Semester I – General Pathology

1	ABSCESS	Localized collections of pus caused by suppuration buried in a tissue, an organ, or a confined space.
2	ADENOCARCINOMA	Malignant tumor of glandular epithelium.
3	ADENOMA	Benign tumor of glandular epithelium.
4	ADHESION	Adhesions are fibrous bands of scar tissue that form between internal organs and tissues, joining them together abnormally.
5	AGENESIS	Complete absence of an organ or is anlage.
6	AMYLOIDOSIS	Disorder characterized by the extracellular deposits of proteins that are prone to aggregate and form insoluble fibrils.
7	ANAPLASIA	Dedifferentiation, or loss of structural and functional differentiation of malignant tumors.
8	ANEURYSM	Congenital or acquired dilations of blood vessels or the heart.
9	APLASIA	Incomplete development of an organ or its anlage.
10	APOPTOSIS	Pathway of cell death in which cells activate enzymes that degrade the cells' own nuclear DNA and nuclear and cytoplasmic proteins.
11	ARTERIOSCLEROSIS	Hardening of the arteries, arterial wall thickening and loss of elasticity.
12	ARTERITIS	Arterial wall inflammation.
13	ASCITES	Extravascular fluid collection (effusion) in the peritoneal cavity.
14	ATELECTASIS	Loss of lung volume caused by inadequate expansion of air spaces.
15	ATHEROSCLEROSIS	Characterized by intimal lesions called atheromas (or atheromatous or atherosclerotic plaques) that impinge on the vascular lumen and can rupture to cause sudden occlusion.
16	ATRESIA	Absence of an opening, usually of a hollow visceral organ or duct.
17	ATROPHY	Shrinkage in the size of cells by the loss of cell substance.
18	ATYPIA	Structural abnormality in a cell due to reactive or neoplastic processes

19	AUTOLYSIS	Enzymatic digestion of cells (especially dead or degenerate) by enzymes present within them (autogenous).
20	BALANITIS	Local inflammation of the glans penis.
21	BIOPSY	Process involving extraction of sample cells or tissues for examination to determine the presence or extent of a disease.
22	CARCINOGENESIS	Multistep process resulting from the accumulation of multiple genetic alterations that collectively give rise to the transformed phenotype causing malignant neoplasms.
23	CARCINOID	Malignant tumors composed of cells that contain dense-core neurosecretory granules in there cytoplasm, may secrete hormonally active polypeptides. Applied only in lung tumor classification of neuroendocrine tumors.
24	CARCINOMA	Malignant neoplasms of epithelial cells.
25	CARCINOMA, in situ	Severe dysplastic changes which involve the entire thickness of the epithelium.
26	CARCINOMA, microinvasive	Superficially invasive epithelial neoplasm, invasion detected only microscopically.
27	COARCTATION	Congenital narrowing or constriction of the aorta
28	CONDYLOMA	HPV associated warty lesion of the genital squamous epithelium.
29	CONGESTION	Passive process resulting from impaired outflow of venous blood from a tissue, causing increased blood volume within the tissue.
30	CYST	An abnormal closed epithelium-lined cavity in the body, containing liquid or semisolid material.
31	DEGENERATION	Gradual deterioration of specific tissues, cells, or organs with corresponding impairment or loss of function.
32	DERMATITIS	Inflammation of the skin.
33	DESMOPLASIA	Tumor induced stromal reaction characterized by collagen rich connective tissue.
34	DIVERTICULUM	Acquired pseudodiverticular outpouchings of the colonic mucosa and submucosa.
35	DYSPLASIA	Disorderly proliferation of the epithelium recognized by a loss in the uniformity of individual cells and in their architectural orientation.
36	DYSTROPHY	Abnormal development or growth of a tissue or organ, usually resulting from nutritional deficiency.
37	ECTASIA	Any local dilation of a structure.

