

## Helpful tips for Path- 1 students (Exam guidelines)

### **Problem Area No 2 - Clinical Vignette**

(I discussed Problem 1 – Visuals in an earlier file)

A well written and structured ‘clinical vignette’ will have relevant information enabling a motivated student to choose single right response from among the options provided.

During the introductory class on 9<sup>th</sup> of January 2008, four brief clinical vignettes were discussed in the class. Go through them again and you will notice the changes in each one of them.

Today, let us move forward and learn more

A vignette may have more than one sub-questions

Here are two clinical vignettes from ‘General Pathology’. Do note that the contents of the vignette cover age, gender, clinical presentation and so on

#### **Clinical Vignette – 1 (Questions 1– 2)**

A 45 year old male has vomiting and excruciating pain abdomen after a bout of alcoholic binge. He is admitted to the ER and the resident makes a provisional diagnosis of acute pancreatitis.

1. The expected change in his pancreas is:

- A – Steatosis
- B – Enzymatic fat necrosis
- C – Formation of Mallory bodies
- D – Gangrenous necrosis
- E – Metastatic calcification

2. If damage to his pancreas persists, a pathologic change that is known to develop subsequently is:

- A – Microvesicular fatty change
- B – Formation of Mallory bodies
- C – Macrovesicular fatty change
- D – Caseous necrosis
- E – Dystrophic calcification

*(To figure out the right response, you need to study material on page 22 and 41)*

**Clinical Vignette – 2 (Questions 3 - 5)**

A 40 year old male alcoholic has severe pain abdomen and O/E has a palpable liver. The surface appears nodular. A liver biopsy is taken and sent to the pathologist.

3. The liver biopsy is most likely to show one of the combinations from below:

- A – Microvesicular fatty change and Councilman body
- B – Councilman body and Mallory body
- C – Macrovesicular fatty change and dystrophic calcification
- D – Steatosis and Mallory bodies
- E – Inflamed portal tract and Councilman body

4. The nodularity is most likely due to the development of:

- A – Alcoholic Hepatitis
- B – Inflamed Pancreas
- C – Steatosis
- D – Cirrhosis
- E – Dystrophic calcification

5. Accumulation of intermediate filaments in the hepatocyte cytoplasm is known as:

- A – Russel body
- B – Councilman body
- C – Alcoholic hyaline
- D – Mallory Weis syndrome
- E – Microvesicular steatosis

*(To figure out the right response, you need to study material on page 34, 35 and 36)*

**Good Luck!**