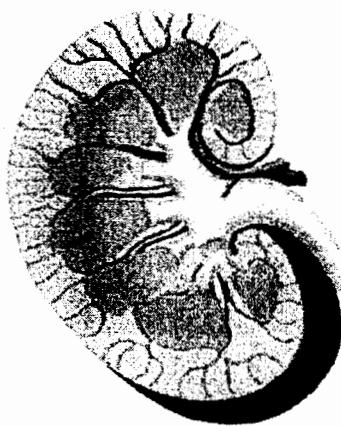
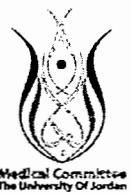


Lec #:



UROGENITAL SYSTEM

PAST PAPERS

قرش 100

DATE 4/5/2014

MID-FINAL-LAB

DOCTOR 2011

Lejan 2009/2010

بسم الله الرحمن الرحيم

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 NH₄ in urine is not affected due to:

$$PK_a = 9.2$$

(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 hypospadius
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

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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 - 5resha

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 doesn't 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

** حَسْنٌ مُّلِمٌ بِالْجَنَّةِ أَكْبَرُ يَوْمٍ يَقْرَبُ لِلْجَنَّةِ **

لِـ 2009/2010

بسم الله الرحمن الرحيم

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

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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 deafness, 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 differentiation.
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, amniotic 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

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

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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 fallopian 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:
related to HPV type 16

all true about basaloid type (poorly differentiated) 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 ductal epithelial cells

all true except:
invasive ductal carcinoma is mostly bilateral

micro dr.3sem:

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which of the following is resistant to fluconazole :

- C. albicans
- C. glabrata
- C. tropicais
- C. kruei
- none of the above

the most common cause of community acquired UTI is:

E.coli

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

- a- clamydia 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:

Raloxifene: 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

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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 against 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 Invasion 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 anteroposterior 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 بِاللهِ عَلَيْهِ تَوَكُّلُتُ وَإِلَيْهِ أُنِيبُ

Urogenital

Micro:

Fasian:

Wrong about schistosoma:

causes liver failure

Wrong about trichom vaginalis:

two nuclei & one nucleo

Wrong about Taponium:

short terminal spine & lateral

Wrong about schist.:

cercocidium infects snail mercidium

3a Gen.

Not true about chlamydia trachomatis:

PPR +ve

All true about 3° syphilis:

not Ht by Antibiotic, neurosyphilis, ...

[Answer is all of the above]

Varci:

Wrong about rubella:

Acute lytic inf...

Which virus doesn't spread mostly

by Transplacental route?

HBV

Wrong about HPV

causes latent inf...

Physio:

anal:

True statement:

C₀₂ always less than C₀₂ in urine

- More in renal A. than in urine:

(HCO₃) ✓

In vomiting of gastric contents,

choose the correct changes (in Arteries)

(↑pH), (↑HCO₃), (↑CO₂) ✓

In end stage renal failure, which

is true \Rightarrow [Hb] decreases ✓

Shabban:

- At 21 week, compared to 10 w pregnancy:
hCG ↓, all other mentioned increase

- When can we remove ovary without
risk of abortion \rightarrow But placenta formed

which of these inhibits GnRH:

testosterone

- At day 21 of menstrual cycle:

LH, FSH, inhibin \nearrow Pregesterone \uparrow estrogen ✓

Can't produce estrogens.

Leydig cells

Wrong statement: Androgen 95%, Free: X

- for LH surge: GnRH + estradiol: ✓

— True about implantation:

6 to 10 LH window.

At age 50:

↓ estrogen, follicles, AMH / ↑ FSH, LH ✓

Stimulates prolactin secretion → Suckling

Pharma:

not true combination:

Caspofungin → Hepatitis ✓

wrong statement about advantages

of Ganirelix compared to GnRH

agonist:

effects easily reversed after stopping
administration ✗

wrong combination:

Clomiphene → ovarian atrophy.

False:

FSH used for cryptorchidism -

Given once in midluteal phase

as a contraceptive; Mifepristone.

GnRH continuous used to:

↑ LH surge and .. ✗

Hypoestrogenism results in ↑ of:

endometriosis + leiomyoma

wrong:

cyclosporine decreases conc. of Caspofungin

Econazole → ② 14-demethylase ✓

Anatomy:

- Abnormal fusion of caudal part of paramesonephric ducts; leads to: uterine anomalies. ✓
- Wrong about ovaries.
can be felt on abdominal exam ✓
- 1^o oocyte found in:
all) (Gravian follicle, ...) ✓
- All from mesonephric duct except:
Appendix testis ✓

Wrong:

Foley catheter can be used in
apt. with hypospadius - II ✓

- If on x-ray there was an ^{extra} A. below renal A., choose correct statement(s):
[All of the above] ✓

if it's ligated → no vessels to a segment
↳ no mixing of blood then if
no of segmental A's of kidney decrease.

