

## ***GIT, Essay Quest., previous year exams***

- **Anatomy:**

- 1- Give the embryological origin of:
  - a. The median umbilical ligament.
  - b. Meckel's diverticulum.
- 2- Discuss the development and anomalies of the stomach.
- 3- Mention the relations and arterial supply of the pancreas.
- 4- Discuss:
  - Origin, course and branches of the superior mesenteric artery.
  - Boundaries and contents of the inguinal canal.
  - Attachments, relations and nerve supply of psoas major.
- 5- Mention the surface anatomy of the gall bladder fundus.
- 6- Give an account on:
  - Epiploic foramen.
  - Attachments and contents of the mesentery of small intestine.
  - Lumbar plexus.
  - Sensory supply of anterior abdominal wall above the umbilicus.
  - Components of the conjoint tendon.
  - Origin of the arteries of the lesser curvature of the stomach.
- 7- Mention:
  - The anterior relations of the epiploic foramen.
  - Characteristic features of the large intestine.
  - Structures forming posterior wall of inguinal canal.
- 8- Name two main vessels lying posterior to the 1st part duodenum.
- 9- Which part of the peritoneal sac separates the stomach from its bed? Name the main big vessel in the stomach bed.
- 10- Where does the common bile duct open?
- 11- Name the muscles forming the lateral wall of the ischiorectal fossa.
- 12- Name and give the origin of arteries supplying the duodenum.
- 13- Name the branches of the inferior mesenteric artery and tributaries of the portal vein.
- 14- Give the origin and insertion of the quadratus lumborum muscle.
- 15- Name the nerves related to the medial border of psoas major.
- 16- Give the vertebral level of:

- *Aorta bifurcation.*
- *Pylorus of the stomach.*
- *Beginning of IVC.*
- *Superior mesenteric artery.*

17- *Name the veins establishing a porto-systemic anastomosis half way down the anal canal.*

18- *Describe the blood supply of the large intestine.*

19- *Mention the formations and contents of the rectus sheath.*

20- *Give short account on :*

- *Stomach bed.*
- *1st part of the duodenum.*
- *Relations of the head of pancreas.*
- *Origin, course and tributaries of portal vein.*
- *Portosystemic anastomosis.*
- *Position, relations and blood supply of the stomach.*
- *Abdominal aorta (beginning, termination and paired branches)*

21- *Describe the blood supply of the rectum.*

22- *Write short account on the ischiorectal fossa (boundaries and content).*

23- *Concerning the portal circulation, all are correct except:*

- a. *The portal vein lies behind the hepatic artery and common bile duct.*
- b. *The portal vein is formed by joining inferior mesenteric vein and splenic vein.*
- c. *The portal vein drains all abdominal part of GIT except lower part anal canal.*
- d. *The bare area of the liver is a site of porto-systemic anastomosis.*

24- *Describe the site, relations and nerve supply of the sublingual gland. Give the site of opening of its ducts.*

25- *Give the action and nerve supply of the medial pterygoid muscle.*

26- *Describe the anatomy of the tongue (muscles, nerve supply, blood supply and lymphatic drainage)*

27- *Describe the beginning, end and parts of the maxillary artery. Enumerate its branches.*

- 28- Discuss the course of the parasympathetic nerve supply from the brain stem to:
- Submandibular gland.
  - Parotid gland.
- 29- Discuss the surfaces, relations and nerve supply of the submandibular gland.
- 30- Loss of sensation from the temporal region and loss of secretory function of the parotid gland would be caused by injury of which nerve?
- Auriculotemporal.
  - Chorda tympani.
  - Fascial.
  - Great auricular.
- 31- Complete:
- The nerve related to the submandibular duct.....
  - The stylopharyngeus muscle is supplied by..... While salpingopharyngeus is supplied by .....
  - The nerve supply to anterior belly digastric.....
  - The constrictor muscles of the pharynx receive their nerve supply from .....
  - The predominant muscle most associated with mandible retraction is .....
  - The duodenum is developed from ..... and .....
- 32- Describe the anatomy of the soft palate (muscles, nerve supply)
- 33- The following structures are related to the posteromedial surface of the parotid gland except:
- a. Medial pterygoid.
  - b. Posterior belly digastric.
  - c. Mastoid process.
  - d. Sternomastoid.
- 34- Mention the sensory supply of the soft palate.
- 35- Enumerate the structures passing through the parotid gland.
- 36- Discuss:

- *Peritoneal ligaments of the liver.*
- *Relations of the visceral surface of the liver.*
- *Relations of caecum.*

- **Histology:**

1. *Give a brief account with an illustrated diagram of a mixed salivary acinus.*
2. *Mention five different histological features between a filiform and a circumvallate papilla.*
3. *Tabulate the differences between the mucosa of the stomach fundus and that of the ileum.*
4. *Draw a labeled histological diagram of a transverse section of the parotid gland.*
5. *Mention the characteristic features of the submandibular gland.*
6. *Describe the histological features of the space of Disse.*
7. *Describe the histological features increasing the absorptive surface area of different parts of the small intestine and how does it adapt to that function.*
8. *Give an account on: liver acinus.*
9. *Draw a labeled diagram of an EM picture of HCl producing cell.*
10. *Give an account on the exocrine portion of the pancreas.*
11. *Tabulate the histological differences between ileum and appendix.*
12. *Enumerate different types of cells lining the fundic glands and mention the function of each.*
13. *Tabulate the histological differences between the oesophagus and duodenum.*
14. *Tabulate the differences between the major 3 salivary glands.*
15. *Compare between the duct system of the parotid gland and the pancreas.*
16. *Tabulate the points of differences between mucous and serous acini of salivary glands.*
17. *Tabulate the difference between stomach fundus and pylorus.*
18. *Draw a labeled histological diagram of a section in the lip*
19. *Mention the histological changes at the gastro-esophageal junction.*

- **Physiology:**

1. *Describe the types of intestinal movements.*
2. *Explain the factors affecting intestinal absorption.*
3. *Discuss the regulation of exocrine pancreatic secretion.*
4. *Explain the function of saliva.*
5. *Discuss the hormonal regulation of gastric secretion.*
6. *Discuss phases of deglutition and its nervous pathway.*
7. *Mention the function of bile salts.*
8. *Describe the formation of HCL and its functions.*

- **Pathology:**

1. *Enumerate the causes of hematemesis and describe the pathology of the most common one.*
2. *Give an account on:*
  - *Ulcers of the tongue.*
  - *Chronic peptic ulcer.*
  - *Dysphagia.*
3. *Enumerate types of cirrhosis and describe the pathology of the most common one.*
4. *Enumerate types of gall stones and discuss their predisposing factors and complications.*
5. *Compare between:*
  - *Type A and B chronic gastritis.*
  - *Crohn's disease and ulcerative colitis.*
  - *Acute and chronic viral hepatitis regarding etiology, serology, microscopic features and fate.*
  - *Peptic ulcer and malignant ulcer regarding sites, gross and microscopic features, etiology and complications.*
6. *Discuss etiology and complications of peritonitis.*
7. *Enumerate ulcers of the small intestine and give the pathology of the commonest one.*
8. *Enumerate causes of portal hypertension and discuss its clinical effects.*
9. *Discuss colonic carcinoma regarding etiology, gross and microscopic features, grading, staging and prognosis.*
10. *Enumerate causes of acute intestinal obstruction.*
11. *Give an account on:*

- *Pleomorphic adenoma of salivary gland.*
  - *Ulcers of the large intestine.*
  - *Types and complications of gall bladder stones.*
  - *Ulcerative colitis (gross features and complications).*
12. *Mention complications of colonic diverticulosis.*
  13. *Discuss types and causes of bleeding per rectum.*
  14. *Discuss the pathology of:*
    - *Oesophageal carcinoma (predisposing factors and morphology).*
    - *Non-neoplastic polypi of the large intestine.*
    - *Hepatic failure (causes and manifestations).*
    - *Chronic cholecystitis as regards types, morphology and complications.*
  15. *Discuss the etiology and morphology of HCC.*

#### • **Pharmacology:**

1. *Mention the side effects and drug interactions of antacids.*
2. *Give an example for the first line regimen used for helicobacter pylori eradication and mention its efficacy and disadvantages.*
3. *Write short notes on omeprazole.*
4. *Give examples for combination therapy of antiemetics.*
5. *Name an antiemetic used during pregnancy and its mechanism of action.*
6. *For peptic ulcer treatment of a patient with hepatic impairment, which is preferred, ranitidine or cimetidine? Explain why.*
7. *Define cytoprotectives. Classify them according to the mechanism of action and give one side effect of one of them.*

