

## GIT & PANCREAS PATHOLOGY MCQS:

1. A patient presents with recurrent diverticulitis. The wall of a colonic diverticulum contains
  - A: attenuated muscularis propria ✓
  - B: elongated inner circular muscle
  - C: hypertrophied mucosa
  - D: out-pouchings of the taeniae coli
2. Clostridium difficile colitis is associated with
  - A: fistula formation
  - B: foamy macrophages in the lamina propria
  - C: inflammatory pseudomembranes ✓
  - D: toxic megacolon
3. Inflammatory bowel disease is associated with
  - A: angiodysplasia of the colon
  - B: appendicitis
  - C: rheumatoid arthritis
  - D: sclerosing cholangitis ✓
4. A traveller from Melbourne is brought in from a quarantine hotel with severe watery diarrhoea. He says the meals were undercooked. The most likely infection is
  - A: Campylobacter ✓
  - B: Cholera
  - C: enteroinvasive E. coli
  - D: Shigellosis
5. Dr Marshall has ingested a probiotic brew of Helicobacter pylori. The bacteria will
  - A: enter duodenal mucosal cells and cause metaplasia
  - B: infect the superficial mucus on the surface of the gastric epithelium ✓
  - C: invade the gastric mucosa to infiltrate the lamina propria
  - D: preferentially infect cells of the gastric pits
6. Barrett oesophagus is
  - A: epithelial hyperplasia in the distal oesophagus
  - B: eosinophilic oesophagitis
  - C: intestinal metaplasia in the oesophagus ✓
  - D: radiation-induced oesophagitis
7. Haemorrhage in peptic ulcer disease is
  - A: less common than perforation
  - B: present in 20% of cases ✓
  - C: rare without chronic ulceration
  - D: the most common cause of ulcer death
8. Gastrointestinal ischaemia is most common in the
  - A: colon ✓
  - B: duodenum
  - C: jejunum
  - D: terminal ileum

9. A patient with chronic, untreated coeliac disease is likely to have defects in ALL EXCEPT
- A: digestion of carbohydrates at the brush border
  - B: intraluminal digestion of fats ✓
  - C: small intestinal absorption of nutrients and electrolytes
  - D: transepithelial absorption of intraluminal fluids
10. Causes of acute pancreatitis include
- A: hypoparathyroidism
  - B: measles
  - C: mumps ✓
  - D: thyrotoxicosis
11. A CT of a patient with recurrent abdominal pain shows a pancreatic pseudocyst. This is due to
- A: calcification of intrapancreatic ducts
  - B: congenital malformation
  - C: obstruction of the Ampulla of Vater
  - D: previous haemorrhagic fat necrosis ✓
12. Crohn disease most commonly involves this area at diagnosis
- A: jejunum
  - B: perianal fistula
  - C: sigmoid colon
  - D: terminal ileum ✓
13. Ulcerative colitis is more likely than Crohn disease to have
- A: noncaseating granulomas
  - B: proctitis ✓
  - C: skip lesions
  - D: strictures
14. In chronic pancreatitis, these cells are lost late in the disease
- A: acinar cells
  - B: adipocytes
  - C: ductal epithelial cells
  - D: islet cells ✓
15. A patient presents with 6 hours of abdominal pain. They have severe acute pancreatitis, shock and disseminated intravascular coagulation. The most likely mechanism of the extra-pancreatic complications is
- A: bacterial invasion of necrotic pancreas
  - B: direct endothelial damage by phospholipase
  - C: lipase causing fat necrosis and hypocalcaemia
  - D: trypsin activating the kinin and clotting systems ✓