- 2n + 23 double chromosomes -

2^o spermatocytes ✓

all ✓ except :-

duffy \rightarrow P ovalue

all ✓ except :-

Circumsporozoite Protein facilitates plasmodium
binding to RBC
 \downarrow
 \rightarrow to liver.

According to Plasmodium life Cycle :

None of the above: \rightarrow جواب ايجي

Q: Falciparum all \downarrow except :-

if need Primaquine as treatment.

all of the following Methods used to decrease
decrease the incidence of Malaria except:-

Vaccination!

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

inner surface of fimbriae --> ciliated columnar epithelium
mesovarium-->squamous epithelium
ovary-->cuboidal epithelium
general peritonium-->squamous mesothelium
ovarian capsule (tunica albuginea)-->single layer of cuboidal cells(germinal epithelium)
vagina --->str.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 bowmans capsule-->simple squamous epithelium changes abruptly to cuboidal epithelium at the start of proximal convulated 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 -->str.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 :

Upper2/3 of ureter: inner L , outer C
lower1/3 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 deferns/vagina/Uterine tubes

No glands-->vagina

glands-->cervix / uterine tubes

Advenitia -->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 funtions in luteal stage-->

1-production of progesterone by granulosa cells

LH receptors are present on both theca interna & granulosa cells

FSH receptors are prensent ONLY on gransulosa 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 (l2no 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 amylasia) + papillary projections ..

Miscellaneous:

Ducts of prostate: double cuboidal or inner columnar outer cuboidal
prostatic glands, inactive: low cuboidal, active pseudo strat. columnar

(1) a

- Wrong about HPV:

malignant and benign lesions (warts)
can be caused by same types ✗

- Wrong about CMV:

Neurological symptoms are common but
not severe ✗

- Wrong about Giral infections:

Can lead to antiphospholipids and
so recurrent abortions ✓

Patho:

Fig 9

papillary serous compared to other types:

by lymphatic estrogen independent + > age + > aggressive ✓
[all of the above].

Wrong:

Salpingitis mostly due to hematogenous spread ✗

- Wrong:

Lichen sclerosus only at child bearing age ✗

Wrong: old age CCR testosterone

Invasive cancer occurs 1-2 decades

before cancer in situ ✗

- Tamoxifen can cause:

Polyposis, -- (all of the above). ✓

- I don't remember the question, but

remember that Squamous inclusion cyst
is the most common acquired cyst - ↗

most vaginal cyst

(2) C

MEIGS

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,p

4,5) ^{benign}

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 maojode 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)
Squamatization or epidermatization zone. Or Sqamous metaplastic zone.

19. All of the following cause specific cervicitis except: (sheet 2, p8)
Staph, strep, enterococcus, E-coli... (they are all non-specific).

20. Chronic cervicitis is more common than acute cervicitis. (sheet 2, 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)
Herpes 1 (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). ✓

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 deposition: proliferative GN type 2.

43. Breaks of BM: peritrophic GN.

44. NSAID's: minimal change disease.

45. Fleabitten pattern: malignant nephrosclerosis.

46. Not cause of acute pyelonephritis: glomerulonephritis.

47. Defect in von wellbrand protease: ITP.

48. Subepithelial lumps: postinfectious GN.

S.Yr.

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 9a?) ✗

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. ✓

found
ovary
uterus

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 endometriosis. ✓

46. 2.5% of Hydatidiform turn into Choriocarcinoma NOT 25%. ✓

47. Choriocarcinoma occur mostly on a background of:

Hydatidiform. ✓

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 (\uparrow 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 accumalatum:

- 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.

36
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. Endolympahtic 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. Kolioscytosis is a character of:
HPV-8. ✓ (6 & 11)
67. One of the following coz PID (pelvic inflammatory disease) &
female infertility:
Gonococcus.

$\uparrow\uparrow$ 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.

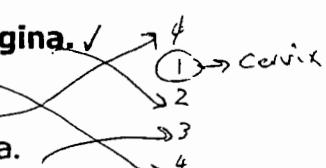
73. All the following about cervical carcinoma is true except:

- 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.

75. Candida...not sexual.



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 leimosa...jawab su2al.

