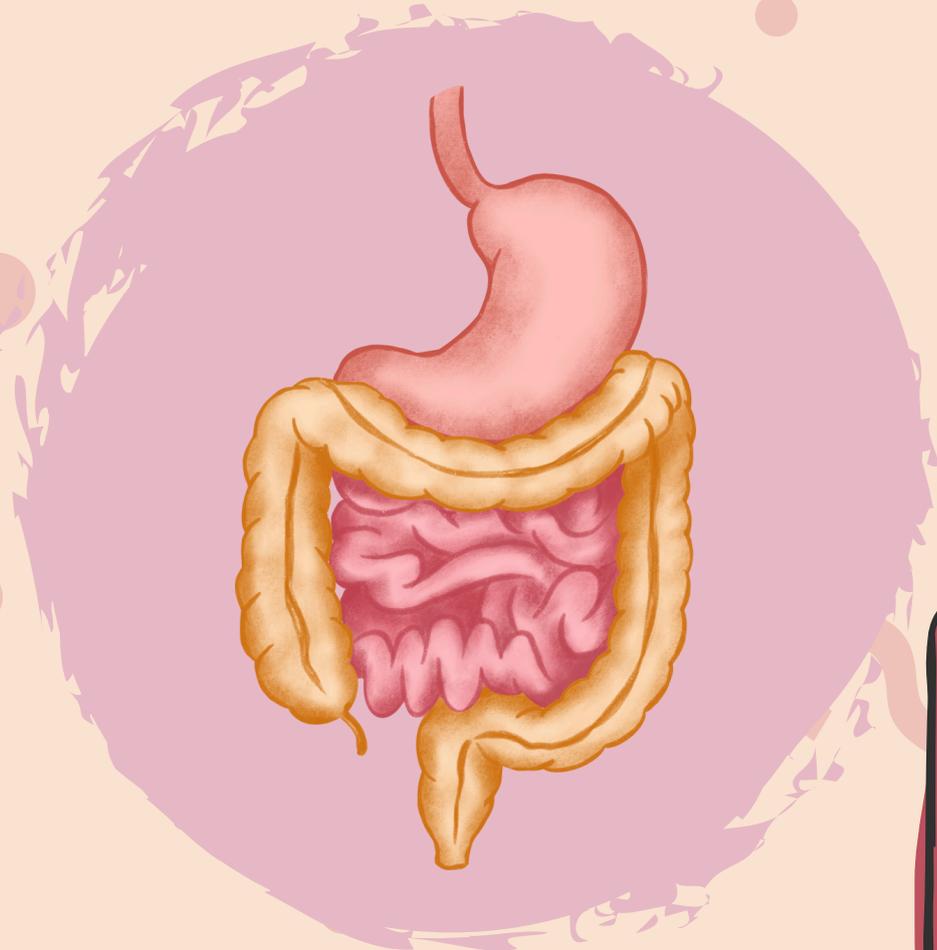


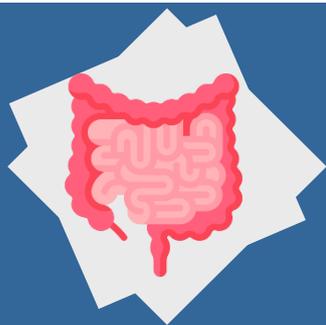
Level (3) - Semester (5)