38	ECTOPIA	An abnormal location or position of an organ or a body part, occurring congenitally or as the result of injury.
39	EDEMA	Accumulation of interstitial fluid within tissues.
40	EMBOLUS	Detached intravascular solid, liquid, or gaseous mass that is carried by the blood from its point of origin to a distant site, where it often causes tissue dysfunction or infarction.
41	EMPHYSEMA	Permanent enlargement of the air spaces distal to the terminal bronchioles, accompanied by destruction of their walls without significant fibrosis.
42	EMPYEMA	pleural exudate caused by microbial invasion through either direct extension of a pulmonary infection or bloodborne seeding
43	ENDOCARDITIS	Inflammation of the endocardium, which may be infective or non-infective of origin.
44	ENDOPHYTIC	Tending to grow inward into tissues in fingerlike projections from a superficial site of origin — used for tumors
45	EPITHELIOID CELL	Activated macrophages which may develop abundant cytoplasm and begin to resemble epithelial cells
46	EROSION	The superficial destruction of a surface by friction, pressure, ulceration, or trauma.
47	EXOPHYTIC	A neoplasm or lesion that grows outward from an epithelial surface.
48	EXUDATE	Protein-rich fluid accumulation
49	FIBROSIS	Excessive deposition of collagen and other ECM components in a tissue.
50	FISTULA	A permanent abnormal passageway between two organs in the body or between an organ and the exterior of the body.
51	GRADE	Level of malignancy based on the cytological differentiation of tumor cells and the number of mitoses within the tumor.
52	GRANULATION TISSUE	Material formed in the process of repair of wounds of soft tissue, consisting of connective tissue cells and ingrowing young vessels.
53	GRANULOMA	Aggregates of activated macrophages with scattered lymphocytes.
54	HAMARTOMA	A mass of disorganized tissue indigenous to the particular site.
55	HEMATOMA	Hemorrhage accumulating within a tissue.
56	HEMOPERICARDIUM	Hemorrhage within the pericardial cavity.

57	HEMOTHORAX	Hemorrhage within the pleural cavity.
58	HERNIATION	Abnormal protrusion of an organ or other body structure through a defect or natural opening in a covering membrane, muscle, or bone.
59	HETEROTOPIA	Or choristoma refers to microscopically normal cells or tissues that are present in abnormal locations.
60	HYALINE	A clear, eosinophilic, homogeneous substance occurring in cellular degeneration.
61	HYDROTHORAX	Extravascular fluid collection (effusion) in the pleural cavity.
62	HYPERCHROMASIA	An increase in chromatin in cell nuclei, causing increased staining of nuclei with hematoxylin.
63	HYPERPLASIA	Hyperplasia is an increase in the number of cells in an organ that stems from increased proliferation, either of differentiated cells or, in some instances, less differentiated progenitor cells.
64	HYPERTROPHY	Hypertrophy is an increase in the size of cells resulting in an increase in the size of the organ.
65	INFARCTION, anemic	Area of ischemic necrosis caused by occlusion of the vascular supply to the affected tissue.
66	INFARCTION, hemorrhagic	Area of ischemic necrosis caused by occlusion of the vascular supply to the affected tissue and consequential bleeding (dual or collateral blood supply, venous occlusion, reestablished flow after infarction).
67	INFLAMMATION, acute fibrinous	Initial, rapid response to infections and tissue damage with fibrin-rich exudate (due to large vascular leaks or local procoagulant stimulus)
68	INFLAMMATION, acute hemorrhagic	Initial, rapid response to infections and tissue damage with capillary endothelial destruction and consequent bleeding.
69	INFLAMMATION, acute purulent	Initial, rapid response to infections and tissue damage characterized by the production of pus (exudate of neutrophils, liquefied debris of necrotic cells and edema fluid).
70	INFLAMMATION, acute serous	Initial, rapid response to infections and tissue damage marked by exudation of cell-poor fluid.
71	INFLAMMATION, chronic active	Pattern of chronic mucosal inflammation mixed with acute inflammation of the glands.
72	INFLAMMATION, chronic non-specific	Prolonged host response (weeks or months) to persistent stimuli that may follow unresolved acute inflammation or be chronic from the onset (cells: lymphocytes, plasma cells).