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

83. Endometriosis...Most common place is ovary.
NB: ~~most common place is uterus~~

84. Most common Germ cell tumor..spermatic seminoma. → most malignant

84. Most common Germ cell tumor: spermatocytic seminoma. → testicular tumors

testicular, dysgerminoma
Yolk sac tumors, chorio carcinoma

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

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



15. The highest Fertility of females is within: **fertilization window. (after ovulation by 6-9 days)**
16. All of the following **secret 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 he following: **erthropoiesis**

Dr. 3asem Shehabi:

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

Dr. 7assan:

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

Dr. 3azmi:

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. **CMVs** 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 prognosis becomes 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 prostate cancer ... non of the above.. I2no posterior. ✓
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.... it lives in FRESH WATER SNAILS. ✓

Phys. Dr. Yanal:

1. Min. urine output: 300mL/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⁺ 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 bcoz of hormones: Anemia.
9. Creatinine → jadwal sho el Sata2 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. Ganreliz.
64. **None of the above.**
65. **None of the above.**
66. Drug inhibits 14-a-demethylase to which resistance can emerge due to mutation in ER_{g11}: Econazole.
67. Unsuitable combination: Capsofungin → 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 ureter + the kink might be caused by an accessory a. (a+c).**
6. Epididymis section: **All of the above.**
7. Testis section (positioning at 1ry spermatocyte): **undergoes the 1st miotic division.**
8. Occlusion of the ligated vessel will cause **necrosis in 4 segments.** (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 osmolality: **Structure 1 (distal convoluted tubule which is the cortical diluting 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 juxamedullary 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. Creséntric-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:

- Cortical sclerosis...chronic pyelonephritis. ✓
 - Most common cancer in renal system is Clear cell renal carcinoma. 30%.
 - Necrotizing papillitis is drug induced.
 - All immune complex except Type 3 RPGN. anti - antinucl. cytoplasmic IgG
 - All Ig deposition except Type 2 MPGN. cell - med. IgM
 - Most common breast cancer is NOS.
 - Good prognosis regarding breast cancer ... Intraductal. ✓
 - Cystic 1%...su2al 3n el nesbe. AD Polycystic 10% of chronic renal failure
 - Worst prognosis... Congenital nephritic syndrome.
 - Subendothelial deposit... Membranous proliferative GN.
 - Most common of nephrotic in adult in USA is FSG.
 - Most common cause of acute RF is Acute tubular necrosis.
 - Mast cell... Interstitial nephrotic + hunner's.
 - Most common of prostate cancer ...non of the above..!2no ✓ posterior.
 - Invariably no estrogen response..medullary cancer. ✓
 - Most common of lupus... Type 4. ✓
 - Renal cell carcinoma... painless hematuria.
 - Most prognostic fact...metastasis to lymph nodes. ✓
 - Most common breast lesion...Polycystic change.
 - Most common in children...minimal change...half of t epithelial.
 - Most common nephritic in the world...IgA nephro
GN Berger disease

NB: t2kkd mn el su2al bdo nephrotic wela nephritic+ myz ben el amrad elle nephrotic aw nephritic.

 - No antibody... MPGN 2. ✓
 - Bacteria... E-coli.
 - Diabetic nephropathy...most common cause of end stage. ✓
 - Which one is ass. with maladaptation to nephron loss...FSGS.
 - One of the following is not found in nephrotic syndrome...hematuria.
 - Which of the following has selective proteinuria...Lipoid nephrosis.
 - 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 hypospadius 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. try 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 leutium 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 Schistosomiasis 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 \rightarrow 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 continues to secrete progesterone

59) Evidence that ovulation has taken place > increased level of progesterone

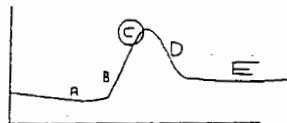
60) Concerning spermatogenesis, correct is > Sertoli cells involved in meiotic and mitotic division

61) 2nd meiosis is completed upon > Fertilization

62) After Menopause > LH ↑ FSH ↑ estrogen ↓ progesterone ↓

63) $\text{pH}=7.25$ $\text{CO}_2=45$ $\text{HCO}_3=28$ > 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: Follicle recruitment at A.
4. Implanted b/w D-E.
5. About testosterone: The wrong statement \rightarrow testis descend at scrotum in puberty. ✗
6. Dopamine inhibits prolactin secretion. ✓
7. Two are true: (inhibin, estrogen) la3'o@ ✓
8. What is false: 2nd meiosis occur every month. ✗
9. Y "chromosome" cause ??????: mullerian duct differentiation. ✓ Winer

Dr. 3zmi:

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

ADPKD (jars) ✓

invasive ductal carcinoma of breast (Jars) ✓

Micro: 3

Enterococcus spp. ✓

chromcandida 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 3al (collecting duct) ✓

(not FSH nor maturation inhibiting factor)...el so2al 3an (primary follicle unilaminar) which is related to this cell) ✓

jab 3ayyenet (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 & follistatin..✓

jab 3ayyenet (seminal vesicle)...which is wrong about it..neither A+B (A:its secretes 25 % of seminal fluid,,its 60%...B:its affected by DHT...it Testo) ✓

jab 3ayyenet (corpus luteum)-->w 7aka this needs all of the following hormones (aFSH/bLH/C:Hcg...) ...B+C ✓

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

jab so2al 3al (primary spermatocyte)...which is true:neither...its present in adluminal basement 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 (ct 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 glycogen (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 pudendal (D) ?✓

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

(X-ray 1)-->which is correct... (A+C) ...the choices about kinking (A:caused by aberrant / C:kinking is present on both side) ,,B choice was eno el enlargment 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 rasme (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 juxamedull. nephrons..., medulla more vascular than surroundings

UROgenital Questions

ALI TAOATOA

-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 > metacercane 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

- 1) One of the following used for hypertension > indopamine ✓
- 2) Potassium sparing diuretics doesn't depend on PG > amirolide ✓
- 3) Incorrect drug-adverse effect > amphotericin B- Gyncomastia
- 4) Correct drug _use > vericonazole _aspirigilllosis
- 5) All are highly keratinophilic except > Kystatin
- 6) Correct drug - Mechanism > terbinafine - inhibit sq.epoxidase ✓
- 7) One of the following drug cause stone formation in urine > Acetazolamide ✓
- 8) The correct combination > lorothiazide _hypertension ✓
- 9) thiazide and loop diuretic have the following action : hypokalemic metabolic acidosis

(i) b

: ١٥ جان

Candida → Not Sexual ✓

Condyloma wrong ; PreCancerous

wrong → Post Menopause

adenomyosis → wrong → most in Ovary

Paternal humor → not benign

most Common Cancer → Sarcomas

wrong statement → Papilloma b

جواب ✓

Cervical Preg. → No Hyperstr —

occulopend Kiemogarcoma. عصب العصب

Hyperfertility : all except : ~~infarctus~~ ~~infarctus~~

endometriosis → Most Common Place "ovary"

جواب اولاً رابعاً

virus "HPV"

Pathology

Autoimmune

Chronic infection

1. All of the following exhibit stratospheric except

1. stratospheric uniform "warming"

2. PM10

3. a. Less than $10 \mu\text{m}$ in diameter.

b. - - -

c. (c)

d. a+c

4. NOx:

5. a. acid deposition

6. VOC :-

b. volatile material.

7. material that make sulphated.

8. a. CO b. Methane \rightarrow d.(a+b)

9. Ego System :-

a. smaller than environment

b. the same meaning of environment.

(a+b)

10. death = reducing Factor.

grow = Production

11. Food Pyramid:-

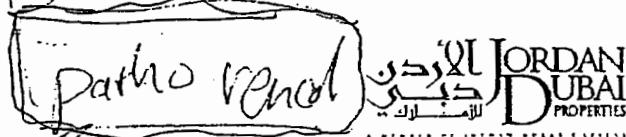
a. Normal inverted.

b. -

c. wide base + narrow base

d. (a+c)





* Selective proteinuria → Lipoid

○ Nephrosis [Minimal change disease]

* All are common causes of Acute Pyelonephritis. Excep. ~~Hyp. Renal failure is Lipoid Nephrosis~~

* Maladaptive of Nephron loss →

Focal & segmental G.S.

* Selective proteinuria →
* Not of Nephritic synd. → Hematuria

* Nuclear around it clear cell → Chromophobe

* Well branched tubular → TTP

* VHL → Clear cell carcinoma

* Present GN ^{fecal} diagnosis when > 80%

* Transitional cell carcinoma in pelvis & Bladder
→ Analgesic Nephropathy

2009

Ques.

- (1) In renal arteriogram $\rightarrow A+b$) we can see that there is no mixing in bld of Accessory A. with renal A. bld & we can see that this accessory emerges from the aorta just below the renal A.
- (2) A child born with Imperforatus we can introduce -foile's catheter to external urethral orifice. (except).
- (3) Interstitial cells of Leydig correspond to theca interna cells.
- (4) Abnormal fusion of caudal portions of müllerian ducts = anomalies of uterus.
- (5) 3rd oocyte found in: 1st follicle + 2nd follicle + Graffian follicle
- (6) All of the following are derived from the mesonephric duct except testis appendix.
- (7) Cell containing 27 double chromosomes (2N/2A),
2nd gamete.
- (8) Except: the ovary can be palpated on the abdominal wall.

