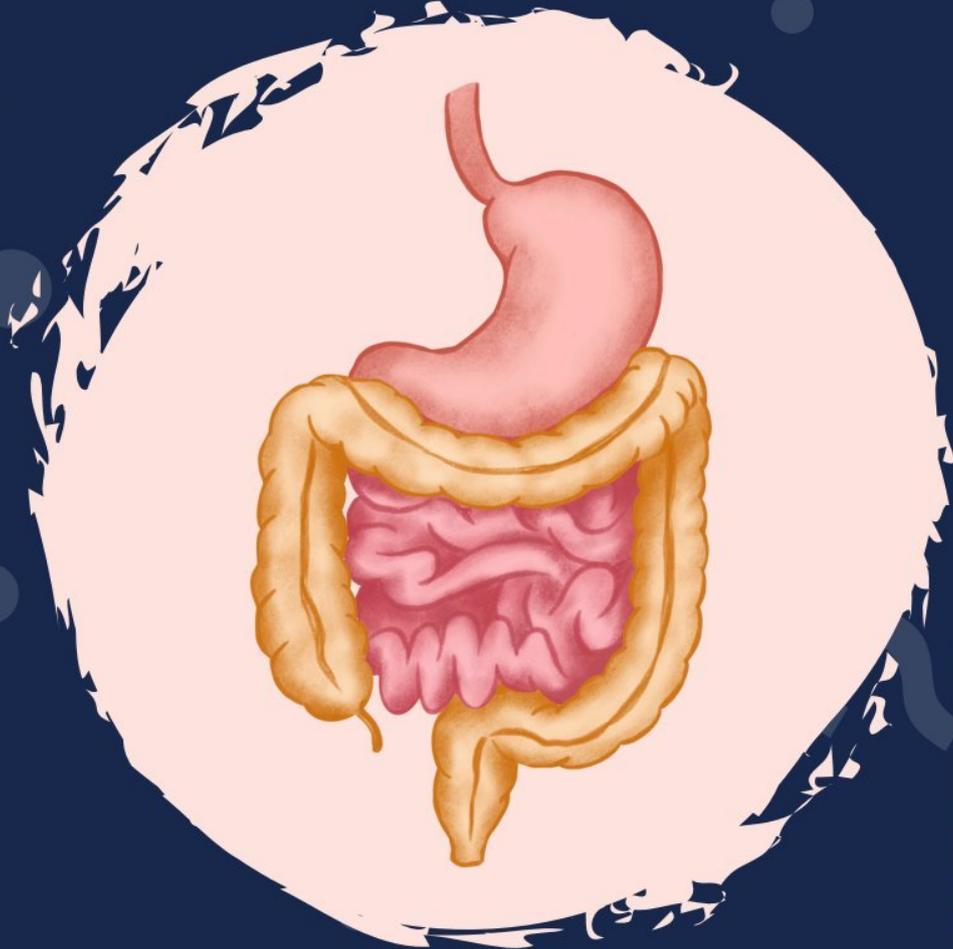


Level (3) - Semester (5)

PATHOLOGY



SCAN ME

GIT - MCQ (1)

DR M. YUSUF

GIT – LECTURE (1)

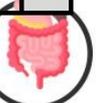
ORAL CAVITY

<p>1) The common viral cause of oral cavity lesions is:</p> <ul style="list-style-type: none">a) Cytomegalovirusb) Epstein-Barr virusc) Herpes simplex virus (HSV I)d) Varicella zoster viruse) Human papillomavirus (HPV)	c
<p>2) Primary herpes stomatitis typically occurs in:</p> <ul style="list-style-type: none">a) Adultsb) Elderlyc) Childrend) Immunosuppressed onlye) Diabetics only	c
<p>3) Histopathology of HSV lesions typically shows:</p> <ul style="list-style-type: none">a) Caseating granulomasb) Hydropic degeneration of epithelial nucleic) Keratin pearlse) Onion-skinning of vessels	b
<p>4) Oral thrush is caused by:</p> <ul style="list-style-type: none">a) Candida albicansb) Actinomycesc) Staphylococcus aureusd) Streptococcus pyogenese) HPV	a
<p>5) Which is the most common oral fungal infection?</p> <ul style="list-style-type: none">a) Aspergillosisb) Candidiasisc) Mucormycosisd) Histoplasmosise) Cryptococcosis	b