# HISTOLOGY



**GIT - MCQ (3)**

**DR M. YUSUF**



# LECTURE 3

## NON-NEOPLASTIC DISEASES OF INTESTINAL DISEASES

<p>1) <b>Diarrhea is defined as:</b></p> <ul style="list-style-type: none"> <li>a) Stool frequency less than 3/day</li> <li>b) Increased frequency or volume &gt; 250 gm/day</li> <li>c) Only watery stool once/day</li> <li>d) Any abnormal stool color</li> <li>e) Presence of mucus in stool</li> </ul>	<b>B</b>
<p>2) <b>Which of the following causes secretory diarrhea?</b></p> <ul style="list-style-type: none"> <li>a) Giardia</li> <li>b) Cholera toxin</li> <li>c) Lactase deficiency</li> <li>d) Crohn's disease</li> <li>e) Radiation enteritis</li> </ul>	<b>B</b>
<p>3) <b>Exudative diarrhea is characterized by:</b></p> <ul style="list-style-type: none"> <li>a) Purulent bloody stool due to mucosal inflammation/hemorrhage</li> <li>b) Purely watery stool</li> <li>c) Osmotic imbalance only</li> <li>d) Reduced gut motility</li> <li>e) Excess fat absorption</li> </ul>	<b>A</b>
<p>4) <b>An example of infection causing exudative diarrhea is:</b></p> <ul style="list-style-type: none"> <li>a) Vibrio cholerae</li> <li>b) Shigella</li> <li>c) Lactobacillus</li> <li>d) Clostridium botulinum</li> <li>e) Giardia</li> </ul>	<b>B</b>





<p><b>5) Osmotic diarrhea results from:</b></p> <ul style="list-style-type: none"> <li>a) Excess bile salts</li> <li>b) Inflammation only</li> <li>c) Non-absorbable substances increasing intraluminal osmotic pressure</li> <li>d) Increased gut motility</li> <li>e) Decreased secretion</li> </ul>	<b>C</b>
<p><b>6) Excess use of which laxatives can cause osmotic diarrhea?</b></p> <ul style="list-style-type: none"> <li>a) Senna</li> <li>b) Castor oil</li> <li>c) Mannitol or Sorbitol</li> <li>d) Bisacodyl</li> <li>e) Aloe</li> </ul>	<b>C</b>
<p><b>7) Malabsorption is defined as:</b></p> <ul style="list-style-type: none"> <li>a) Poor appetite</li> <li>b) Abnormal absorption of nutrients → malnutrition, weight loss, diarrhea</li> <li>c) Increased fat intake</li> <li>d) Inflammation of stomach</li> <li>e) Rapid motility</li> </ul>	<b>B</b>
<p><b>8) Which of the following is a luminal cause of malabsorption?</b></p> <ul style="list-style-type: none"> <li>a) Radiation enteritis</li> <li>b) Chronic pancreatitis (lipase deficiency)</li> <li>c) Celiac disease</li> <li>d) Crohn's disease</li> <li>e) Intestinal lymphoma</li> </ul>	<b>B</b>
<p><b>9) Zollinger-Ellison syndrome causes malabsorption by:</b></p> <ul style="list-style-type: none"> <li>a) Reducing bile secretion</li> <li>b) Excess gastric acid inactivating lipase</li> <li>c) Causing villous flattening</li> <li>d) Inducing crypt abscesses</li> <li>e) Stimulating fibrosis</li> </ul>	<b>B</b>
<p><b>10) Interruption of enterohepatic circulation occurs in:</b></p> <ul style="list-style-type: none"> <li>a) Zollinger-Ellison</li> <li>b) Terminal ileal resection</li> <li>c) Lactase deficiency</li> <li>d) Radiation enteritis</li> <li>e) Amyloidosis</li> </ul>	<b>B</b>