July 23 \rightarrow the least conc in the urine from in the renal A. ✓

- (9) HCO_3^- (10) C_{glucose} is always less than $C_{\text{Creatinine}}$ ✓
- (11) End stage renal failure \rightarrow there will be \uparrow in: hemoglobin.
- (12) Vomiting: respiratory alkalosis: $\underline{\underline{pH}} \uparrow$, $\underline{\underline{HCO_3^-}} \uparrow$, $\underline{\underline{PaCO_2}} \uparrow$. ✓

Ans. 2

- (13) If corpus luteum has been removed at \rightarrow after fertilization then no abortion results; \uparrow 18 weeks. ✓
- (14) \uparrow prolactin secretion: by suckling.
- (15) Fertility of ♀: fertilization window. (\rightarrow after ovulation 6-9 days)
- (16) All of the following secrete estrogen except \rightarrow Leydig cells.
- (17) Table: \rightarrow (18) Table: \rightarrow (19) tables (E)
- (20) true: $\xrightarrow{\text{about implantation}}$ fertilization windows (\rightarrow 3 days before ovulation to 1 day after fertilization.)

~~11. Inhibition of GNRH secretion by:~~

(2)

(21) Inhibition of GNRH secretion by: testosterone

(22) L-H surge s. estrogen + GNRH

(23) testosterone i erythropoiesis. ✓

~~14 AS?~~ (24) All of the above.

(25) chlamidia (except) : the VPP test ✓

~~15 Q&P?~~ (26) Trichomonas vaginalis : double nuclei.

(27) liver failure, (not caused by schistosomiasis).

(28) S. Japonicum s. rudimentary terminal spine (except)

(29) except s coracidium reacted after fresh water snail. ✗

~~15 Q&P?~~ (30) (HPV): long life infections (except).

(31) Retrovirus cause lytic infection (except). ✓

(32) genital warts, malignant & premalignant lesions caused by the same V. subtypes. (except in HPV).

(33) Not transmitted transplacentally s (HBV).

(34) CMV s causes neurological symptoms but not serious.

(35) HSV s (neonatal infection).

(36) ~~congenital~~ congenital v. infections (except) s Anti-phospholipid Ab's are present in all cases resulting in loss of fetus.

~~16 Q&P?~~ (37) The most common cause of segmental sclerosis in adults, FSGS. ✓

(38) nephrocytosis s nephrophtherosis

(39) bleeding nipple s Intraductal papilloma

(40) Dilated & multifocal : B papillary cell ca. ✓

(41) lymphoplasmatic infiltrate s medullary ca.

(42) perinephric deposition s proliferative GN type II.

~~17 - 18~~ (43) Break of BM s Glomerular nephritis → crescentic

- 45) Henle-Bittern pattern: malignant nephrosclerosis. ✓
- 46) Not cause of acute pyelonephritis: Glomerulonephritis
- 47) defect in Von Willebrand factor: ITP.
- 48) Subepithelial blisters: post infections GN.
- 49) Sarcomas differs from Endometrioid tumors: → Mullerian.
- 50) f. tube (except) : infection ~~acquired~~ mostly hemogenous
- 51) about vulvovaginal region : the most common cyst is Bartholin's cyst
- 52) about gestational ds's (except) : invasive mole can be with a malignant potential more sever than choriocarcinoma.
- 53) lichen sclerosus (except) : occurs mostly during the child bearing age.
- 54) adenomyosis (except) : cyclical bleeding.
- 55) about cervix (except) : CIN is of greater risk to occur (1-1.5) decades after the carcinoma.
- 56) ~~about~~ Tumors: all of above (fibroma, endometrial polyp, endometrial hyperplasia).
- 57) true about leiomyoma: \rightarrow estrogen dependence for the maintenance of this tumor.
- 58)
- 59) calculi that cannot be seen by IVU made up of cystine uric acid ✓
- 60) sudden onset of pain in testis: torsion, ✓
- 61) due date: 22/1/2009. ✓
- 62) ovarian cycle of 35 days - ovulation occurs nearly at day no. 21, $35 - 14 = 21$

