Dr. Karamella:

37. The most common cause of segmental sclerosis in adults:

FSGS.

38. Nephrocystin : nephronophthisis.

39. most common cause of nipple Bleeding is:

intraductal papilloma.

40. Bilateral & multifocal renal CA is: papillary renal cell carcinoma.

41. Lymphoplasmatic infiltrate: medullary carcinoma.

42. Mesangial CS deposition: proliferative GN type 2.

43. Breaks of BM: resentric GN.

44. NSAID's: minimal change disease.

45. Fleabitten pattern: malignant nephrosclerosis.

46. No cause of acute pyelonephritis: glomerulonephritis.

47. Defect in von wellbrand protease: TTP.

48. Subepithelial lumps: postinfectious GN.

Dr. Faisal kamal:

49. Serous tumors differ from endometrial tumors: ✓

50. Fallopian tubes except: infection is acquired mostly hematogenously. (actually it is mostly acquired by ascending infection) ✓

51. About vulvovaginal region all except: the most common cyst is bartholin's cyst. ✓

52. About gestational disease all except: invasive mole can become with a malignant potential more sever than choriocarcinoma. ✓

53. Lichen sclerosis all except: occur mostly during the childbearing age. *any age*

54. Adenomyosis all except: cyclical bleeding. *endo --*

55. About cervix all except: CIN is of greater risk to occur (1-1.5) decades after the carcinoma. (el 3aks hwa el 9a7) ✗

56. Tamoxifen: all of the above (leiomyoma, endometrial polyp, endometrial hyperplasia). ✓

57. True about Leiomyoma: estrogen dependence for the maintenance of this tumor. ✓

39. All are risk factors in endometrial carcinoma except: (sheet 4,p3)

Multiparity & pregnancy. ✓

NB: only cervical tumors are caused by multiparity.

40. Most of endometrial carcinomas are: (sheet 4,p3)

Adenocarcinoma. ✓

41. All types of endometrial carcinomas spread thru blood except:

Papillary serous (coz t s lymphatic). ✓

42. Most common tumor of FGT is:

Leiomyoma. ✓ Female genital tract

43. Most common disease affecting fallopian tubes is:

Inflammation. ✓

44. Most common site of ectopic pregnancy is:

Fallopian tubes. ✓

45. Most common cause of ectopic pregnancy is:

Primary salpingitis (>50%) ✓

Secondary edometriosis. ✓

46. **2.5%** of Hydatidform turn into Choriocarcinoma NOT 25%. ✓

47. Choriocarcinoma occur mostly on a background of:

Hydatidform. ✓

48. Involvement of the lower 1/3 of vagina by cervical cancer is:

A. 0

B. 1

C. 2

D. 3 ✓

E. 4

49. There s a causal relation b/w the following & endometrial hyperplasia except:

endometrial hyperplasia (↑Estrogen)

- A. Polycystic ovary. ✓
- B. Granulosa cell tumor. ✓
- C. Anovulatory cycle exogenous hormone & ovulatory cycle. ✓
- D. Exogenous hormone replacement therapy. ✓
- E. Dysgerminoma.** ✗

50. One of the following is true about condyloma accumulatum:

- A. Comperment to valva. ✗
- B. Kilocyte that seen in cancer not seen here. ✗
- C. Causal relation to HPV-18. ✗
- D. Possible affection of both sexes.** ✓
- E. Common progression to malignancy. ✗

51. Endolymphatic miosis significant:

- A. Fillary.
- B. Lymphadenosarcoma.
- C. Lymphocastia.
- D. Low grade endometrial stroma.** ✓
- E. Lymphangioma.

52. Ovarian tumors most frequently ass. with pleural effusion: (sheet 7)

- A. Granulosa cell tumor.
- B. Mature teratoma.
- C. Fibroma.** ✓
- D. Choriocarcinoma.
- E. Brenners.

53. Most common tumor of FGT is: (sheet

- A. Serous of stroma** ✓
- B. Uterine polyps.
- C. Cervical polyps.
- D. Vaginal sarcoma.
- E. Chocolate cyst.

54. The following confirm with cervical cancer except:

- A. Causal relation with HPV. ✓
- B. Peak at 5th decade or later. ✓
- C. Commonly protected by intraepithelial neoplasia. ✓
- D. More frequent at nulliparous.**
- E. No relation to body billa. ✓

55. Estrogen causes all the following except:

- A. Cervical carcinoma.**
- B. Breast cancer. ✓
- C. Endometrial hyperplasia. ✓
- D. Granulosa cell tumor. ✓
- E. Endometrial carcinoma. ✓

56. Ectopic pregnancy confirm with the following except:

- A. Most common cause is infections. ✓
- B. Most common site is fallopian tubes. ✓
- C. Most common outcome of untreatment is rupture. ✓
- D. Most common complication is malignancy.** ✗
- E. Most common signs when ruptured are pain & shock. ✓

57. Most common cause of ovarian tumors is:

- A. Infections. ✗
- B. Young age. ✗
- C. Obesity. ✗
- D. Race. ✗
- E. Nulliparity.** ✓

58. Hydrosalpinx is ass. with one of the following:

Gonococcus. ✓

59. Most common vaginal cyst:

Squamous inclusion cyst. ✓

60. The following are ass. with endometrial cancer except:

A. Systemic hypertension. ✓

B. Obesity. ✓

C. DM. ✓

D. Nulliparity. ✓

E. Some type of ovarian cancer. ✗

61. Endolymphahtic stromal miosis indicate:

Low grade endometrial stromal sarcoma. ✓

62. Cervical erosion indicates:

A. Endocervical eruption. ✓

B. Cervical polyps.

C. Ulceration.

63. Cervical carcinoma most frequently occurs in:

A. Upper 1/3 of vagina.

B. Lower cervix.

C. Transformation (epidermatization, squamatization)
zone.

64. One of the following coz lower FGT infection except:

Gonococcus. ✓

65. One of the following coz whitish vaginal discharge with itching:

Trichomonas vaginalis (white-grey)..Candida albicans.
(crudy white) ✓

66. Koliocytosis is a character of:

HPV-8. ✓ (6 & 11)