73	INFLAMMATION, chronic granulomatous	Form of chronic inflammation characterized by collections of activated macrophages, often with T lymphocytes and sometimes associated with central necrosis (granuloma formation).
74	INVASION	Invasion refers to the direct extension and penetration by cancer cells into neighboring tissues.
75	INVOLUTION	Reduction of volume of an organ or tissue (similarly to atrophy) due to physiological processes (e.g. thymus)
76	KARYOLYSIS	Form of nuclear destruction: fading.
77	KARYORRHEXIS	Form of nuclear destruction: fragmentation.
78	KOILOCYTE	HPV infected squamous epithelial cell characterized by nuclear irregularity, hyperchromasia and perinuclear halo.
79	LITHIASIS	Formation of calculi (stones).
80	LYMPHOMA	Malignant tumor of the lymphoid tissue.
81	MASTITIS	Inflammation of the breast.
82	MELANOMA	Malignant tumor of melanocytes.
83	METAPLASIA	Change in which one adult cell type (epithelial or mesenchymal) is replaced by another adult cell type.
84	METASTASIS	Spread of a tumor to sites that are physically discontinuous with the primary tumor and unequivocally marks a tumor as malignant.
85	NECROSIS	Form of cell death in which cellular membranes fall apart, and cellular enzymes leak out and ultimately digest the cell.
86	NEOPLASM	Tissue growth due to abnormal and uncontrolled cell proliferation.
87	ONCOGENE	Genes that induce a transformed phenotype when expressed in cells by promoting increased cell growth.
88	ORCHITIS	Inflammation of the testis.
89	PAPILLOMA	Benign epithelial neoplasms, growing on any surface, that produce microscopic or macroscopic fingerlike fronds.
90	PETECHIAE	Minute (1 to 2 mm in diameter) hemorrhages into skin, mucous membranes, or serosal surfaces.
91	PHLEBITIS	Inflammation of a vein.

92	PHLEBOTHROMBOSIS	Venous thrombosis.
93	PHLEGMON	Diffuse form of acute purulent inflammation, spreading through tissue spaces over a large area without definite limits.
94	PLEOMORPHISM (POLYMORHISM)	Variation of size and shape of cells, usually characteristic for malignant neoplasms.
95	PNEUMONIA	Inflammation of the lung.
96	PNEUMOTHORAX	Air in the thoracic cavity.
97	POLYP	Mass that projects above a mucosal surface.
98	PROCTITIS	Inflammation of the rectum
99	PSEUDOCYST	Liquefied areas of necrotic tissue become walled off by fibrous tissue to form a cystic space, lacking an epithelial lining.
100	PSEUDOMEMBRANE	Adherent layer of inflammatory cells and debris at sites of mucosal injury.
101	PUSTULE	Discrete, pus-filled, raised lesion.
102	PYKNOSIS	Form of nuclear destruction: shrinkage.
103	PYOTHORAX	Pus in the thoracic cavity.
104	RECURRENCE	Neoplasm growing at the same place of previously treated primary tumor.
105	REGENERATION	Replacement of damaged tissue components and essentially return to a normal state.
106	RELAPSE	Return of a disease after its apparent cessation.
107	REMISSION	Partial or complete disappearance of a chronic or a malignant disease.
108	REPAIR	Regeneration by proliferation of residual (uninjured) cells and maturation of tissue stem cells, and the deposition of connective tissue to form a scar.
109	RESOLUTION	Restoration of the site of acute inflammation to normal.
110	SALPINGO-OOPHORITIS	Inflammation of the adnex (ovary and tube).

111	SARCOMA	Malignant neoplasm of mesenchymal origin.
112	SHOCK	A state in which diminished cardiac output or reduced effective circulating blood volume impairs tissue perfusion and leads to cellular hypoxia.
113	STASIS	Stagnation of fluid due to obstruction and congestion.
114	HEPATIC STEATOSIS	Fatty degeneration of the liver.
115	STENOSIS	Narrowing of a lumen.
116	SUPPURATION	Formation of pus.
117	TERATOMA	Germ cell neoplasia that contains ecto- endo and mesodermal tissues.
118	THROMBUS	The formation or presence of a blood clot in a blood vessel.
119	TRANSUDATE	Fluid with low protein content, little or no cellular material, and low specific gravity (protein content: <3g/l).
120	TUMOR SUPRESSOR GENE	Genes that normally prevent uncontrolled growth and, when mutated or lost from a cell, allow the transformed phenotype to develop.
121	ULCER	Local defect, or excavation, of the surface of an organ or tissue that is produced by the sloughing (shedding) of inflamed necrotic tissue.