- (11)
- (63) Granrelax
- (64) None of the above.
- (65) More of the above
- (66) drug inhibits 14- α -demethylase & Econazole
to which resistance can emerge due to mutation in
Erg11
- (67) Unsuitable combination : Cyclosporin + Hepatitis
- (68) Contraceptive : microgestone
- (69) Except : ~~s~~ oxytocin given after
delivery to decrease uterine tone.
- (70) ~~(69)~~ gonadorelin given continuously in IVF only to suppress premature ovulation /
- (71) gonadorelin given continuously to suppress the
~~endometrial lining of uterus~~ ^{Lipogran & endometriosis} (at c)
- (72) Unsuitable combination : Clomiphene \rightarrow uterine atrophy
- (73)

- ~~Study~~ ① to keep corpus luteum viable after 14-16 days of 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 its outlet, the transverse diameter is larger than the antero-posterior
- ⑤ at X-ray of IVU : kink in one wter + the kink might be caused by an accessory A. (a+c)
- ⑥ ~~testes~~ Epididymis section ; All of the above
- ⑦ testis section (pointing ab try spermatocyte) undergoes the first meiotic division.
- ⑧ ~~at~~ 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 (Ant. vaginal wall) ; ~~posteriorly~~ posteriorly by perineal body.
- ⑪ the structure through which the wire is passing (body of uterus) is covered completely by serotonum + supported mainly by the transverse cervical ligament - ligation of its broad ligament from its upper free margin to its lower attached margin will disrupt the blood supply to this organ (all of the above)
- ⑫ prostate section ; this change occurs as a result of ↑ estrogen to androgen ratio in the blad.

- (13) Kidney section (showing thin segment of loop of Henle & convoluted tubule) ; (all of the above)
- (14) in the following kidney structure at which structure the ~~tubular fluid~~ is filled with 80/90% osmality ; structure 1 (distal convoluted tubule).
- (15) Section in the ovary (pointing at follicle) : its development requires both FSH & estradiol ✓
- (16) Kidney picture (pointing at the renal pyramid) ; this structure includes : collecting tubules & ducts , loop of Henle & excretory medullary nephrons & Vasa recta.
- (17) X-ray : contains : single kidney with double ureter + this person may have dribbling in consequence of single kidney with double ureter is the most common duplication anomaly (all of above)
- (18) prostate (except) ; adenoma in this organ results in 2 apertures.

- MWS
- (19) Lactose fermenter + glucose fermenter + H₂S . (all of the above)
- (20) Enterococcus.
- pathology
- (21) crescentic ; mesangial cell proliferation (except)
- (22) chronic 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 Lianyong ; the most common benign tumor of female genital tract.
- (26) Jar. of complete nose ; vesicles made up from tufts with hyaluronic acid villi chorionics
- (27) section in breast (showing fibrocytic change) ; except ; malignancy
- (28) section in skin (showing lichen scrofa) ; except ; this disease Pompholyx vitiligo other inc.

1. [Renal / Karamella - 5/5/2009]

- ① Which one is associated with maladaptation
Subject to nephron loss ; FSGS +
- ② One of the following is not found in nephrotic syndrome : Hematuria ;
- ③ The most common cause of acute renal failure : Acute tubular necrosis
- ④ Which of the following has selective proteinuria : Lipid nephrosis
- ⑤ Von willbrand gene mutation is found in : ITP.
- 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 following is associated with transitional cell carcinoma : Analgesic nephropathy
- ⑩ Which one At which stage prognosis becomes bad : when more than (80%) of glomeruli have crescents ,

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

GOOD LUCK

IN. 28/4/2009.

most common sex cord stromal tumors is -
granulosa-theca cell tumor.

syndrome is -

(a) thecoma & fibroma (resulting in ascites &
pleural effusion esp. in RT side of body).

most common germ cell tumor is - teratoma
* Benign (cystic) mature teratoma.

most common metastatic tumor of ovary is -
Krukenberg tumor (adenocarcinoma of GIT esp.
stomach).

* ill-defined projections of psammoma bodies are seen in
serous tumors but not in mucinous tumors.

psammoma bodies are seen in all papillary tumors except
brain tumors.

admekines peritonei is seen in -
mucinous tumors.

most common tissue found in monodermal teratoma
is - thyroid tissue struma ovarii.

of the following are germ cell tumors except -

a) teratoma b) dysgerminoma

c) yolk sac tumor d) choriocarcinoma

menigies tumor

little Drusy bodies are characteristic of -

yolk sac tumor (endodermal sinus tumor)

1 A major marker for yttrium sac tumor is -
a) α -fetoprotein

2 A major marker for choriocarcinoma is -
HCG

3 Cathexin bodies are characteristic of -

a) Juvenile granulosa-theca tumors.

b) Adult granulosa-theca tumors.

c) Meig's syndrome.

d) Adenoblastic tumor.

e) none of the above.

