(10)[20]



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

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

Part II Examination for the Fellowship of the College of Pathologists of South Africa - Oral

21 August 2014

Paper 1 (3 hours) 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) Give a critical appraisal of the malignant variants of ameloblastoma as included in the 2005 WHO Classification of odontogenic carcinomas. b) Briefly discuss the histological differential diagnoses you would consider in a case of central granular cell odontogenic tumour (CGCOT) with specific reference to the immune histochemical and morphological features that would help you differentiate between these lesions. (10)[20] 2 On the basis of recent literature, classify virus-related nasopharyngeal carcinomas, a) explain how you would diagnose these lesions with specific reference to special investigations as well as the possible clinical significance of such a classification. (10) Give an overview on the pathology and pathogenesis of adenosquamous cell b) carcinoma of the head and neck. (10)[20] 3 Explain the clinical and radiographic features of juvenile ossifying fibromas of the a) craniofacial skeleton with brief reference to the role of GNAS gene mutations in its pathogenesis. b) Give a brief overview on the aetiology, pathogenesis and histological features of osteonecrosis of the jaw bones. (10)[20] 4 Give an overview on the morphological features and pathogenesis of lymphoepithelial a) sialadenitis and its histologic, immunophenotypic and genotypic continuum to extranodal marginal zone B-cell lymphoma. (10)Briefly discuss the role of immunohistochemical markers for B-cell lineage in the b) (10)diagnosis of high-grade B-cell lymphomas of post-germinal cell phenotype. [20] 5 a) Give an overview on the principles, advantages and disadvantages of direct immunofluorescence with specific reference to its use in the diagnosis of oral mucosa vesiculo-bullous and ulcerative diseases. (10)b) Benign lymph node inclusions may result in considerable diagnostic confusion in the setting of patients with neoplastic disease. Define this phenomenon and give a brief

overview of lymph node inclusions that might occur in the cervical (neck) nodes with

reference to the possible origin thereof.



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain Reg No 1955/00003/08

Part II Examination for the Fellowship of the College of Pathologists of South Africa - Oral

22 August 2014

Paper	2	(3 hours)
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 histological and immunocytochemical features of and discuss the differential diagnosis of cribriform adenocarcinoma of the tongue and minor salivary glands. (10)
	b)	Describe the recent advances in knowledge in translocations and resultant fusion products in salivary gland tumours. (10) [20]
2	a) b)	Describe the biology of HPV infection of the head and neck. (10) Provide an update on the aetiology of chronic periodontitis and write an appraisal on its relationship with metabolic, cardiovascular and pulmonary disorders. (10) [20]
3	a)	Write a review on the current concepts and principles of grading of soft tissue sarcomas. (10)
	b)	Discuss the clinicopathological spectrum of paediatric fibroblastic and myofibroblastic lesions of the head and neck. (10) [20]
4	a)	Describe the useful and challenging applications of Fine Needle Aspiration cytology to diagnose cystic lesions of the neck. (10)
	b)	Briefly discuss the clinical features, pathogenesis and differential diagnosis of sclerosing polycystic adenosis of salivary glands. (10) [20]
5	a)	Discuss the molecular pathology of oral lichen planus and its putative malignant potential. (10)
	b)	Write an overview of the key elements constituting a good (oral) pathology laboratory. (10) [20]