<p><b>11) Which is a primary mucosal abnormality causing malabsorption?</b></p> <ul style="list-style-type: none"> <li>a) Obstructive jaundice</li> <li>b) Celiac disease</li> <li>c) Pancreatic resection</li> <li>d) Zollinger-Ellison</li> <li>e) Diabetes</li> </ul>	<b>B</b>
<p><b>12) Gluten-sensitive enteropathy is due to hypersensitivity to:</b></p> <ul style="list-style-type: none"> <li>a) Casein</li> <li>b) Sorbitol</li> <li>c) Gliadin in wheat</li> <li>d) Fructose</li> <li>e) Bile salts</li> </ul>	<b>C</b>
<p><b>13) The main mucosal change in celiac disease is:</b></p> <ul style="list-style-type: none"> <li>a) Hyperplasia</li> <li>b) Flattened villi with intraepithelial lymphocytes</li> <li>c) Pseudopolyps</li> <li>d) Crypt abscesses</li> <li>e) Fibrosis only</li> </ul>	<b>B</b>
<p><b>14) Celiac disease predisposes to:</b></p> <ul style="list-style-type: none"> <li>a) Colon adenoma</li> <li>b) Intestinal lymphoma</li> <li>c) Pancreatic cancer</li> <li>d) Gastric ulcer</li> <li>e) Liver cirrhosis</li> </ul>	<b>B</b>
<p><b>15) Whipple's disease is caused by:</b></p> <ul style="list-style-type: none"> <li>a) Tropheryma whippelii (Gram-positive organism)</li> <li>b) Vibrio cholerae</li> <li>c) Shigella dysenteriae</li> <li>d) Giardia lamblia</li> <li>e) E. coli</li> </ul>	<b>A</b>
<p><b>16) The clinical definition of diarrhea includes an increase in:</b></p> <ul style="list-style-type: none"> <li>a) Stool frequency only.</li> <li>b) Stool volume only, specifically more than 150 gm/day.</li> <li>c) Stool frequency or volume (more than 250 gm/day).</li> <li>d) The fat content of the stool.</li> <li>e) The number of leukocytes in the stool.</li> </ul>	<b>C</b>





<p><b>17) A patient presents with severe, watery diarrhea after eating rice contaminated with a preformed toxin. This is a classic example of:</b></p> <ul style="list-style-type: none"> <li>a) Exudative diarrhea</li> <li>b) Osmotic diarrhea</li> <li>c) Secretory diarrhea</li> <li>d) Diarrhea due to reduced absorption time</li> <li>e) Malabsorptive diarrhea</li> </ul>	C
<p><b>18) The presence of "purulent bloody stool" is most characteristic of which type of diarrhea?</b></p> <ul style="list-style-type: none"> <li>a) Secretory</li> <li>b) Osmotic</li> <li>c) Exudative</li> <li>d) Motility-related</li> <li>e) Laxative-induced</li> </ul>	C
<p><b>19) Malabsorption syndrome is characterized by all of the following EXCEPT:</b></p> <ul style="list-style-type: none"> <li>a) Weight loss</li> <li>b) Malnutrition</li> <li>c) Hypertension</li> <li>d) Osmotic diarrhea</li> <li>e) Abnormal intestinal absorption of nutrients</li> </ul>	C
<p><b>20) Bacterial overgrowth in the small intestine can lead to malabsorption by:</b></p> <ul style="list-style-type: none"> <li>a) Increasing pancreatic lipase production.</li> <li>b) Enhancing villous absorption.</li> <li>c) Causing bile salt deconjugation.</li> <li>d) Stimulating gastric acid secretion.</li> <li>e) Causing transmural inflammation.</li> </ul>	C
<p><b>21) The histological changes in Celiac disease are:</b></p> <ul style="list-style-type: none"> <li>a) Permanent and irreversible.</li> <li>b) Reversible with a gluten-free diet.</li> <li>c) Only visible in the colon.</li> <li>d) Characterized by PAS-positive macrophages.</li> <li>e) Most severe in the stomach.</li> </ul>	B
<p><b>22) A significant long-term complication of Celiac disease is an increased risk for:</b></p> <ul style="list-style-type: none"> <li>a) Pancreatic cancer</li> <li>b) Lymphoma</li> <li>c) Squamous cell carcinoma of the esophagus</li> <li>d) Hepatocellular carcinoma</li> <li>e) Gastric adenocarcinoma</li> </ul>	B