4 (A) of the following are gestational trophoblastic diseases except -
a) Hydatidiform mole.

b) invasive mole.

c) placental site trophoblastic disease.

d) choriocarcinoma.

e) teratoma.

5 The most benign type of gestational trophoblastic disease is,
Hydatidiform mole (vesicular mole).

6 The most dangerous type of gestational trophoblastic disease is
choriocarcinoma.

7 The most imp marker of

HCG

8 (A) of the following secrete HCG except -

a) vesicular mole.

b) invasive mole

c) choriocarcinoma.

d) placental site trophoblastic disease

e) none of the above

١. Candida → Not Sexual.

٢. Condyloma wrong → Precancerous.

٣. wrong → Post Menopause.

٤. adenomyosis → wrong → most in ovary

٥. Endometrial tumor → not benign.

٦. Most Common Cancer → Sorens.

٧. wrong statement → Papilloma ٦

٨. Cervical preg → No Hyperstr.

٩. anecephalic hemangioma. ~~virus~~ virus

١٠. Hyperfertility all except : ~~infectious~~ virus

١١. endometriosis → Most Common Place "ovary"

١٢. virus "infection"

١٣. Pathology

١٤. Autoimmune

١٥. ~~infection~~ "inflammation"

1 - Envolvement of lower 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. disgerminoma.

* 3 - one of the following is True about condyloma accumalatum

- a. comperment to vulva.
- b. Khiocyte 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 - endolympathic miosis significant

- a. Pillarig.
- b. lymphangiosarcoma
- c. lymphocastia
- 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. chorio carcinoma
- e. Brenner

* 6 - most common tumor of female genital tract is:

- a. serous carcinoma
- b. uterine polyps
- c. cervical polyps
- d. vaginal carcinoma
- 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 build.

8 - estrogen is cause to following except

- a - cervical carcinoma
- b - cancer fewal breast
- c - endometrial hyperplasia
- d - granulosa cell tumour
- e - endometrial carcinoma

9 - ectopic pregnancy confirm with the following except

- a - most common cause is infection
- b - most common ~~site~~ site is Fallopian tube
- c - most common outcome of un 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 - nulli parity

- 11 - hydro salpinx. is associated with one of the following:
* gonococcus
- 12 - most common vaginal cyst:
* squamous inclusion cyst
- 13 - the following are associated with endometrial cancer except:
a. systemic hypertension b. obesity c. D. M.
d. nulliparity. (e) some type of ovarian cancer.
- 14 - endoluminal stromal myosis indicates
D (e) intermediate grade endometrial stromal sarcoma.
- 15 - cervical erosion indicates:
a. endo cervical 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 following causes whitish vaginal discharge with itching:
+ trichomoniasis, vaginosis, candida, mites, etc.
- 18 - all the following cause lower F.T. infection except:
* gonococcus
- * 19 - koliocytosis is a characteristic of
* H.P.V-8, 61
- 20 - one of the following cause PID and female infertility:
* gonococcus.

21 - granulosa tumor coexists with 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:

- (*) ovarian fibroma

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

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

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

- (*) estrogen stimulation

25 - most common form of cervical cancer:

- (*) fungating. b - excavating. c - infiltrative.
d - ulcerating. e - endophytic.

26 - the carcinoma that appear earlier in life:

- (*) 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:

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

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

* Lobular

so - chocolate cyst is seen in

* endometriosis

31 - the Least aggressive Vulvar carcinoma:

a. hyperplasia related cancer.

b. HPV related carcinoma.

c. verrucous canc.

32 - the follo are T. about lichen sclerosus except

a. affect both sexes

b. coz. atrophy in vulva.

c. affect adult.

d. can occur at any site and any age

* M D 33 - Histological sign of conception:

* chorionic villi.

M D 34 - the mark of ovulation:

* sub nuclear vacuolation.

35 - which of the follo. not true;

* Lichen S. involve vulva only

36 - a - Feto prot.

* yolk sac tumor

M D 37 - most ovarian tumor:

* Fibrous cyst syndrome.

38 - ectopic pregnancy

* ascending infection.