67. One of the following coz PID (pelvic inflammatory disease) & female infertility:

Gonococcus. ✓

- ↑↑ Estrogen
68. Granulosa tumor coz all the following except:
- A. **Leiomyoma in uterus.**
 - B. Endometrial hyperplasia. ✓
 - C. Endometrial carcinoma. ✓
 - D. Breast cancer. ✓
 - E. Precocious puberty. ✓
69. Meig's syndrome is ass. with:
- Ovarian fibroma.** ✓
70. All the following are true concerning yolk sac tumors except:
- A. Increased α-fetoprotein. ✓
 - B. Teenage. ✓
 - ~~C. Increased HCG.~~ ✗
 - D. Germ cell tumors. ✓
71. Vulvar cancer ass. with all of the following except:
- ~~x~~ **Estrogen stimulation.**
72. The carcinoma that appear early in life is:
- A. **Sarcoma botryoides.** ✓
 - B. Vulvar.
 - C. Squamous carcinoma.
73. All the following about cervical carcinoma is true except:
- A. Mostly endocrine. ✓
 - B. High malignant potential.**
 - C. Undergo ulceration. ✓
74. About CIN2, which is true:
- A. In the upper 1/3 of vagina.** ✓
 - B. Metastasize to rectum. ✓
 - C. Cancer in situ. ✓
 - D. Affect lower 1/3 of Vagina. ✓
- Diagram for question 74: A vertical line is divided into four equal segments. The segments are numbered 1, 2, 3, and 4 from top to bottom. Arrows point from the numbers to the corresponding segments: 1 points to the top segment, 2 to the second, 3 to the third, and 4 to the bottom. A separate arrow points from the number 4 to the word "Cervix".
75. Candida...not sexual. ✓

11

76. Condyloma... choose the wrong statement... precancerous /
Wrong statement... postmenopause.

77. Adenomyosis... wrong... most in ovary.

78. botryoides tumor ... not benign. / Rhabdomyosarcoma → Embryonal

79. wrong statement ... papilloma 6. → benign

80. Cervical preg. ... not hyperestro.

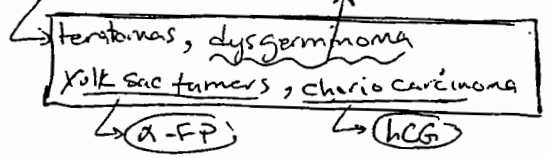
81. Ancedepend leimosarcoma... jawab su2al.

82. Hyperfertility... all except... easy Q!

83. Endometriosis... Most common place is ovary.
NB: rakkez 3l asbab, anwa3 el viruses.

وجود بطانة الرحم
في غير موطوعها

84. Most common Germ cell tumor.. spermatoc seminomna. → most malignant
testicular tumors



✓

90) Wrong about UTI's examination > menstrual cycle don't affect Ut tests

91) Which is normal mens.cycle> Menst.>Cycle with 60ml blood.

L
O
V
E
You



15. The highest Fertility of females is within: **fertilization window. (after ovulation by 6-9 days)**
16. All of the following secrete estrogen except: **leydig cells**
17. Table about HCG and prolactin and estrogen during pregnancy): **B**
18. Table: **B**
19. Tables: **E**
20. True about implantation: **fertilization window 3 days b4 ovulation to 1 day after fertilization.**
21. Inhibition of GNRH secretion by: **testosterone**
22. LH surge: **(Estrogen+ GNRH)**.
23. Testosterone increases one of the following: **erthropoiesis**

Dr. Zaseem Shehabi:

24. **All of the above.** ✓
25. **Chlamidia (except): PRP test.** ✓

Dr. Zassan:

26. Trichomonas vaginalis: **double nuclei.** ✓
27. Not caused by schistosoma → **Liver failure.** ✓
28. S. Japonicum all except: **rudimentary terminal spine.** ✓
29. Except: **Coracidium enter fresh water snail.** ✓

Dr. Zazmi:

30. **HPV** all except: **long life infections.** ✓
31. **Rubella** all except: **cause lytic infections.** ✓
32. **HPV** all except: **Genital warts, malignant & premalignant lesions are caused by the same V. subtypes.** ✓
33. **Not transmitted placentally: HBV.** ✓
34. **CMV** causes neurological symptoms but not serious.
35. **HSV neonatal infections.** ✓
36. Congenital v. infections (except): **antiphospholipid antibodies are present in all cases resulting in loss of fetuses.** ✓

29. Von Hippel-Lindau (VHL) gene mutation is found in... Clear cell renal carcinoma.

30. Which of the following has empty spaces around the nucleus... Chromophobe renal cell carcinoma.

31. Which of the following is not associated with Acute pyelonephritis... Lipoid nephrosis.

32. Which one of the following is associated with transitional cell carcinoma... Analgesic nephropathy.

33. At which stage does prognosis become bad... When more than 80% of the glomeruli have crescents.

×1. Membranous nephropathy → newly considered as "autoimmune disease".

×2. Collapsing glomerulopathy is associated with HIV.

×3. All are true for nephritic syndrome except → hyperlipidemia.

×4. Maladaptive response following nephron loss → FSGS.

19. Most common breast lesion... Polycystic change. ✓

14. Most common of prostate cancer ... none of the above... Intraductal. ✓

10. Good prognosis regarding breast cancer ... Intraductal. ✓

11. Most common breast cancer is NOS. ✓

Micro Dr. Zassan:

1. Trichomonas vaginalis... no cyst.

2. Schistosoma... sea snails.. wrong statement... remember b3esh bl may el msh mal7a.... t lives in FRESH WATER SNAILS. ✓

Phys. Dr. Yanal:

1. Min. urine output: 300 mL/m²/day.

2. Q in pretest the ans is: 3 mL/min.

3. What of following doesn't make sense: (pH=3.)

4. About K_f curve: B.

5. Increase in filtration rate when we increase inulin concn.

6. B/w 1.1-2.1.

7. In ketoacidosis what increase: Anion gap.

8. In renal insufficiency what occurs bcz of hormones: Anemia.

9. Creatinine → jadwal sho el 5ata2 fe bs mo mawjood el ejabe aw el jadwal:S ✓

10. To measure effective blood flow: Creatinine in plasma.

11. If C=zero → filtration but complete reabsorption, excretion is zero. ✓

Dr. 3'zai "clinical":

59. Caliculi that can't be seen by IVU made up of: **Uric acid.** ✓
60. Sudden onset of pain in testis: **Torching.** ✓

Tane wa7ad clinical:

61. Due date: **22/1/2009.** ✓
62. in an Ovarian cycle of 35 days, Ovulation occurs mostly at day number **21!** ✓

Dr. Malek el zehlef:

63. **Ganrelix.** ✓
64. **None of the above.** ✓
65. **None of the above.** ✓
66. Drug (inhibits 14- α -demethylase) to which resistance can emerge due to mutation in ERg11: **Econazole.** ✓
67. Unsuitable combination: **Capsosungin → Hepatitis.** ✓
68. Contraceptive: **Mifiprostone.** ✓
69. Except: **Oxytocin given after delivery to decrease uterine tone.** ✓
70. **Gonadorelin** given continuously in IVF only to suppress **premature ovulation (B).** ✓
71. **Gonadorelin** given continuously to suppress **leiomyoma & endometriosis (a+c).** ✓
72. Unsuitable combination: **Clomiphene → Uterine atrophy.** ✓

Final URG system lab:

Anatomy & Histology Dr. Faraj:

1. To keep corpus luteum viable after 14-16 days: ✓
2. Uterine secretion (in proliferative phase): **At this stage neither pregnancy nor increased progesterone are found.** ✓
3. Macula densa: **Neither A nor B.** ✓

4. X-ray of pelvis: **At its outlet the transverse diameter is larger than the anteroposterior.** ✓
5. At X-ray of IVU: **kink in one urter + the kink might be caused by an accessory a. (a+c).** ✓
6. Epididimis section: **All of the above.** ✓
7. Testis section (positioning at 1ry spermatocyte): **undergoes the 1st miotic division.** ✓
8. Obstruction of the ligated vessel will cause **necrosis in 4 segmetns.** (kan el ant. Division of renal a.) ✓
9. The pointed structure (=post. Fornix of vagina):(the peritoneum can be approached by this structure...) **All of the above.** ✓
10. The ligated structure (Ant. Vaginal wall): **separated posteriorly by perineal body.** ✓
11. The structure through which the wire is passing (=body of uterus): **All of the above...** covered by peritoneum+ supported mainly by the transverse cervical ligament+ ligation of its broad ligament from its upper margin to its lower attached margin will disrupt the blood supply to this organ.
12. Prostate section(BPH and concretions): **This change occurs as a result of increased estrogen to androgen ratio in the blood.**
13. Kidney section (showing thin segment of loop of Henle & collecting tubule): **All of the above.**
14. In the following kidney structure, in which structure the tubular fluid is with 80/90 Kg/L osmalality: **Structure 1 (distal convoluted tubule which is the corticildiluting segment).**
15. Section in the ovary (pointing to the 2ry follicle): **its development requires both FSH & Estradiol.**
16. Kidney includes: **collecting tubules & ducts, Loop of Henle of juxtamedullary nephron & vasa recti.**
17. X-ray contains: **All of the above...**Single kidney with double ureter+ this person may have dripping incontinence+ single kidney with double ureter is the most common duplication anomaly.
18. Prostate(cone like) all except: **adenoma in this organ result in 2 capsules.**

Micro lab:

19. Lactose fermenter+ Glucose fermenter+ H₂S... all of the above.

20. **Enterococcus**.(dark stain)

Patho lab:

21. Crescentic-RPGN (except): **mesangial cell proliferation.**

22. Chronic pyelonephritis all except: **glomerular disease.**

23. Clear cell carcinoma all except: **Bilateral.**

24. Section in uterus (during late secretory phase of menstrual cycle) all except: **there are mitotic figures.**

25. Jar of leiomyoma: **the most common benign tumor female genital tract.**

26. Jar of complete mole(feo zay el fatafeet o garaf): **vesicular, made up from hydropic chorionic villi.**

27. Section in breast (showing fibrocystic changes) all except: **malignancy.**

28. Section in skin (showing lichen sclerosis) all except: **this disease forms virocytopathic inclusions.**

Patho karamella:

1. Cortical sclerosis...chronic pyelonephritis. ✓
 2. Most common cancer in renal system is Clear cell renal carcinoma. 30%.
 3. Necrotizing papillitis is drug induced.
 4. All immune complex except Type 3 RPGN. → anti-neutrophil cytoplasmic Ab.
 5. All Ig deposition except Type 2 MPGN. → cell-mediated
 6. Most common breast cancer is NOS.
 7. Good prognosis regarding breast cancer ... Intraductal. ✓
 8. Cystic 1%...su2al 3n el nesbe. AD Polycystic 10% of chronic renal failure
 9. Worst prognosis... Congenital nephritic syndrome.
 - ×10. Subendothelial deposit... Membranous proliferative GN.
 - ×11. Most common of nephrotic in adult in USA is FSG.
 12. Most common cause of acute RF is Acute tubular necrosis.
 - ×13. Mast cell... Interstitial nephrotic + hammers.
 14. Most common of prostate cancer ...non of the above..!2no ✓
posterior.
 15. Invariably (no estrogen response...medullary cancer. ✓
 16. Most common of lupus... Type 4. ✓
 17. Renal cell carcinoma... painless hematuria. ✓
 18. Most prognostic fact...metastasis to lymph nodes. ✓
 19. Most common breast lesion...Polycystic change. ✓
 20. Most common in children...minimal change...half of t epithelial.
 21. Most common nephritic in the world...IgA nephro
GN Berger disease
- NB: t2kkd mn el su2al bdo nephrotic wela nephritic+ myyz ben el amrad elle nephrotic aw nephritic.
22. No antibody... MPGN 2. ✓
 23. Bacertia... E-coli.
 24. Diabetic nephropathy...most common cause of end stage. ✓
 - ×25. Which one is ass. with maladaptation to nephron loss...FSGS.
 - ×26. One of the following is not found in nephrotic syndrome...hematuria.
 27. Which of the following has selective proteinuria...Lipoid
nephrosis.
 28. Von willbrand gene mutation is found in... TTP. ✓

Final URG system...2009:

Dr. Faraj:

1. In renal arteriogram → **A+B** → we can see that there is **no** mixing in blood of accessory a. with renal a. blood + we can see that this accessory emerges from the aorta just below the renal a.
2. A child born with **hypospadias** we can introduce **folle's catheter** to external urethral orifice (**except**).
3. Interstitial cells of **leydig** correspond to **theca interna cells** (since both secrete testosterone).
4. Abnormal fusion of caudal portions of mullerian ducts → **anomalies of uterus**.
5. **1ry oocyte** found in **1ry follicle + 2ry follicle + graffian follicle (An)**.
6. All of the following are derived from the **mesonephric duct** except: **testis appendix**.
7. The Cell that contains **23 double** chromosomes (2N DNA) → **2ry gametocyte**.
8. **All the following are true, "Except" the ovary can be palpated on the abdominal wall.**

Dr. Yanal:

9. The least concen. In urine compared to renal a. → **HCO₃⁻**.
10. Clearance of glucose is always **less** than clearance of inulin. ✓
11. End stage renal failure there will be an increase in the following **Except: Hemoglobin. (since erythropoietin secretion is markedly decreased)** ✓
12. **gastric Vomiting** : **respiratory alkalosis** : increase in **pH, HCO₃⁻** & **PaCO₂**. ✓

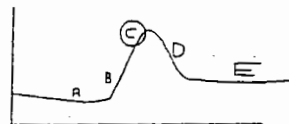
Dr. sh3ban:

13. If corpus leutum has been removed at the after fertilization then no abortion results: **18th week**.
14. Increase in prolactin secretion is induced by: **by suckling**.

50) All of the following can be caused by Schitomatosis except >Urticaria

Physiology Part

- 51) One of the following has its concentration at the end of the proximal tubules higher than beginning of proximal tubules > Creatinine
- 52) One of the following has constant clearance > Inulin
- 53) Substance X has its concentration in renal artery 12 and renal vein 9 calculate the filtration fraction > answer is 25 %
- 54) GFR increases when plasma protein decreases
- 55) About effective renal BF → renal vein contains small amount of PAH
- 56) Patient with renal insufficiency and has increased urea plasma concentration due to > Decreased GFR
- 57) In order for a substance to be completely secreted > clearance equals RPF.
- 58) In order for pregnancy to continue uneventfully, one of the following should occur > the corpus luteum continue to secrete progesterone ✓
- 59) Evidence that ovulation has taken place > increased level of progesterone
- 60) Concerning spermatogenesis, correct is > sertoli cells involved in meiotic and mitotic division
- 61) 2nd meiosis is completed Upon > Fertilization
- 62) After Menopause > LH ↑ FSH ↑ estrogen ↓ progesterone ↓ ✓
- 63) PH=7.25 CO₂=45 HCO₃=28 > respiratory acidosis with partial compensation
- 64) IN THE FIGURE BELOW OVULATION TAKES PLACE AT > ANSWER IS c



Phys. Dr. Sh3ban:

1. Least t^{1/2} is: GnRH.
2. No pattern of secretion (1st trimester, 3rd): HCG.
3. Curve: Follide recruitment at A.
4. Implanted b/w D-E.
5. About testosterone: The wrong statement → testis descend at scrotum in puberty. x
6. Dopamine inhibits prolactin secretion. ✓
7. Two are true: (inhibin, estrogen) la3'o ☺ ✓
8. What is false: 2nd meiosis occur every month. x
9. "chromosome" cause ?????? : mullerian duct differentiation. ✓
winner ✓

Dr. 3zmi:

1. About genitourinary infections: (All) are exogenous. ✓
2. (HSV) affect M & F equally. ✓
3. (VZV) neonate more than postnate → placenta more susceptible to viral infections..no viremic stage. ✓

ADPKD (jars) /
invasive ductal carcinoma of breast (Jars) /

Micro: 3

Enterococcus spp. ✓
chrom/candida agar /
E.coli--> all of the above ✓

Histo: 15

breast in pregnancy (msh A+B) /
in the following region the osmolarity could be: All of the above (above/below/same
plasma osmolarity)...kan m2sher 3a collecting duct ✓
(not FSH nor maturation inhibiting factor)...el so2al 3an 1ry follicle unilaminar ✓
which is related to this cell ✓

jab 3ayyene 2ry follicles--> which is wrong about it ...it secretes (androgens and
estrogens) ...im not sure about it ...the other choices were ...follicular antrum is
seen...it secretes inhibinh & follustatin... ✓

jab 3ayyene seminal vesicle...which is wrong about it...niether A+B (A:its secretes 25
% of seminal fluid,,its 60%...B:its affected by DHT...it Testro) ✓

jab 3ayyene corpus luteum-->w 7aka this needs all of the following hormoes
(a:FSH/b:LH/C:Hcg...) ...B+C ✓

jab 3ayyene epididymis--> which is wrong: it contains cilia that aids sperm
motility...because they are for fluid absorption ✓

jab so2al 3al 1ry spermatocyte...which is true:neither...its present in adluminal
basment membrane ..and that it is stimulated by dihydrotestosterone

jab so2al 3al dct, pct...under no ADH... water would be reabsorbed isoosmolarly in
PCT,and NACL would be absorbed with no water in DCT ✓

jab so2al 3al loop of henle and collecting duct and he said that ... loop is all
impermeable to NaCl... and collecting are permeable to urea with the presence of
ADH <--- only B ✓

jab so2al fyo pct and dct and bowmans space...w s2al wain its hyperosmolar to
plasma...bkoon non of the above

Endometrium proliferative phase Corpus luteum in the ovary + active contains
glyocgen (none) ✓

Leydig cells--> active at 8th week ✓

Prostate--> has dihydrotestosterone receptors, increased by estrogen --> both
2 tubules I don't know what were they exactly ... In the presence of ADH --> A-
segment 1 is impermeable to water, B- segment 2 has 300 mosm/L ... I answered
only B ✓

anatomy: 7

Vagina --> lower third supplied by pudental (D) ? ✓

Uterus --> i guess all of the above ... ✓

X-ray 1--> which is correct... (A+C) ...the choices about kinking (A:caused by
aberrent / C:kinking is present on both side) ,,B choice was eno el enlargement of
calyces are caused by those kinks (this is false one)

X-ray 2--> which is correct... only(its largest outlet diameter is the anteroposterior
one) ...other choices kanat 3al subpubic angle & joint type w kanat wrong choices

prostate-->all of the above

X-ray--> correct --> double ureter only... no stress incontinence

jab rasm kidney black and white w he pointed at medulla...w sa2ala which is
right...bkoon neither nor (eno its contain loop of henly of booth cortical and
juxtamedull. nephrons..., medulla more vascular than surroundings

