

FC Path(SA) Anat Part II

THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain Reg No 1955/000003/08

Part 2 Examination for the Fellowship of the College of Pathologists of South Africa – Anatomical Pathology

1 March 2018

Paper 1

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

| 1 | a) | List the organs involved in Von Hippel-Lindau syndrome with the lesions found at autopsy. | (8) |
|---|----|--|----------------------------------|
| | b) | List the organs affected in systemic sclerosis with the corresponding macroscopic and microscopic pathological findings at autopsy. | (12) |
| | c) | Describe the gross, light microscopic and ultrastructural morphology of HIV-1 encephalomyelitis. | (5) [25] |
| 2 | a) | Regarding the diagnosis of nodular lymphocyte predominant Hodgkin disease, discuss i) The use of immunohistochemistry and its correlation with morphology and / or cell types. ii) Potential pitfalls in the interpretation of the immunohistochemistry findings. | (9) (3) |
| | b) | With reference to the molecular pathology of breast carcinoma i) List 4 histologic subtypes of low-grade breast carcinoma with triple negative molecular subtype. ii) Define equivocal HER2 FISH results and mention current recommendations pertaining to additional testing and patient management. | (2) (3) |
| | c) | Discuss the relevant diagnostic electron microscopic features in each of the following: i) Spindle squamous cell carcinoma. ii) Alveolar soft part sarcoma. iii) Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL). iv) Junctional epidermolysis bullosa. | (2) (2) (2) (2) [25] |
| 3 | a) | With reference to immunohistochemistry, briefly discuss i) Different immunohistochemical procedures and techniques. ii) Pitfalls in the interpretation, giving salient examples. | (6) (9) |

(3 hours)

| b) | Tabulate the salient histological features for distinguishing benign pancreas tissue from low-grade pancreatic adenocarcinoma in cryostat/frozen sections stained with routine hematoxylin and eosin stain. | (10) [25] |
|----|---|-------------------|
| a) | Write short notes on Listeria monocytogenes under the following headings i) Type of bacteria and how infection is acquired. ii) Pathology seen in adult population. iii) Possible pregnancy-related complications and pathological findings that can be seen in the placenta and fetus respectively. | (2) (3) (5) |
| b) | Write short notes on the mechanism of action of P57 ^{kip2} and the use of immunostains in the diagnosis of molar pregnancy. | (2) |
| c) | Write short notes on the molecular alterations found in embryonal and alveolar rhabdomyosarcoma respectively. | (5) |
| d) | Write critical notes on the use of UroVysion [™] (or equivalent molecular tests, FDA approved) in urine cytology. | (4) |
| e) | Write short notes on the microscopic pathology, electron microscopy and immunofluorescence of C1q nephropathy and mention the most important condition in the differential diagnosis. | (4) [25] |



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2 March 2018

Paper 2

retinoblastoma.

(3 hours)

(10)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

| 1 | a) | Describe the microscopic morphology of serrated colonic lesions. | (13) |
|---|----|---|----------------------------------|
| | b) | Define different histologic categories of neuroblastic tumours according to the classification of the International Neuroblastoma Pathology Committee of 1999. | (12) [25] |
| 2 | a) | Write notes on NUT midline carcinoma under the following headings i) Clinical features. ii) Diagnostic criteria with reference to morphology and immunohistochemistry. iii) Molecular genetics. | (2) (4) (3) |
| | b) | Discuss the macro- and microscopic pathology of mycetoma. | (8) |
| | c) | Discuss necrotizing sialadenitis under the following headings i) Clinical features. ii) Pathogenesis. iii) Histopathological features and differential diagnosis. iv) Ancillary tests that may be helpful to confirm the diagnosis. | (2) (1) (4) (1) [25] |
| 3 | a) | Write notes on aggressive osteoblastoma under the following subheadings i) Microscopic features that assist in distinguishing it from ordinary osteoblastoma. ii) Radiographic features that assist in distinguishing it from ordinary osteoblastoma. | (2) (1) |
| | b) | Write notes on Nora's lesion (bizarre parosteal osteochondromatous proliferation) under the following subheadings i) Epidemiology. ii) Microscopy. iii) List six lesions that can microscopically mimic this lesion. | (2) (2) (3) |
| | c) | Discuss the microscopic features that have a bearing on prognosis, which you will include in the surgical pathology report of an exenteration specimen for a | |

| d) | Write notes on the histomorphological (3.5) and immunohistochemical (1.5) features used to distinguish benign small lymphocytic aggregates from lymphoma in a trephine bone marrow biopsy. | (5) [25] |
|----|--|-------------------|
| a) | Write short notes on renal artery stenosis under the following headings i) Epidemiology, etiology and clinical presentation/features. ii) Potential pathological (macro- and microscopic) findings found in the above resected or autopsy kidney specimen(s). Include findings that may be specific for a particular cause of the renal arterial stenosis. | (3) (9) |
| b) | Tabulate the differences between spermatocytic seminoma and classic seminoma, with reference to i) Clinical features. ii) Microscopic features. iii) Immunohistochemistry. | (2) (3) (2) |
| c) | Write short notes on melanotic neuroectodermal tumour (Retinal Anlage Tumour), including epidemiology (0.5), site(s) (1), macroscopic features (1), microscopic features (1.5), immunohistochemistry (1) and prognosis (1). | (6) |

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(6) [25]