

HEPATOBIILIARY

For the following clinical scenario, which one is the single most likely diagnosis?

A three year old girl presents with a right upper quadrant mass. There is no history of liver disease. The ultrasound scan shows two heterogenous liver lesions in the right lobe with low signal on the Doppler. Total bilirubin is 75 $\mu\text{mol/L}$.

- A. Alagille's syndrome
- B. Ascariasis
- C. Biliary rhabdomyosarcoma
- D. Caroli's syndrome
- E. Focal nodular hyperplasia of liver
- F. Gallstones
- G. Hepatic haemangioma
- H. Hepatic inflammatory pseudotumour
- I. Hepatoblastoma
- J. Hepatocellular carcinoma
- K. Mesenchymal hamartoma
- L. Pancreatoblastoma
- M. Spontaneous perforation of bile duct
- N. Stage IV neuroblastoma

HEPATOBIILIARY

For the following clinical scenario, which one is the single most likely diagnosis?

A 14 year old girl with a large (diameter 20 cm) tumour in the left lobe. She is otherwise well with normal liver biochemistry. The CT scan suggests a homogenous appearance with a central scar.

- A. Alagille's syndrome
- B. Ascariasis
- C. Biliary rhabdomyosarcoma
- D. Caroli's syndrome
- E. Focal nodular hyperplasia of liver
- F. Gallstones
- G. Hepatic haemangioma
- H. Hepatic inflammatory pseudotumour
- I. Hepatoblastoma
- J. Hepatocellular carcinoma
- K. Mesenchymal hamartoma
- L. Pancreatoblastoma
- M. Spontaneous perforation of bile duct
- N. Stage IV neuroblastoma

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For the following clinical scenario, which one is the single most likely diagnosis?

An eight year old girl has a history of biliary atresia treated by a Kasai operation. A small mass (~2 cm) is identified within the right lobe on routine liver ultrasonography. The parenchyma shows an otherwise finely heterogeneous pattern. Alpha-feto-protein is elevated at 95,000 IU/L. Total bilirubin is 30 $\mu\text{mol/L}$.

- A. Alagille's syndrome
- B. Ascariasis
- C. Biliary rhabdomyosarcoma
- D. Caroli's syndrome
- E. Focal nodular hyperplasia of liver
- F. Gallstones
- G. Hepatic haemangioma
- H. Hepatic inflammatory pseudotumour
- I. Hepatoblastoma
- J. Hepatocellular carcinoma
- K. Mesenchymal hamartoma
- L. Pancreatoblastoma
- M. Spontaneous perforation of bile duct
- N. Stage IV neuroblastoma

PATHOLOGY / HISTOLOGY

Which one of the histological patterns would best fit the following clinical presentation.

A 10 year old diabetic with failure to thrive.

- A. Acute inflammatory cells and crypt abscess formation with eruption and loss of villi
- B. Acute inflammatory cells and microabscess around crypt of Lieberkuhn
- C. Columnar and squamous epithelium with intestinal metaplasia
- D. Eosinophilic infiltration around columnar epithelium
- E. Flattening and shortening and variable absence of villi
- F. Giant cells in granuloma formation with caseation
- G. Mesenchymal spindle cells and tubules
- H. Multinuclear giant cells in granuloma formation with no caseation
- I. Presence of small round cells in the rosette formation
- J. Smooth muscle infiltration into lamina propria with fibrous obliteration
- K. Squamous and cuboidal cells

PATHOLOGY / HISTOLOGY

Which one of the histological patterns would best fit the following clinical presentation.

A three year old presents with abdominal mass and aniridia.

- A. Acute inflammatory cells and crypt abscess formation with eruption and loss of villi
- B. Acute inflammatory cells and microabscess around crypt of Lieberkuhn
- C. Columnar and squamous epithelium with intestinal metaplasia
- D. Eosinophilic infiltration around columnar epithelium
- E. Flattening and shortening and variable absence of villi
- F. Giant cells in granuloma formation with caseation
- G. Mesenchymal spindle cells and tubules
- H. Multinuclear giant cells in granuloma formation with no caseation
- I. Presence of small round cells in the rosette formation
- J. Smooth muscle infiltration into lamina propria with fibrous obliteration
- K. Squamous and cuboidal cells

PATHOLOGY / HISTOLOGY

Which one of the histological patterns would best fit the following clinical presentation.

A three year old with an intrathoracic mass and erosion of the 5th rib on chest X-ray.

- A. Acute inflammatory cells and crypt abscess formation with eruption and loss of villi
- B. Acute inflammatory cells and microabscess around crypt of Lieberkuhn
- C. Columnar and squamous epithelium with intestinal metaplasia
- D. Eosinophilic infiltration around columnar epithelium
- E. Flattening and shortening and variable absence of villi
- F. Giant cells in granuloma formation with caseation
- G. Mesenchymal spindle cells and tubules
- H. Multinuclear giant cells in granuloma formation with no caseation
- I. Presence of small round cells in the rosette formation
- J. Smooth muscle infiltration into lamina propria with fibrous obliteration
- K. Squamous and cuboidal cells