122	TROUSSEAU SIGN	Migratory thrombophlebitis occurring in tumor patients. It is attributable to the elaboration of platelet-aggregating factors and pro-coagulants from the tumor cells.
123	TUMORS ASSOCIATED WITH EPSTEIN-BARR VIRUS	Nasopharyngeal carcinoma (lympho-epithelioma), Burkitt's lymphoma, Hodgkin's lymphoma, some B-cell lymphomas.
124	SUPERIOR VENA CAVA SYNDROME	Venous congestion on the superior extremities and head caused by compression of the vein, most commonly due to lung or mediastinal tumors.
125	MOST COMMON LOCALIZATION OF EWING'S SARCOMA	Middle region of long tubular bones.
126	EXAMPLES FOR OPTIONAL AND AN OBLIGATORY PRECANCEROUS CONDITION	Facultative: squamous cell metaplasia of the bronchi Obligatory: cervical dysplasia
127	WHAT IS PARANEOPLASIA? LIST A FEW TYPICAL EXAMPLES!	Symptom complexes that occur in patients with cancer and that cannot be readily explained by local or distant spread of the tumor, nor to the secretion of hormones indigenous to the tissue the tumor is derived from. Trousseau-thrombophlebitis, acromegaly, marantic endocarditis, Cushing-syndrome, DIC, hypercalcemia.
128	HISTOLOGICAL FEATURES OF MALIGNANCY IN MESENCHYMAL TUMORS	Cellular atypia, necrosis, increased mitotic count.
129	CARCINOMA	Malignant epthelial tumor.
130	WHICH TYPES OF VASCULITIS AFFECT THE SMALL AND MIDDLE SIZED ARTERIES?	Buerger's disease, Polyarteritis nodosa, Wegener-granulomatosis (granulomatosis with polyangitis), Churg-Strauss disease (eosinophilia and granulomatosis with polyangitis).
131	COMPLICATIONS OF ARTERIOSCLEROSIS	Aneurysm formation, ischaemic injury of organs, embolism, thrombosis.
132	DRESSLER SYNDROME	An autoimmune phenomenon that can occur after myocardial infarction and manifests 2-3 weeks later as pericarditis and a pericardial effusion.
133	RUPTURE OF THE HEART FOLLOWING A MYOCARDIAL INFARCTION OCCURS MOST LIKELY:	2-10 days after infarction.
134	FORMS OF STERILE (NON-INFECTIOUS) ENDOCARDITIS:	Marantic endocarditis, endocarditis associated with carcinoid-syndrome.

135	VIRUS THAT MAY CONTRIBUTE IN THE DEVELOPMENT OF SQUAMOUS CELL CARCINOMA IN THE HEAD & NECK REGION:	Human papilloma virus (HPV).
136	EXAMPLES FOR BENIGN AND MALIGNANT SALIVARY GLAND TUMORS!	Benign: pleomorphic adenoma, basal cell adenoma, Whartin tumor Mucoepidermoid carcinoma, acinic cell carcinoma, adenoid cystic carcinoma, myoepithelial carcinoma
137	MOST COMMON SITE OF REGIONAL METASTASIS IN ORAL SQUAMOUS CELL CARCINOMA:	Cervical lymph nodes.
138	PANCOAST TUMOR	Locally disseminated, malignant tumor in the apex of the lung.
139	METHOD USED FOR THE DETECTION OF MYCOBACTERIA	PCR, cultivation, Ziehl-Neelsen stain.
140	ETIOLOGICAL FACTOR OF MESOTHELIOMAS:	Asbestos.
141	WHICH LUNG TUMOR TYPE PRODUCES COMMONLY HORMONES?	Small cell carcinoma.
142	THE TWO MOST COMMONLY AFFECTED ORGANS IN PRIMARY TUBERCULOSIS:	Lung, small bowel.
143	INFECTIOUS DISEASE THAT MAY CAUSE ORCHITIS:	Mumps.
144	WHAT DOES CONGO-RED STAINING DETECT?	Amyloid.
145	TECHNIC OF CERVICAL CANCER SCREENING:	Exfoliative cytology.
146	ELEMENTS OF THE TUBERCULOTIC GHON'S COMPLEX:	Primary tuberculotic nodule – lymphangitis – lymphadenitis.
147	IN WHICH DISEASE DOES CONDYLOMA LATUM OCCUR?	Syphilis.