UROgenital Questions

ALI TAOATO

-Micro part for Dr. 3assem

- 1) 2nd syphilis > answer is only A > +ve VDRL
 - 2) Which is part of the normal flora of vagina > Only Candida
 - 3) Cause of hosp.acq UT infections is ALL of the above
- Micro part for Dr. 7assan
- 4) Wrong about s.japonicum > has Rud terminal spine.
 - 5) Wrong about schistosomiasis > metacercariae enter through Skin
- Micro part for Dr. 3azmi
- 6) Correct statement > genital herpes is associated with psychotic signs and symptoms. ✓

Pathology

- 7) Most common prognostic factor of breast cancer > lymph node metastasis ✓
- 8) Worst prognosis > invasive intraductal carcinoma ✓
- 9) Most common test tumor below age of 3 > embryonal carcinoma ✓
- 10) Has the worst prognosis of germ cell tumors is > choriocarcinoma ✓
- 11) Wrong statement > sex cord tumor mostly Malignant ✓
- 12) All of the following STD except > candidiasis ✓
- 13) condyloma acuminatum; wrong statement > high potential of malignancy ✓
- 14) most common acquired vaginal > squamous inclusions ✓
- 15) Most common site of endometriosis is > Ovary ✓
- 16) The following risk factors for cervical cancer except > Estrogen
- 17) Wrong statement > polycystic ovary associated with hyper fertility ✓
- 18) One of the following peak incidence after 40's: endometrial carcinoma ✓

Pharma : Dr. ya3qoob

- ~~19)~~ One of the following used for hypertension > indopamide ✓
- ~~20)~~ Potassium sparing diuretics doesn't depend on PG > amirolide ✓
- 21) Incorrect drug-adverse effect > amphotericin B - Gyncomastia ✓
- 22) Correct drug use > vericonazole - aspergilliosis ✓
- ~~23)~~ All are highly keratinophilic except > Kystatin
- 24) Correct drug - Mechanism > terbinafine - inhibit sq.epoxidase ✓
- ~~25)~~ One of the following drug cause stone formation in urine > Acetazolamide ✓
- ~~26)~~ The correct combination > lorothiazide - hypertension ✓
- ~~27)~~ thiazide and loop diuretic have the following action : hypokalemic metabolic acidosis

pathology

Adenocarcinoma
viral
epithelial

endometrios → Most Common Place

Hyperfertility all except

acquired hemophilia

avoid pregnancy → No Hyperestr

wrong statement → Papilloma

Most Common cancer → Sarcoma

adrenocortical → wrong → most in ovary
Retinoid tumor → not benign

wrong → Post Menopausal

wrong → Papilloma

Candida → Not Sexual

epithelial

(b)



25	c. whole base + new base	d. (a+c)
	b. -	
	a. Normal invader	
	8. Food Pyramid:-	
	grow = Production	
20	7. death = Reducing Factor	
	(a+b)	
	b. the same meaning of environment	
	a. smaller than environment	
	6. Ego system:-	
15	a. CO b. Methan	a. CO b. Methan
	3. Material that mice Sphered	
	6. Nitrofile Material	
	4. NOE :-	
10	a. acid deposition	
	3. NOx	
	(d) a+c	
	c. city	
	b. -	
5	a. less than 10m in diameter	
	2. PM10	
	1. stratosphere uniform except	
	All of the following except	

Handwritten scribbles and marks at the bottom of the page.

* Vasculitis cell carcinoma in pelvis & bladder
→ Analgesic Nephropathy

* ~~Chronic~~ ~~renal~~ ~~failure~~ ~~diagnosis~~ ~~when~~ ~~7809~~

* VIT → Clear cell carcinoma

* ~~Small~~ ~~band~~ ~~marker~~ → TTR

* Nucleus around if clear cell → Chromophobe

* ~~Not~~ ~~of~~ ~~Nephrotic~~ ~~synd.~~ ~~signs~~ → Hematuria

* ~~Selective~~ ~~proteinuria~~

* Maladaptive of Nephron loss → Focal & segmental

* ~~renal~~ ~~failure~~ ~~in~~ ~~lipid~~ ~~nephrosis~~
Eye to nephritis. Ear to acute
All are common causes of acute

* Nephrosis [Minimal change disease]

* ~~Selective~~ ~~proteinuria~~ ~~lipid~~

Datto Rana
JAL JORDAN
DUBAI PROPERTIES

*

2009

① in renal arteryogram \rightarrow A+B we can see that there is no mixing in mid of Accessory A: with renal A. but we can see that there accessory emerges from the aorta just below the renal A.

② achil. born with hypoplasia we can introduce follicle-catheter to external urethric orifice. (except)

③ Intestinal cells of legging correspond to theca interna cells.

④ abnormal fusion of caudal portions of müllerian ducts: anomalies of uterus.

⑤ 2ry oocyte found in: 2ry follicle + 2ry follicle + Graafian follicle

⑥ All of the following are derived from the mesonephric duct except testis appendix.

⑦ cell contains 27 double chromosomes (2N/DNA), 2ry gonocytes.

⑧ except: the ovary can be palpated on the abdominal wall.

the least conc. in the urine from the renal A.

⑨ HCO_3^- is always less than Cr_{urea} .

⑩ End stage renal failure there will be \downarrow in: hemoglobin, vomiting; respiratory alkalosis; pH \uparrow , $HCO_3^- \downarrow$, paco₂ \downarrow .

⑪ if copm lactum has been removed at: after delivery then no abortion results; 18 weeks \rightarrow ↓ prolactin secretion; by suckling.

⑫ fertility of ♀: fertilization window. (after ovulation 6-9 days)

⑬ all of the following secrete estrogen except Leydig cells.

⑭ table: ⑮ table: ⑯ tables ⑰

⑱ travels fertilization window 3 days before ovulation to 2 days after fertilization.

disc.

DM 2

- 23. testosterone & erythropoietin
- 24. All of the above
- 25. Chlamydia (except); the RPP test
- 26. Trichomonas vaginalis; double nucleolus
- 27. Liver failure (not caused by schistosomiasis)
- 28. S. japonicum; rudimentary terminal spine (except)
- 29. except; coracoid process after fetal water spill
- 30. HPV: long life infections (except)
- 31. Papilloma; cause lytic infection (except)
- 32. genital warts; malignancy; preinvasive lesions caused by the same v. subtypes (except in HPV)
- 33. Not transmitted transplacentally; HBV
- 34. CMV; causes neurological symptoms but not serious
- 35. HSV (neonatal infection)
- 36. congenital v. infections (except); Ant's plus splenosis

Ab's are present in all cases resulting in loss of fetuses.