<p><b>23) A patient with obstructive jaundice develops steatorrhea. The malabsorption in this case is classified under which etiological phase?</b></p> <p>a) Cellular Phase b) Luminal Phase c) Transport Phase d) Secretory Phase e) Inflammatory Phase</p>	<b>B</b>
<p><b>24) Whipple disease is best described as:</b></p> <p>a) An autoimmune disorder targeting intestinal villi. b) A genetic disorder of carbohydrate absorption. c) An infectious disease causing malabsorption. d) A complication of chronic pancreatitis. e) A type of inflammatory bowel disease.</p>	<b>C</b>
<p><b>25) The causative agent of Whipple disease is:</b></p> <p>a) Escherichia coli b) Entamoeba histolytica c) Tropheryma whippeli d) Shigella species e) Giardia lamblia</p>	<b>C</b>
<p><b>26) Carcinoid syndrome can contribute to malabsorption by:</b></p> <p>a) Causing bile salt deficiency. b) Damaging the intestinal mucosa. c) Obstructing lymphatic flow. d) Increasing intestinal motility via serotonin release. e) Inhibiting pancreatic enzyme secretion.</p>	<b>D</b>
<p><b>27) The etiology of inflammatory bowel diseases is:-</b></p> <p>a) Virus b) Bacteria c) Chemical d) Unknown e) Parasite</p>	<b>D</b>
<p><b>28) The most important histological feature of ulcerative colitis is:-</b></p> <p>a) Deep ulceration b) Diffuse inflammation c) Crypt abscess d) Fibrosis e) Crypt atrophy</p>	<b>C</b>





<p><b>29) A key diagnostic feature of Whipple disease on histology is the presence of PAS-positive material within:</b></p> <ul style="list-style-type: none"> <li>a) Neutrophils in crypt abscesses.</li> <li>b) Macrophages in the lamina propria.</li> <li>c) Goblet cells in the mucosa.</li> <li>d) Enterocytes on the villous surface.</li> <li>e) Lymphocytes in Peyer's patches.</li> </ul>	<b>B</b>
<p><b>30) Which of the following findings is more characteristic of ulcerative colitis rather than Crohn's disease:-</b></p> <ul style="list-style-type: none"> <li>a) Trans-mural inflammation producing fissures and fistulas</li> <li>b) Peri-colonic fibrosis forming "creeping fat" around the outside of the gut</li> <li>c) Intestinal obstruction resulting from a peri-colonic abscess</li> <li>d) Superficial non-caseating granulomas forming hamartomatous polyps</li> <li>e) Inflammation beginning in the rectum and extending proximally without skip lesions</li> </ul>	<b>E</b>
<p><b>31) The following is not a feature of ulcerative colitis:-</b></p> <ul style="list-style-type: none"> <li>a) Pseudopolypi</li> <li>b) Skip lesions</li> <li>c) Ulceration</li> <li>d) Crypt abscess</li> <li>e) Crypt atrophy</li> </ul>	<b>B</b>
<p><b>32) A 39-year old male presents with bloody diarrhea. Colonoscopy reveals rectum and sigmoid portions of the colon to be unremarkable. Biopsy from terminal ileum reveals numerous acute &amp; chronic inf. cells within lamina propria. Worsening of patient's symptoms results in emergency resection of distal small intestines. Gross exam of this resected bowel reveals deep long mucosal fissures extending deep into muscle wall. Trans-mural fistulas are found. What is the best diagnosis for this patient:-</b></p> <ul style="list-style-type: none"> <li>a) Ulcerative colitis</li> <li>b) Lymphocytic colitis</li> <li>c) Infectious colitis</li> <li>d) Eosinophilic colitis</li> <li>e) Crohn's disease</li> </ul>	<b>E</b>
<p><b>33) Crypt abscess is filled with:-</b></p> <ul style="list-style-type: none"> <li>a) Pus</li> <li>b) Neutrophils</li> <li>c) Lymphocytes</li> <li>d) Organisms</li> <li>e) Caseous material</li> </ul>	<b>B</b>