148	WHAT IS CONDYLOMA ACUMINATUM?	Venereal wart most commonly caused by HPV 6 and 11 serotypes.
149	MECKEL'S DIVERTICULUM OCCURS IN:	Ileum.
150	BARETT'S OESOPAGUS	Intestinal metaplasia with goblet cells presenting at least 1 cm orally to the gastro-esophageal junction. Precancerous condition.
151	BUDD-CHIARI-SYNDROME	Thrombosis of the hepatic veins.
152	CAROLI DISEASE	Congenital disorder comprising of multifocal cystic dilatation of segmental intrahepatic bile ducts.
153	HEPATORENAL SYNDROME	Renal failure in patients with severe liver disease in the absence of morphological change of the kidneys.
154	VIRCHOW'S LYMPH NODE	Metastatic supraclavicular lymph node. The most common primary tumor is gastric adenocarcinoma.
155	LIST THE FEATURES OF ULCERATIVE COLITIS!	Inflammatory bowel disease, beginning in the rectum, affecting only the colon Continous inflammation affecting only the mucosa and submucosa with broad based ulcers Bowel wall becomes thin Extraintestinal symptoms
156	WHICH LIVER DISEASE IS COMMONLY ASSOCIATED WITH ULCERATIVE COLITIS?	Primary sclerosing cholangitis.
157	LIST THE FEATURES OF CROHN'S DISEASE!	Inflammatory bowel disease affecting the whole GI tract Segmental inflammation Inflammation in all layers of the bowel wall, with granuloma formation and deep fissural ulcers Fissures and fistules common Thickening of the bowel wall, stricture of the lumen Extraintestinal symptoms
158	HIRSCHPRUNG'S DISEASE	Bowel motility disorder caused by the abscence of ganglion cells in the myenteric plexus.
159	ACHALASIA	Incomplete relaxation of the lower esophageal sphincter with increased sphincter tone and aperistaltis of the esophagus.

160	INFECTIVE AGENT THAT MAY CONTRIBUTE IN THE DEVELOPMENT OF GASTRIC AND DUODENAL ULCERS?	Helicobacter pylori.
161	CIRRHOSIS	Diffuse transformation of the liver into regenerative parenchymal nodules surrounded by fibrous bands, end stage of chronic liver disease.
162	TWO MAIN FORMS OF ACUTE PANCREATITIS	Acute interstitial pancreatitis, acute hemorrhagic necrotising pancreatitis.
163	HOW IS IT POSSIBLE TO DISTINGUISH BETWEEN FOLLICULAR ADENOMA AND FOLLICULAR CARCINOMA?	Whith the complete surgical removal of the lesion, and thorough histological examination of the capsule in search for capsular or vascular invasion which is diagnostic for follicular carcinoma.
164	HISTOLOGICAL AND CLINICOPATHOLOGICAL FEATURES OF PAPILLARY CARCINOMA OF THE THYROID:	Grooves, intranuclear cytoplasmic inclusions, crowding of nuclei, ground-glass (Orphan Annie) nuclei, Psammoma bodies, papillary and/or follicular structures. It rarely gives metastasis, if yes, lymphogenic metastasis to the cervical lymph nodes.
165	MOST COMMON ORIGIN OF PANCREAS CARCINOMA:	Ductus epithelium.
166	PATHOGENESIS OF GRAVES' DISEASE	Thyroid stimulating anti-TSH receptor autoantibodies.
167	WHAT DETERMINES THE GRADE OF NEUROENDOCRINE TUMORS?	The mitotic rate and the ki-67 proliferation index.
168	HASHIMOTO'S DISEASE	Autoimmune lymphocytic thyroiditis.
169	TYPICAL SYMPTOMS FOR NEPHRITIS SYNDROME:	Hypertension, proteinuria, macroscopic hematuria, azotemia.
170	TYPICAL SYMPTOMS FOR NEPHROSIS SYNDROME:	Hyperlipidemia, proteinuria (>3,5g/day), hypoalbuminemia and generalized edema.
171	WHICH TWO CARCINOMA TYPES INFILTRATE COMMONLY TO MAJOR VEINS?	Hepatocellular carcinoma, clear cell carcinoma of the kidney.
172	CHRONIC RENAL FAILURE MIGHT CAUSE HYPERPLASIA OF WHICH ORGAN?	Parathyroid gland.