The most common cause of segmental sclerosis in adults is FSGS.

- 38. nephrosclerosis & nephropathies
- 39. bloody nipple & intraductal papilloma
- 40. Bilateral & multifocal; Papillary cell carcinoma
- 41. lymphoplasmaic infiltrate; medullary carcinoma
- 42. 3rd position; palmaris; GN type II
- 43. Break of BM; Eosinophilic nephritis

100%

100%

100%

100%

45) Flan pattern: malignant nephrosclerosis

46) Not cause of acute pyelonephritis; Glomerulonephritis

47) defect in von Willebrand factor; TTP

48) subepithelial humps; post infectious GN

49) serum tumors differ from endometrial tumors

50) fibrous (except) infection ^{acquired} ~~resist~~ hepatogenic

51) except about uterovaginal region; the most common cyst

52) both gestational ds (except); invasive male can be with a malignant pattern (more central than choriocarcinoma)

53) lichen sclerosus (except) & occurs mostly during the child bearing age

54) adrenomyosis (except) & cyclical bleeding

55) about cervix (except); CIN is of greater risk to occur (1-15) decades after the carcinoma

56) ~~estrogen~~ Tamoxifen; all of above (hormones, endometrial polyp = endometrial hyperplasia)

57) true about hormones; estrogen dependence for the maintenance of this tumor

58)

59) caliculi that cannot be seen by IUV made up of ~~cystine~~ uric acid

60) sudden onset of pain in testis; orchitis

61) due date 12/1/2009

62) ovarian cycle of 35 days - ovulation occurs mostly at day no. 21

35-14=21

10/11/17

- 63. Ganrelix
- 64. None of the above
- 65. None of the above
- 65. Drug inhibits 17 α -dehydroxylase's EOMZole to which resistance can emerge due to mutation in Exon 10
- 67. Unstable combination: Cetrorelix + Hcg's
- 68. contraceptive: mifeprestone
- 69. except: oxytocin given after delivery to decrease uterine tone.
- 70. gonadorelin gives continuous in IVF only for suppress premature ovulation /
- 71. gonadorelin gives continuous to suppress the endometrial growth proliferation & endometriosis (at c)
- 72. unsuitable combination: Cetrorelix \rightarrow uterine atrophy
- 73.

64

① to keep corpus luteum viable after 14-16 days; pregnancy

② Uterine section (in proliferative phase) + at this phase neither pregnancy nor progesterone are found

③ Macula densa; neither a nor b.

④ X-ray of pelvis at it's outlet + the transverse diameter is larger than the anteroposterior

⑤ at X-ray of IVM: kink in one writer + the kink might be caused by an accessory A. (a+c)

⑥ ~~testis~~ Epididymis section; All of the above

⑦ testis section (pointing at try spermatocyte) undergo the first meiotic division

⑧ obstruction of the ligated vessel will cause necrosis in 4 segments

⑨ the pointed structure (post. fornix of vagina) all of the above

⑩ the ligated structure (Anti. Vagina wall): ~~testis~~ ^{ovary} posteriorly by perimet body.

⑪ the structure through which the wire is passing (body of uterus) is covered completely by peritoneum + supported mainly by the transverse cervical ligaments

⑫ margin to its broad ligament from its upper free margin to its lower attached margin will divide the blood supply to this organ (all of the above)

⑬ prostate section + this change occurs as amount of estrogen to androgen ratio in the blood.

13) kidney section (showing thin segments at loop of Henle & collecting tubule) : fall of the above

14) in the following kidney structure at which structure the ~~is~~ ^{is} ~~found~~ ^{found} ~~with~~ ^{with} ~~80/100~~ ^{80/100} ~~total~~ ^{total} ~~osmolality~~ ^{osmolality} ;

structure 1 (distal convoluted tubule) ;

15) section in the ovary (pointing at an follicle) ; it's development requires both FSH & estradiol ;

16) kidney picture (pointing at the renal pyramid) ; this structure includes ; collecting tubules & ducts , loop of Henle & ~~extra medullary~~ ^{extra medullary} nephrons & vasa recta .

17) X-ray ; contains ; single kidney with double water & this person may have dribbling incontinence | single kidney with double water is the most common duplication anomaly (all of above)

18) prostate (except) ; adenoma in this organ results in 2 caputres .

19) ^{penicillin} lactose fermenter + glucose fermenter + H₂S . (all of the above)

20) Enterococcus .

21) crescentic ; mesangial cell proliferation (except)

22) Chvach pyelonephritis ; except ; glomerular disease .

23) clear cell ca. : except ; Bilateral .

24) section in uterus (during late secretory phase) ; except there are mitotic figures ; Proliferation phase

25) Jar of Lionyx ; the most common benign tumor of female genital tract .

26) Jar of complete mole ; vesicles made up of bin ~~with~~ ^{with} hydropic villi ; chorionic malignancy

27) section in breast (showing fibrotic changes) ; except ;

28) section in skin (showing skin sclerosis) ; except ; that disease forms vitreous inclusions

1. Renal / Karamella - 5/5/2009
① - which one is associated with maladaptive subject to nephron loss, FSGS + 1

② One of the following is not found in nephritic syndrome: Hematuria.

③ The most common cause of acute renal failure is acute tubular necrosis.

④ Which of the following has selective proteinuria: lipid nephrosis.

⑤ - Von Hippel Lindau gene mutation is found in: TIP.

⑥ von Hippel Lindau gene mutation is found in: clear cell renal cell carcinoma.

⑦ Which of the following has empty spaces around the nucleus: chromophobe renal cell carcinoma.

⑧ Which of the following is not associated with acute pyelonephritis: lipid nephrosis.

⑨ Which one of the follow is associated with transitional cell carcinoma: proliferative nephropathy.