<p><b>34) Which of the following statements concerning ulcerative colitis is wrong:-</b></p> <ul style="list-style-type: none"> <li>a) Transmural diffuse inflammation</li> <li>b) Crypt abscess</li> <li>c) Ulceration of the surface epithelium</li> <li>d) Frequent epithelial dysplastic changes</li> <li>e) No skip lesions</li> </ul>	<b>A</b>
<p><b>35) The following intestinal ulcer may be potentially precancerous:-</b></p> <ul style="list-style-type: none"> <li>a) Peptic ulcer</li> <li>b) Typhoid ulcer</li> <li>c) TB ulcer</li> <li>d) Ulcer of Crohn's disease</li> <li>e) Ulcer of ulcerative colitis</li> </ul>	<b>E</b>
<p><b>36) Crohn's disease affects:-</b></p> <ul style="list-style-type: none"> <li>a) Stomach</li> <li>b) Small intestine</li> <li>c) Large intestine</li> <li>d) Anal canal</li> <li>e) Any part of the GIT</li> </ul>	<b>E</b>
<p><b>37) Features of Crohn's disease include all except:-</b></p> <ul style="list-style-type: none"> <li>a) Skip lesions</li> <li>b) Cobble stone appearance</li> <li>c) Superficial ulcers</li> <li>d) Granuloma formation</li> <li>e) Transmural inflammation</li> </ul>	<b>C</b>
<p><b>38) The following features are true of Crohn's disease except:-</b></p> <ul style="list-style-type: none"> <li>a) It involves all layers of the intestine</li> <li>c) Malabsorption</li> <li>b) Idiopathic</li> <li>d) The reaction is formed of epitheloid cell granuloma with caseation</li> <li>e) Carcinoma is a rare complication</li> </ul>	<b>D</b>
<p><b>39) Skip lesions are found in:-</b></p> <ul style="list-style-type: none"> <li>a) Crohn's disease</li> <li>b) Intestinal tuberculosis</li> <li>c) Ulcerative colitis</li> <li>d) Intestinal obstruction</li> <li>e) Colon adenocarcinoma</li> </ul>	<b>A</b>





<p><b>40) A 22-year old female patient presents with abdominal pain, bloody diarrhea with bilateral knee and ankle pains. By colonoscopy, there is ulceration in the rectum and sigmoid. The diagnosis of this case is:-</b></p> <p>a) Gastroenteritis b) Crohn's disease c) Ulcerative colitis d) Tuberculosis e) Intestinal obstruction</p>	C
<p><b>41) Regarding Crohn's disease, the most common area affected in colon is:-</b></p> <p>a) Terminal ileum and Right colon b) Descending colon c) Sigmoid colon d) Transverse colon e) Rectum</p>	A
<p><b>42) A 23-year old male patient with abdominal colic and diarrhea. By colonoscopy, there are colonic lineal deep penetrating ulcers (fissures) and cobble stone appearance. What is the diagnosis of this case:-</b></p> <p>a) Crohn's disease b) Infectious colitis c) Intestinal obstruction d) Intestinal tuberculosis e) Ulcerative colitis</p>	A
<p><b>43) Chronic non-specific inflammation with severe ulceration in sigmoid colon &amp; rectum:-</b></p> <p>a) Intestinal obstruction b) Infectious colitis c) Crohn's disease d) Intestinal tuberculosis e) Ulcerative colitis</p>	E
<p><b>44) Non-caseating granuloma of alimentary tract:-</b></p> <p>a) Intestinal obstruction b) Infectious colitis c) Crohn's disease d) Intestinal tuberculosis e) Ulcerative colitis</p>	C