<p>6) Actinomyces produces:</p> <ul style="list-style-type: none"> a) Caseous necrosis b) Sulphur granules in draining sinuses c) Keratin pearls d) Multinucleated giant cells only e) Oncocytic metaplasia 	b
<p>7) Aphthous ulcers are characterized by:</p> <ul style="list-style-type: none"> a) Occur in elderly males b) Extremely painful, recurrent, shallow ulcers c) Always precancerous d) Located only at dorsum of tongue e) Always solitary and painless 	b
<p>8) Tuberculous ulcer of the tongue typically has:</p> <ul style="list-style-type: none"> a) Smooth base b) Raised everted edge c) Undermined edge and caseous floor d) Pseudomembranous covering e) No relation to TB 	c
<p>9) Malignant ulcer of the tongue usually presents at:</p> <ul style="list-style-type: none"> a) Tip of tongue b) Lateral edge of anterior 2/3 c) Floor of mouth only d) Posterior 1/3 only e) Gingiva exclusively 	b
<p>10) Leukoplakia is defined as:</p> <ul style="list-style-type: none"> a) White patch that can be scraped off b) White patch that cannot be scraped off c) Red patch, flat or depressed d) Ulcerated lesion of tongue e) Vesicle on oral mucosa 	b
<p>11) The oral lesion with greatest malignant potential is:</p> <ul style="list-style-type: none"> a) Leukoplakia b) Erythroplakia c) Aphthous ulcer d) Traumatic ulcer e) Dental caries 	b





<p>12) The most common benign tumor of oral cavity is:</p> <ul style="list-style-type: none"> a) Haemangioma b) Lymphangioma c) Squamous cell papilloma d) Mixed salivary gland tumor e) Fibroma 	c
<p>13) The most common malignant tumor of the oral cavity is:</p> <ul style="list-style-type: none"> a) Basal cell carcinoma b) Squamous cell carcinoma c) Melanoma d) Sarcoma e) Adenocarcinoma 	b
<p>14) Squamous cell carcinoma of the tongue spreads early due to:</p> <ul style="list-style-type: none"> a) Lack of lymphatics b) High grade, mobility, rich lymphatic drainage c) Presence of keratin pearls d) No protective mucosa e) Always ulcerative growth 	b
<p>15) Death in tongue carcinoma is often due to:</p> <ul style="list-style-type: none"> a) Pulmonary embolism b) Aspiration pneumonia and lung abscess c) Acute myocardial infarction d) Stroke e) Renal failure 	b
<p>16) Bacterial sialadenitis most commonly involves:</p> <ul style="list-style-type: none"> a) Minor salivary glands b) Submandibular glands c) Sublingual glands only d) Lacrimal glands e) Parotid glands exclusively 	b
<p>17) Which of the following is a recognized non-infective cause of cheilitis or stomatitis?</p> <ul style="list-style-type: none"> a) Herpes Simplex Virus (HSV) b) Candida albicans c) Vitamin B deficiency d) Actinomyces israeli e) Measles virus 	c





<p>18) How is <i>Candida albicans</i> best identified in a tissue sample?</p> <ul style="list-style-type: none"> a) Gram stain b) Hematoxylin and Eosin (H&E) stain c) Periodic Acid-Schiff (PAS) stain d) Ziehl-Neelsen stain e) Wright's stain 	c
<p>19) What is the hallmark microscopic feature of Actinomycosis?</p> <ul style="list-style-type: none"> a) Fibrinoid necrosis b) Non-caseating granulomas c) Sulphur granules with suppurative granulomatous inflammation d) Intraepithelial vesicles with nuclear hydropic degeneration e) Fibrin thrombi in small vessels 	c
<p>20) A chronic, solitary ulcer on the lateral edge of the tongue caused by a sharp tooth is significant because it is:</p> <ul style="list-style-type: none"> a) Always painful b) A sign of vitamin deficiency c) Precancerous d) Highly infectious e) Associated with sulphur granules 	c
<p>21) Dental caries is primarily caused by:</p> <ul style="list-style-type: none"> a) Vitamin C deficiency b) Acidity from bacterial fermentation of sugars c) Mechanical trauma from hard foods d) A genetic disorder of enamel formation e) Viral infection of the pulp 	b
<p>22) Which of the following is a major risk factor for developing squamous cell carcinoma of the oral cavity?</p> <ul style="list-style-type: none"> a) High calcium intake b) Chronic irritation from smoking and alcohol c) Vitamin D supplementation d) Allergic reactions to food e) Frequent use of mouthwash 	b