173	GLEASON GRADE	A grading system used in prostate adenocarcinomas to determine the differentiation of the tumor. It is based on the glandular formation of the tumor cells.
174	PRIMARY LOCALIZATION OF LYMPHOGENOUS METASTASES IN MALIGNANT TESTICULAR TUMORS:	Paraaortic lymph nodes.
175	HISTOLOGICAL TYPES OF GERM CELL NEOPLASMS OF THE TESTIS	Seminoma, embryonal carcinoma, yolk sac tumor, teratoma, choriocarcinoma, spermatocytic tumor.
176	NECESSARY TISSUE SAMPLING METHOD IN CASE OF SUSPICION OF PROSTATE CANCER:	Transrectal core needle biopsy.
177	ENDOMETRIOSIS	Presence of endometrial glands and stroma outside the uterus.
178	HSIL	High grade squamous intraepithelial lesion, epithelial proliferation caused by high risk HPV infection, a precancerous condition.
179	KRUKENBERG TUMOR	Ovarian metastasis of a mucinous carcinoma. The primary tumor site may be for example the gastrointestinal tract, pancreas.
180	MEIGS' SYNDROME	Ovarial fibrothecoma associated hydrothorax.
181	DISEASE OF WHICH CELL TYPE IS HYDATIDIFORM MOLE?	Trophoblast cells.
182	PAGET-DISEASE OF THE BREAST	In situ carcinoma spreading into the epidermis of the nipple.
183	PROGNOSTIC AND PREDICTIVE FACTORS OF BREAST CARCINOMA	Histologic type, grade, stage Estrogen-, progesteron-, and Her2 receptor status, Ki-67 proliferation index
184	MOST COMMON BENIGN TUMOR OF THE BREAST	Fibroadenoma.
185	THE CLONAL PROLIFERATION OF WHICH CELLS ARE DETECTED IN MULTIPLE MYELOMA?	Plasma cells.
186	REED-STERNBERG CELL	Binucleate tumor cell with large, inclusion type nucleoli typical for Hodgkin's disease.

187	MALT LYMPHOMA (WITH EXAMPLES)	Lymphoma arising in the mucosa associated lymphoid tissue stomach, small intestine, tonsils, thyroid gland, conjunctiva, bronchus
188	LIST ONCOGENIC VIRUSES (WHICH PLAY A ROLE IN THE PATHOGENESIS OF MALIGNANT TUMORS)!	EBV: Burkitt's lymphoma, nasopharyngeal carcinoma, HHV-8: Kapos sarcoma, HCV/HBV: hepatocellular carcinoma, HPV: anogenital squamous cell carcinoma, oropharyngeal carcinoma, HTLV-1: adult T-cell lymphoma/leukemia.
189	THE TWO MOST COMMON LOCALIZATIONS OF EXTRAMEDULLARY HEMATOPOIESIS	Liver, spleen.
190	WHAT IS MERKEL-CELL CARCINOMA, AND WHERE DOES IT ARISE?	Neuroendocrine tumor of the Merkel-cells in the skin.
191	WHERE DOES OSTEOSARCOMA ARISE MOST COMMONLY?	Metaphysis of long cortical bones, mainly distal femur and proximal tibia
192	MULTIPLE SCLEROSIS	Autoimmune demyelinating disorder of the central nerve system which is characterized by recurring episodes of disease activity with production of white matter lesions.
193	SCHWANNOMA	Tumor of the peripheral nerves.
194	MOST COMMON LOCALIZATION OF INTRACRANIAL BACTERIAL INFECTION:	Leptomeninx.
195	BRESLOW'S DEPTH	Thickness (mm) of skin melanoma measured from the granular layer of the epidermis.
196	CAUSE OF COMMON WART	Human papilloma virus (HPV).
197	IMPETIGO	Superficial purulent inflammation of the skin.
198	TOPHUS IS CHARACTERISTIC FOR:	Gout
199	TYPICAL SITE OF LACUNAR INFARCTS OCCUR:	Basal ganglia the thalamus.
200	TYPICAL SYMPTOMS OF CYSTIC FIBROSIS:	Meconium ileus, recurring and chronic pneumonia, bronchiectasis, cor pulmonale, pancreas insufficiency.

201	GASTROSCHISIS	A birth defect in which abdominal viscera protrude through the incomplete abdominal wall.