⑩ ~~Which one of the follow stage prognosis becomes better when more than 80% of crescents are have crescents?~~

6. The following findings are characteristically seen in the nephrotic syndrome EXCEPT:
- a. Heavy proteinuria
 - b. Hypoalbuminemia
 - c. Hyperlipidemia
 - d. Hematuria
 - e. Edema
7. Selective proteinuria is seen in :
- a. Lipoid nephrosis
 - b. Membranous nephropathy
 - c. Focal segmental glomerulosclerosis
 - d. Mesangioproliferative glomerulonephritis type I
 - e. Mesangioproliferative glomerulonephritis type II
8. One of the following glomerular glomerulonephritis is considered a maladaptive response of the kidney to nephron loss:
- a. Lipoid nephrosis
 - b. Membranous nephropathy
 - c. Focal segmental sclerosis
 - d. Mesangioproliferative glomerulonephritis type I
 - e. Mesangioproliferative glomerulonephritis type II
9. Poor prognosis of rapidly progressive glomerulonephritis is considered when crescent formation exceed more than
- a. 20 % of glomeruli
 - b. 40 % of glomeruli
 - c. 50 % of glomeruli
 - d. 60 % of glomeruli
 - e. 80 % of glomeruli
10. The most common cause of acute renal failure is:
- a. Crescentic Glomerulonephritis
 - b. Focal segmental glomerulosclerosis
 - c. Acute tubular necrosis
 - d. Interstitial nephritis
 - e. Papillary necrosis

GOOD LUCK

IN. 28/4/2009.

most common - sex cord stromal tumors (SCT) - granulosa-theca cell tumor

① **thecoma / fibroma** (resulting in ascites) pleural effusion esp. in (RF) side of body.

most common germ cell tumor (SCT) - **teratoma** (cystic) - mature teratoma

most common - metastatic tumor of ovary (SCT) - **transitional cell** (adenocarcinoma of GIT esp. stomach)

all types of germ cell tumors are seen in **ovary** - **teratoma** - most common

most common - **epithelial** - **serous** - **endometrioid** - **clear cell** - **papillary** - **ovarian** - **teratoma**

most common - **epithelial** - **serous** - **endometrioid** - **clear cell** - **papillary** - **ovarian** - **teratoma**

most common - **epithelial** - **serous** - **endometrioid** - **clear cell** - **papillary** - **ovarian** - **teratoma**

of the following are germ cell tumors except - **teratoma** - **chordoma** - **chondrosarcoma** - **osteosarcoma** - **osteoid osteoma**

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of the above
(d) placental site trophoblastic disease
c) choriocarcinoma
b) invasive mole
a) vesicular mole

AN of the following secretes HCG except -
b) The most imp marker of choriocarcinoma

The most dangerous type of gestational trophoblastic disease is
hydatidiform mole (vesicular mole)
The most benign type of gestational trophoblastic disease is

of the following are gestational trophoblastic diseases except -
a) hydatidiform mole
b) invasive mole
c) placental site trophoblastic disease
d) choriocarcinoma
e) teratoma

Call-exner bodies are characteristic of -
a) Juvenile granulosa-theca tumors
b) Adult granulosa-theca tumors
c) meigs's syndrome
d) Androblastoma
e) non of the above

Major marker for yolk sac tumor is -
X - fetoprotein
Major marker for choriocarcinoma is -
HCG

Pathology

Autoimmune

virus

injury

2

1. endometriosis → Most Common Place

0. Hyperfertility all except

2. aneuploid karyosarcoma

3. Cervical Pity → No Hyperstr

1. 1. 1.

4. wrong statement → Papilloma

3. Most Common lesion → Serosa

2. Botrioid tumor → Not benign

1. adenomyosis → wrong → Most in ovary

3. wrong → Post Menopouse

2. Endyoloma wrong → Pteroceros

1. Candida → Not Sexual

1. 1. 1.

1 - involvement of lower $\frac{1}{3}$ of vagina by cervical cancer.

- a. 0 b. 1 c. 2 d. 3 e. 4

* 2 - there is causal relation bet. the following and endometrial hyperplasia except:

- a. polycystic ovary b. granulosa cell tumor
c. anovulatory cycle exogenous hormone and ovulatory cycle
d. exogenous hormone replacement therapy.
e. dysgerminoma.

3 - one of the following is True about condiloma acuminata

- a. competent to valva. b. philoocyte that seen at cancer not seen here.
c. causal relation to HPV-18.
d. possible affection of both sexes.
e. common progression to malignancy.

* 4 - endolymphatic metosis significant

- a. Pillarig. b. Lymphangiosarcoma. c. Lymphoedema.
d. low grade endometrial stroma.
e. lymphangioma.

5 - ovarian tumor most frequently associated with pleural effusion

- a. granulosa cell tumor b. mature teratoma.
c. Fibroma. d. choriocarcinoma.
e. preneers.

6 - most common tumor of female genital tract is:

- a. serous cystadenoma. b. uterine polyps.
c. cervical polyps. d. vaginal sarcoma.
e. chocolate cyst.

7 - the following confirm with cervical cancer except

a. causal related to H.P.V.

b. peak at 5th decade or latter.

c. commonly protected by intra epithelial neoplasia.

d. more frequent at nulliparous.

e. no relation to body bills.

8 - estrogen is cause to following except

a. cervical carcinoma.

b. cancer of breast.

c. endometrial hyperplasia.

d. granulosa cell tumor.

e. endometrial carcinoma.

9 - ectopic pregnancy confirm with the following except

a. most common cause is infection.

b. most common ~~cause~~ site is Fallopian tube.

c. most common ~~cause~~ of an treatment is rupture.

d. most common complication is malignancy.

e. most common signs if rupture is pain and shock.

10 - most common cause of ovarian tumor is

a. infection.

b. young age.

c. obesity.

d. race.

e. nulliparity.

* 11 - hydro salpinx is associated with one of the follo.

* gonococcus

12 - most common vaginal cyst:

* squamous inclusion cyst

13 - the follo. are associated with endometrial cancer except:

a. systemic hypertension b. obesity c. D.M.

d. nulliparity e. some type of ovarian cancer.

14 - endolymphatic stromal myosis indicates:

intermediate grade endometrial stromal sarcoma.

15 - cervical erosion indicates:

a. endocervical erosion b. cervical polyps.

c. ulceration

16 - cervical carcinoma most frequently occurs on:

a. upper 1/3 of vagina b. lower cervix

c. transformation zone.