<p>23) A patient presents with a white patch on the oral mucosa that cannot be scraped off. This description is most consistent with:</p> <ul style="list-style-type: none"> a) Oral thrush (Candidiasis) b) Leukoplakia c) Aphthous ulcer d) Herpetic stomatitis e) Erythroplakia 	b
<p>24) What is the most common site for Actinomyces infection?</p> <ul style="list-style-type: none"> a) Pulmonary (25%) b) Abdominal (15%) c) Cervicofacial (66%) d) Cardiac (5%) e) Genital (10%) 	c
<p>25) The microscopic picture of recurrent oral herpes is characterized by:</p> <ul style="list-style-type: none"> a) Sulphur granules surrounded by neutrophils b) Non-caseating granulomas c) Intraepithelial vesicles with necrotic exudate and nuclear hydropic degeneration d) Fungal hyphae in the superficial epithelium e) Marked dysplasia of squamous epithelium 	c
<p>26) A syphilitic (gummatous) ulcer on the dorsum of the tongue is considered:</p> <ul style="list-style-type: none"> a) Always benign and self-limiting b) A sign of acute primary infection c) Precancerous d) Contagious only through blood transfusion e) Easily treated with topical antifungals 	c
<p>27) Which of the following is a feature of a malignant ulcer in the oral cavity?</p> <ul style="list-style-type: none"> a) A shallow, painful base b) A white, scrapable pseudomembrane c) A raised, everted edge and indurated base d) Multiple, recurring lesions rimmed by erythema e) An undermined edge with a caseous floor 	c





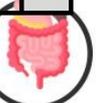
SALIVARY GLANDS

<p>1) Bacterial sialadenitis most commonly affects:</p> <ul style="list-style-type: none"> a) Sublingual gland b) Submandibular gland c) Minor salivary glands d) Lacrimal glands e) Thyroid gland 	b
<p>2) Viral sialadenitis (mumps) is transmitted mainly by:</p> <ul style="list-style-type: none"> a) Contaminated food b) Blood transfusion c) Droplet infection d) Vector bite e) Direct contact with lesions 	c
<p>3) Classical presentation of viral sialadenitis includes:</p> <ul style="list-style-type: none"> a) Unilateral painless swelling b) Bilateral painful parotid swelling with redness and hotness c) Submandibular painless swelling d) Cervical lymphadenopathy only e) Submental abscess formation 	b
<p>4) Histopathology of viral sialadenitis shows:</p> <ul style="list-style-type: none"> a) Caseating granuloma b) Oncocytic proliferation c) Edema, congested capillaries, mononuclear infiltrate d) Fibrinoid necrosis e) Neutrophilic abscess only 	c
<p>5) Complications of viral sialadenitis include all EXCEPT:</p> <ul style="list-style-type: none"> a) Orchitis b) Pancreatitis c) Meningitis d) Nephritis e) Mastitis 	d



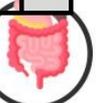


<p>6) Autoimmune sialadenitis (Sjögren's syndrome) is most common in:</p> <ul style="list-style-type: none"> a) Children under 10 years b) Young adult males c) Females aged 50–60 years d) Males above 70 years e) Both genders equally at all ages 	c
<p>7) Main clinical effects of Sjögren's disease are:</p> <ul style="list-style-type: none"> a) Xerostomia and xerophthalmia b) Bilateral parotid swelling only c) Painful lymphadenopathy d) Hyper-salivation and tearing e) Exophthalmos 	a
<p>8) Histopathology of Sjögren's disease shows:</p> <ul style="list-style-type: none"> a) Caseating granuloma b) Excess lymphocytes, degenerated acini, fibrosis c) Pure neutrophilic abscess d) Keratin pearls e) Giant cell granulomas 	b
<p>9) The most common benign salivary gland tumor is:</p> <ul style="list-style-type: none"> a) Warthin tumor b) Pleomorphic adenoma c) Oncocytoma d) Basal cell adenoma e) Cystadenoma 	b
<p>10) The commonest site of pleomorphic adenoma is:</p> <ul style="list-style-type: none"> a) Sublingual gland b) Submandibular gland c) Minor salivary glands d) Parotid gland e) Cervical lymph nodes 	d
<p>11) Grossly, pleomorphic adenoma is:</p> <ul style="list-style-type: none"> a) Lobulated with incomplete capsule b) Well-circumscribed with complete capsule c) Diffusely infiltrative only d) Flat and ulcerated e) Necrotic and hemorrhagic 	a