<p><b>45) Which of the following lesions shows cobble stone appearance:-</b></p> <ul style="list-style-type: none"> <li>a) Intestinal obstruction</li> <li>b) Infectious colitis</li> <li>c) Crohn's disease</li> <li>d) Intestinal tuberculosis</li> <li>e) Ulcerative colitis</li> </ul>	<b>C</b>
<p><b>46) Which of the following lesions shows serositis of intestinal wall:-</b></p> <ul style="list-style-type: none"> <li>a) Intestinal obstruction</li> <li>b) Crohn's disease</li> <li>c) Infectious colitis</li> <li>d) Intestinal tuberculosis</li> <li>e) Ulcerative colitis</li> </ul>	<b>B</b>
<p><b>47) The inflammatory lesion of the large intestine taking the mucosa and submucosa is found in:-</b></p> <ul style="list-style-type: none"> <li>a) Crohn's disease</li> <li>b) Ulcerative colitis</li> <li>c) Intestinal obstruction</li> <li>d) Intestinal tuberculosis</li> <li>e) Colon adenocarcinoma</li> </ul>	<b>B</b>
<p><b>48) Non-caseating granuloma throughout the wall of large intestine is a feature of:-</b></p> <ul style="list-style-type: none"> <li>a) Colon adenocarcinoma</li> <li>b) Ulcerative colitis</li> <li>c) Diverticular disease</li> <li>d) Crohn's disease</li> <li>e) Intestinal obstruction</li> </ul>	<b>D</b>
<p><b>49) Crohn's disease commonly appears in the naked eye as:-</b></p> <ul style="list-style-type: none"> <li>a) Superficial ulcerative lesion</li> <li>b) Polypoid lesion</li> <li>c) Cobble stone appearance</li> <li>d) Pseudopolyposis</li> <li>e) Infiltrative pattern</li> </ul>	<b>C</b>
<p><b>50) Regarding inflammatory bowel disease. The risk of malignancy is present in:-</b></p> <ul style="list-style-type: none"> <li>a) Ulcerative colitis</li> <li>b) Intestinal obstruction</li> <li>c) Colonic volvulus</li> <li>d) Crohn's disease</li> <li>e) Diverticular disease</li> </ul>	<b>A</b>





<p><b>51) What is the premalignant change seen in ulcerative colitis:-</b></p> <ul style="list-style-type: none"> <li>a) Crypt abscess</li> <li>b) Mucosal ulceration</li> <li>c) Pseudopolyps</li> <li>d) Gastric metaplasia</li> <li>e) Granulation tissue</li> </ul>	<b>D</b>
<p><b>52) Iridocyclitis &amp; erythema nodosum are characteristic for:-</b></p> <ul style="list-style-type: none"> <li>a) Intestinal obstruction</li> <li>b) Ulcerative colitis</li> <li>c) Colonic volvulus</li> <li>d) Crohn's disease</li> <li>e) Diverticular disease</li> </ul>	<b>B</b>
<p><b>53) Which of the following is a common site of affection in ulcerative colitis:-</b></p> <ul style="list-style-type: none"> <li>a) Ascending colon</li> <li>b) Ileocecal valve</li> <li>c) Jejunum</li> <li>d) Lower esophagus</li> <li>e) Sigmoid colon</li> </ul>	<b>E</b>
<p><b>54) Secondary malabsorption syndrome is characteristic for:-</b></p> <ul style="list-style-type: none"> <li>a) Colonic intussusception</li> <li>b) Ulcerative colitis</li> <li>c) Colonic volvulus</li> <li>d) Crohn's disease</li> <li>e) Diverticular disease</li> </ul>	<b>D</b>
<p><b>55) All of the followings are features of ulcerative colitis except:-</b></p> <ul style="list-style-type: none"> <li>a) Pseudopolyps</li> <li>b) Crypt abscess</li> <li>c) Serositis</li> <li>d) Superficial irregular ulcers</li> <li>e) Rectal affection</li> </ul>	<b>C</b>
<p><b>56) Inflammatory Pseudopolypositis are characteristic for:-</b></p> <ul style="list-style-type: none"> <li>a) Intestinal obstruction</li> <li>b) Ulcerative colitis</li> <li>c) Colonic volvulus</li> <li>d) Crohn's disease</li> <li>e) Diverticular disease</li> </ul>	<b>B</b>