#### • **Microbiology:**

1. *Give an account on:*
  - *Diseases caused by coxsackie B virus.*
  - *Serological profile of hepatitis A virus infection.*
  - *Bacteriological diagnosis of a typhoid carrier.*
  - *Vaccination for poliomyelitis.*
2. *Mention the mode of transmission of hepatitis B virus and its lab diagnosis.*
3. *Discuss the lab diagnosis of a case of cholera.*

4. *Discuss the lab diagnosis of Helicobacter pylori infection in a patient with chronic gastritis.*
5. *Write what you know about:*
  - *Prozone phenomenon.*
  - *Polio vaccines.*
6. *Discuss briefly E.coli diarrhoeae.*
7. *Discuss the different clinical syndromes caused by Cocksakie viruses.*
8. *As regards enterobacteriaceae, mention the factors that should be considered in the interpretation of the Widal test.*
9. *Describe the dane particle. Draw and label the serological profile of hepatitis B virus infection.*
10. *Enumerate clinically important vibrios and the disease they produce.*
11. *List the names of bacteria that cause toxin mediated food poisoning.*
12. *A 50-year old man has diffuse gastritis and a peptic ulcer on endoscopic examination. A biopsy specimen was obtained.*
  - a) *What is the bacteria most likely to be seen in the histopathologic exam of this biopsy?*
  - b) *What are the other methods performed using this specimen to confirm the diagnosis?*
  - c) *What are the main virulence factors for this organism?*
  - d) *Write briefly about the urea breath test.*
13. *Give an account on the importance of detection of the following hepatitis A markers:*
  - *IgM anti HAV*
  - *IgG anti HAV*
  - *HAV antigen in stools.*
14. *Discuss the non invasive methods to diagnose a case of helicobacter pylori.*
15. *Define the structural properties of HDV. Explain why it can't replicate on its own.*
16. *Outline the rapid tests used to diagnose cholera in epidemics.*
17. *What is the significance of the detection of:*
  - *Anti HCV*
  - *Anti HBe*
  - *HBeAg in case of chronic HBV*

- **Parasitology:**

1. Give one word for the following:

- A technique used to detect the larvae of *Anklystoma* and *Strongoloides* in the soil.
- A disease caused by the larval stage of *Taenia solium*.

2. T/F:

- The infective oocyst of *Cryptosporidium* has a double wall and 8 sporozoites.

3. Give the reason for:

- Intestinal amebiasis can cause dangerous complications.

4. Differentiate between different types of cercariae.

5. Mention the parasite causing the following manifestation and state the infective stage and drug of choice:

- Rectal prolapsed.
- Steatorrhea.
- Nocturnal perianal itching.
- Frothy pale diarrhea (lentil soup).

6. State the uses of enterotest.

7. Where can you find: coracidium of *diphylobothrium latum*.

8. A patient with an acute onset of fever and stabbing right hypochondral pain showed on examination a muddy complexion, an enlarged tender liver and right intercostals edema.

a) What is the possible parasitic cause?

b) Mention the method of diagnosis.

c) Mention the infective stage.

d) Mention the drug of choice.

9. Mention the parasite with the following characteristics in their life cycle. Describe the infective stage.

- Two important nematodes with larval migration in the lung.
- A trematode maturing in the portal tract.

10. Mention the role of the following in causing or transmitting disease to man:



- *Pigs.*

11. Give two important differences between:

- Life cycle of *Ascaris lumbricoides* and *enterobius vermicularis*.
- True and false fascioliasis.

12. Mention the medical importance of *Pirenella conica* and *Lymnea* snail.

13. Give reasons:

- Cyst of *Entamoeba histolytica* is not found in the stools of patients with acute amoebic dysentery.
- Egg of *Enterobius* is rarely found in stool.
- *Isospora belli* is dangerous in immunocompromised patients.
- Appendicitis may occur in *Ascaris lumbricoides* infection.

14. Mention two uses for mebendazole.

15. Differentiate between:

- The diagnostic stages of *Cryptosporidium* and *Isospora* in fresh fecal samples.
- Anemia caused by *Diphylobothrium latum* and *Ankylostoma duodenale*.
- *Capillaria hepatica* and *taenia solium* as regards habitat, infective stage and mode of infection.
- Two cestode segments that can be detected in human stools as regards diagnostic morphology and intermediate host.

16. Mention the parasitic stages responsible for:

- Löffler's syndrome.
- Swimmer's itch.
- Muscle pain 3 weeks after eating pork meat.

17. Describe the stages found in the stool samples taken from:

- Diarrhea caused by *Giardia lamblia*.
- Dysentery caused by *Balantidium coli*.
- *Strongyloides stercoralis* infection.