

**Case #1** A 60 y/o male presents with a history of chronic diarrhea. Colonoscopy was performed with no significant findings. Random biopsies were obtained, which are shown for this case. Based on these findings, what is the best diagnosis?

- A. Lymphocytic colitis
- B. Collagenous colitis
- C. Brainerd diarrhea
- D. Ulcerative colitis
- E. Crohn's disease

**Question #1** All of the following are characteristic of lymphocytic colitis, EXCEPT:

- A. Surface epithelial damage
- B. Association with use of ranitidine
- C. Thickened basement membrane
- D. Lamina propria plasmacytosis
- E. Association with celiac disease

**Question #2** All of the following are true about collagenous colitis, EXCEPT:

- A. Women outnumber men, 2:1
- B. The collagen often entraps small capillaries
- C. Distal colon biopsies may appear normal
- D. Increased intraepithelial lymphocytes should always be present
- E. Paneth cell metaplasia may indicate treatment resistance

**Case #2** A 40 y/o female undergoes an EGD. Multiple nodules are noted in the stomach. Based on the images shown, what is the best diagnosis?

- A. Menetrier's disease
- B. Juvenile polyp
- C. Hyperplastic polyp
- D. Fundic gland polyp
- E. Adenoma

**Question #3** Which of the following are true about gastric foveolar polyps?

- A. Typically occur in the antrum
- B. Are associated with an increased risk of carcinoma
- C. Do not have intestinal metaplasia
- D. Often have chronic inflammation
- E. Prominent cystic change

**Question #4** Fundic gland polyps are associated with all of the following EXCEPT:

- A. Familial adenomatous polyposis (FAP)
- B. Proton pump inhibitor therapy
- C. Adenomatous polyposis coli (APC) gene mutations
- D. Female gender
- E. H. pylori infection

**Case #3** A 64 y/o male presents with chronic weight loss that is significant and unwanted. Chest X-ray and CT scans show infiltrates and a possible mass. The patient has no known history of immune suppression or steroid use. An EGD was performed due to difficulty swallowing and showed a 5cm stricture. This area was biopsied, and representative images are shown. Based on the findings, what is the best diagnosis?

- A. Poorly differentiated adenocarcinoma
- B. Squamous cell carcinoma
- C. MAI infection
- D. Invasive fungal infection
- E. TB infection

**Case #4** A 36 y/o Mongolian woman presents with disseminated nodule on the peritoneum during an exploratory laporatomy. She has a past history of “stomach cancer” 10 years earlier. Representative images of the histology, including special stains, are shown. What is the best diagnosis?

- A. Poorly differentiated adenocarcinoma
- B. Gastrointestinal Stromal Tumor (GIST)
- C. Melanoma
- D. Epithelioid hemangioendothelioma
- E. Leiomyosarcoma

**Case #5** A 60 y/o man undergoes colonoscopy, and is noted to have a “nodular” mucosal surface. Multiple biopsies are performed, and representative images and stains are shown. Based on the findings, what is the best diagnosis?

- A. CLL/SLL
- B. Mantle cell lymphoma
- C. Marginal zone lymphoma
- D. Diffuse large B-cell lymphoma
- E. Atypical reactive lymphoid hyperplasia

**Question #4** In the images for the previous case, which of the following FISH studies would most likely be positive?

- A. t(11;14)
- B. t(14;18)
- C. t(8;14)
- D. t(2;5)

**Notes for question set:**<sup>1</sup>

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<sup>1</sup> PathMD strives for the highest quality and accuracy. However, the *PathMD: Board Review Letter* is for review purposes and not meant for clinical decision making. It should not be used in place of review of primary reference texts and the current medical literature. If inaccuracies are identified, please notify us so that a correction may be published. (info@PathMD.com)