<p>12) Histology of pleomorphic adenoma typically shows:</p> <ul style="list-style-type: none"> a) Sheets of malignant epithelial cells only b) Fibrovascular papillae c) Mixed epithelial cells with fibrous, myxoid, or chondroid stroma d) Keratin pearls e) Lymphoid follicles 	c
<p>13) Which of the following is NOT a benign salivary gland tumor?</p> <ul style="list-style-type: none"> a) Warthin tumor b) Pleomorphic adenoma c) Oncocytoma d) Adenoid cystic carcinoma e) Basal cell adenoma 	d
<p>14) Adenoid cystic carcinoma usually arises in:</p> <ul style="list-style-type: none"> a) Parotid gland b) Minor salivary glands c) Submandibular gland only d) Sublingual gland only e) Lacrimal gland 	b
<p>15) Microscopically, adenoid cystic carcinoma shows:</p> <ul style="list-style-type: none"> a) Keratin pearls b) Malignant epithelial cells in ducts and cyst-like spaces c) Giant cell granulomas d) Caseating necrosis e) Pure squamous metaplasia 	b
<p>16) Which organism is most commonly associated with bacterial sialadenitis?</p> <ul style="list-style-type: none"> a) Candida albicans b) Escherichia coli c) Staphylococcus aureus d) Actinomyces israeli e) Pseudomonas aeruginosa 	c
<p>17) A key predisposing factor for bacterial sialadenitis is:</p> <ul style="list-style-type: none"> a) High salivary secretion rates b) Duct obstruction by stones (sialolithiasis) c) Young age d) Female gender e) High water intake 	b





<p>18) Which of the following is a serious complication of viral sialadenitis that can rarely lead to sterility?</p> <ul style="list-style-type: none"> a) Pancreatitis b) Meningitis c) Mastitis d) Orchitis e) Neuritis 	d
<p>19) The microscopic hallmark of Sjogren's syndrome in the salivary gland is:</p> <ul style="list-style-type: none"> a) Caseating granulomas b) Fibrinoid necrosis c) Excess lymphocytes and degenerated acini d) Neutrophilic abscesses e) Amyloid deposition 	c
<p>20) A major complication associated with pleomorphic adenoma is:</p> <ul style="list-style-type: none"> a) Spontaneous regression b) Malignant change c) Systemic metastasis at presentation d) Development of autoimmune disease e) Formation of calculi 	b
<p>21) Which salivary gland tumor is described as "highly malignant" and commonly spreads along nerve fibers?</p> <ul style="list-style-type: none"> a) Pleomorphic adenoma b) Warthin tumor c) Mucoepidermoid carcinoma d) Adenoid cystic carcinoma e) Acinic cell carcinoma 	d
<p>22) What is the classic clinical presentation of viral sialadenitis?</p> <ul style="list-style-type: none"> a) A slow-growing, painless nodule b) Unilateral swelling with purulent discharge c) Bilateral, painful, warm, red parotid swelling d) Dry mouth and dry eyes e) Trismus (lockjaw) 	c
<p>23) Which complication of viral sialadenitis can lead to sensorineural hearing loss?</p> <ul style="list-style-type: none"> a) Pancreatitis b) Meningitis c) Neuritis of the 8th cranial nerve d) Mastitis e) Orchitis 	c





24) The term for dry mouth resulting from autoimmune destruction of salivary glands is:

- a) Xerophthalmia
- b) Stomatitis
- c) Xerostomia
- d) Sialolithiasis
- e) Sialadenitis

c