17 - one of the follo. coz whitish vaginal discharge with itching:

~~1. trichomonas~~ ~~2. vaginitis~~ 3. candida ~~4. trichomonas~~

18 - all the follo. coz. low F.T. infection except:

gonococcus

* 19 - koilocytosis is a characteristic of

HPV-8 (6)

20 - one of the follo. coz. P.I.D and Pernal infertility:

gonococcus.

21 - granulosa tumor coc. all the following except:

- a. leiomyoma in uterus
- b. endometrial hyperplasia
- c. endometrial carcinoma
- d. breast cancer
- e. precocious puberty

22 - meigs syndrome is associated with:

- a. ovarian fibroma

23 - all the following are true concerning yolk sac tumor except:

- a. ↑ AFP
- b. teenage
- c. ↑ HCG
- d. germ cell tumor

24 - Vulva cancer associated with all of the follo. except:

- a. estrogen stimulation

25 - most common form of cervical cancer:

- a. fungating
- b. excavating
- c. infiltrative
- d. ulcerating
- e. endophytic

26 - the carcinoma that appear earlier in life:

- a. sarcoma botryoides
- b. vulvar ca.
- c. squamous ca.

27 - all the following about cervical carcinoma is true except:

- a. mostly endocrine
- b. high malignant potential
- c. undergo ulceration

28 - about CIN-2 which is true:

- a. in upper 1/3 of vagina
- b. metastasize to rectum
- c. cancer in situ
- d. affect lower vagina (lower 1/3)

3- which of the follo. has more tendency to be lobular

*chocolate cyst is seen in
*endometriosis

31- the least aggressive vulvar carcinoma:

- a. hyperplasia related cancer
- b. HPV related carcinoma
- c. verrucous can.

32 - the follo are T. about lichen sclerosis - except:

- a. affect both sexes
- b. atrophy in vulva
- c. affect adult

d. can occur at any site and any age

33- Histological sign of conception:

*chorionic villi

34- the mark of ovulation:

*subnuclear vacuolation

35- which of the follo. not true:

*Lichen S. invade vulva only

36- a - Feto prod.

*yollic sac tumour

37- most ovarian tumour:

*fibrous cyst syndrome

38- ectopic pregnancy

*ascending infection

40 - Cervical cancer.

(*) not estrogen dependent

41 - all the Follo. belong to some Ovary category except:

⊖ all the answer was germ cell tumor except granulosa cell tumor

42 - the most common cause of organisms associated w cervical carcinoma is:

⊖ HPV 16, > 18, > 31

43 - the most comm. cause of tubo-ovarian abscess is:

gonococcus.

44 - all the Follo. cause of P.I.D except:

a. gonococcus

b. streptococcus

c. staph.

d. enteric bacteria

(*) herpes and fungi → they cause infection to lower G.T only.

45 - the most comm. land mark of condyloma acuminatum is:

(*) koilocytes

46 - the most comm. type of vulva cancer is:

(*) squamous cell carcinoma

47 - the worst and the most severe cancer of vulva is

(*) sarcoma but lyoid or embryonal rhabdomyosarcoma.

48 - the most comm. cyst of vagina (either congenital required)

(*) squamous inclusion cyst

- ⑧ The most common site of endometriosis → More in OVAR than uterus
- ⑨ Most common site from which cervical cancer arise → squamous OR epithelium zone
- ⑩ All of the following cause specific cervical except → step, step, entero, E-cell (non-ter) (non-ter)
- ⑪ Chronic cervicitis more common than acute cervicitis
- ⑫ Most common cervical growth OR over growth is → endocervical polyps [usually benign - not always]
- ⑬ Most common site of squamous intraepithelial lesion → [SIL]
- ⑭ Cervix → PAP smears
- ⑮ Most common screen test in cervical lesion → PAP smears
- ⑯ Most common risk factor of cervical cancer → HPV (16, 18, 31)
- ⑰ All are risk of cervical cancer except → Herpes I
- ⑱ Most common cervical cancer is → squamous cell carcinoma
- ⑲ Usually due to HPV not estrogen
- ⑳ Most common type of cervical carcinoma → squamous
- ㉑ Morphological → wet mount (2/3)
- ㉒ Most common site of TB in FG T is → fallopian tube
- ㉓ not endometrium (2/3) to TB salpingitis
- ㉔ Cell in chronic endometriosis → plasma cells
- ㉕ Theory of endometriosis → except
 - ① revascularization
 - ② metaplasia
 - ③ lymphatic spread
 - ④ direct implantation
 - ⑤ lard spread
- ㉖ Chocolate cyst → the return of endometriosis
- ㉗ Colic bleeding → endometriosis

*

5) Most common type of adenomatous polyp - hyperplastic

6) Endometrial polyp > endo cervical polyp. *

7) Most common cause of endometrial hyperplasia: *

8) Most common benign form of endometrial hyperplasia: *

9) Most dangerous form of complex with atypia (25% malignant) - simplex with no atypia

10) All risk factor in endometrial carcinoma except: *

* note: ~~not~~ but cervical one caused by multiparity

11) Most of endometrial carcinoma arise in adenocarcinoma. *

12) All type of endometrial carcinoma spread through blood except papillary serous (implantation)

13) Most common tumor of FG1 is leiomyoma

14) Diverticulum affect fallopian tube diffusely

15) Most common site of ectopic is fallopian tube

16) Cause of ectopic pregnancy salpingitis > 50% no endometriosis

17) 25% of Hydrosalpinx turn into chorio carcinoma NOT 25%

18) ~~endometriosis~~ occur mostly on abaxial ground of Hydrosalpinx

3) All of the following are non-neoplastic cysts of the ovaries except:

- a) simple serous cyst of ovary
- b) cystic follicle or follicular cyst
- c) cystic corpus luteum or corpus luteal cyst
- d) dermoid cyst

4) The most common type of paraovarian cyst is the multilocular cyst (paraovarian) cyst.

→ Regarding tumors of the ovary:

17) Most ovarian tumors (80%) are benign.

18) The most common tumor of the ovary is the surface epithelial tumor (60% most common).

19) Surface epithelial tumor is benign serous tumor.

20) Classification of ovarian tumors includes all:

- a) surface epithelial tumors
- b) germ cell tumors
- c) sex-cord stromal tumors
- d) metastatic tumors of ovaries

21) All of the following are surface epithelial tumor except:

- a) serous tumors
- b) mucinous tumors
- c) endometrioid tumor
- d) Brenner tumor