- 41 - Cervical cancer.
④ not estrogen dependent
- 42 - all the follo. belong to some ovary category except
④ all the other was germ cell tumor except
granulosa cell tumor
- 43 - the most common cause of organisms associated w cervical carcinoma is:
④ HPV 16, > 18, > 31
- 44 - the most com. cause of tubo-ovarian abscess is:
gonococcus.
- 45 - all the follo. cause of P.I.D except:
a- gonococcus
b- streptococcus
c- staph.
d- enteric bacteria
④ herpes and fungi → they cause infection to lower G.T only.
- 46 - the most com. land mark of condyloma acuminatum is:
④ kolloctyes
- 47 - the most comm. type of vulva cancer is:
④ squamous cell carcinoma
- 48 - the worst and the most sever cancer of cancer is
④ sarcoma but tyroide or embryonal rhabdomyosarcoma.
- 49 - the most comm. cyst of vagina (either congenital or acquired)
④ squamous inclusion cyst

- ⑧ the most common site of endometriosis
 → more in ovary than uterus
- ⑨ most common site from which cervical cancer arises: → squamatization OR epidermatization zone
- ⑩ all of the following cause specific cervicitis except
 → staph, strep, enterococcus, E-coli → (non-specific)
- ⑪ chronic cervicitis more common than acute cervicitis
- ⑫ most common cervical growth or overgrowth is -
 → endocervical polyps [usually benign but always]
- ⑬ most common site of squamous intraepithelial lesion →
 [SIL]
 → CERVIX
- ⑭ most common screening test in cervical lesion → PAP and
HPV (16,18,31)
- ⑮ most common Risk factor of cervical cancer → HPV
- ⑯ all are ↑ risk of cervical cancer except: → Hormone I
- ⑰ most common cervical cancer is → squamous cell carcinoma
 usually due to HPV not estrogen
- ⑱ most common type of cervical carcinoma → funicating
- ⑲ morphological → just morning ($\frac{2}{3}$)
- ⑳ most common site of TB in FGT is → Fallopian tube
not endometrium coz it's 2nd to TB salpingitis
- ㉑ cell in chronic endometritis → plasma cell
- ㉒ Theory of endometriosis → ① regurgitation
except ② metaplasia
 ③ lymphatic spread
 ④ Direct implantation
 ⑤ Herd spread
- ㉓ chocolate cast the nature of → endometriosis.
- ㉔ coelical bleeding shows sign of → endometriosis.

- ⑤ most common type of endometrial polyp - ~~hyperplastic~~
→ hyperplastic
- ⑥ Endometrial polyp > endo cervical polyp *
- ⑦ Most common cause of endometrial hyperplasia -
→ hyperestrogenism
- ⑧ Most benign form of endometrial hyperplasia -
→ simple cystic with no atypia.
- ⑨ Most dangerous form → complex with atypia (25% Malignant)
- ⑩ All risk factor in endometrial carcinoma Except:-
→ Multiparity & pregnancy
- * note = ~~just cervical one~~ counted by Multiparity
- ⑪ Most of endometrial carcinoma are:- → adenocarcinoma *
- ⑫ all types of endometrial carcinoma spread through blood
Except → Papillary serous (Invasive type)
- ⑬ Most common tumor of FGT is ~~leiomyoma~~
→ fibroid
- ⑭ s = Piscean effect fall of tube → inflammation
- ⑮ Most common site of ectopic is → Fallopian tube
pregnancy
- ⑯ s = cause of ectopic → 1) salpingitis > 2) endometriosis
- ⑰ 25% of Hydatidiform turn into choriocarcinoma NOT 25%
choriocarcinoma
- ⑱ ~~Hydatidiform~~ occur mostly on abact ground of -
→ Hydatidiform

15 ALL of the following are non-neoplastic cysts (of) the ovaries except:

- (a) simple serous cyst of ovary.
- (b) cystic follicle & follicular cyst.
- (c) cystic corpus luteum & corpus luteal cyst.
- (d) extrinsic to ovary & para-tubal (paratovarian) cyst.
- (e) dermoid cyst (it is benign neoplastic cyst)

16 The most common type of para-tubal (paratovarian) cyst is - midline duct (paramesonephric duct) cyst or cyst of morgagni

→ Regarding tumors of the ovary:-

17 Most ovarian tumors ($\approx 80\%$) are benign.

18 The most common tumor of the ovary is:-
surface epithelial tumor ($\approx 60\%$, most common)
surface epithelial tumor is serous tumor, so most common tumor of the ovary is benign serous tumor.

19 Classification of ovarian tumors includes all EXCEPT:-
a) surface epithelial tumors
b) germ cell tumors
c) sex-cord stromal tumors
d) metastatic tumors of ovaries
e) gestational trophoblastic tumors

20 All of the following are surface epithelial tumors EXCEPT:-
a) serous tumors
b) mucinous tumors
c) endometrioid tumors
d) Brenner tumor
e) keratinizing tumors (metastatic tumor)

