

Pathology CVS-lab

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Revision for Pathology practical questions CVS Pathology Lab -2021

Warning A

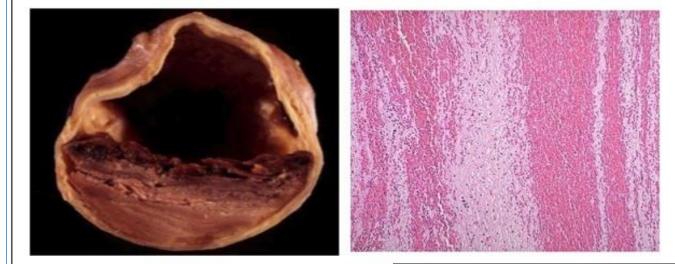
The questions could be clinical scenarios or basic questions and the options could be identifying or answering a question after identifying the picture and the process

You only need to study this file for the practical pathology questions

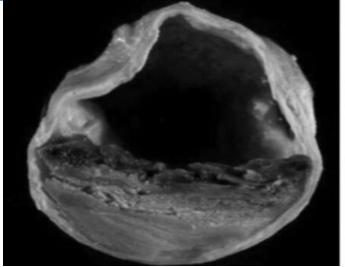


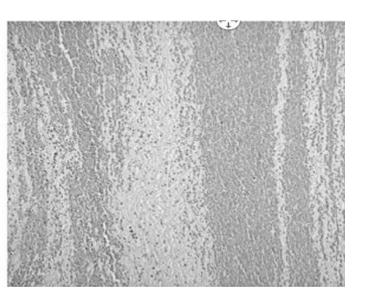
تفضل طال عمرك

Lines of Zhan



Found in antemortem thrombosis





Lymphedema

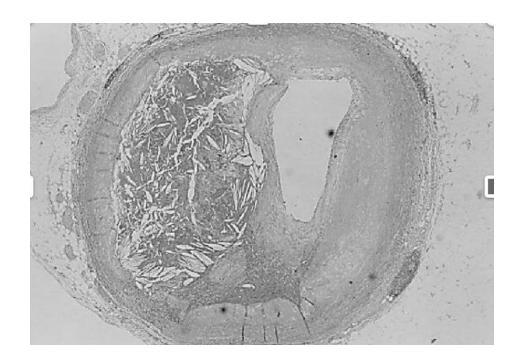
There are 2 types of lymphedemas: primary and secondary

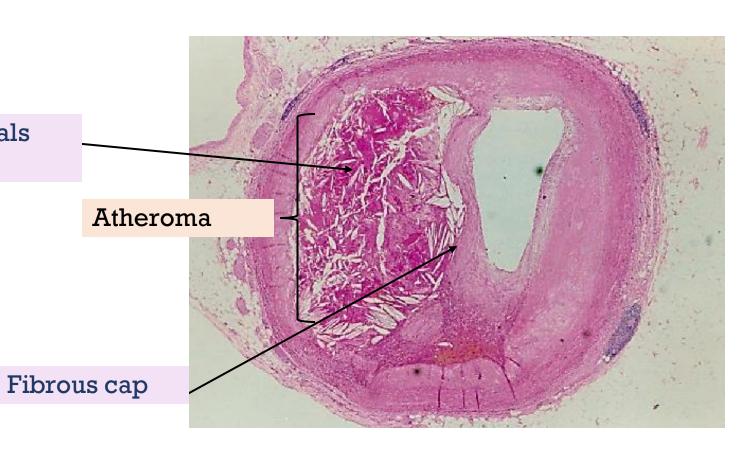
Secondary lymphedema is due to obstruction (cancer, radiation fibrosis, filariasis (infection))



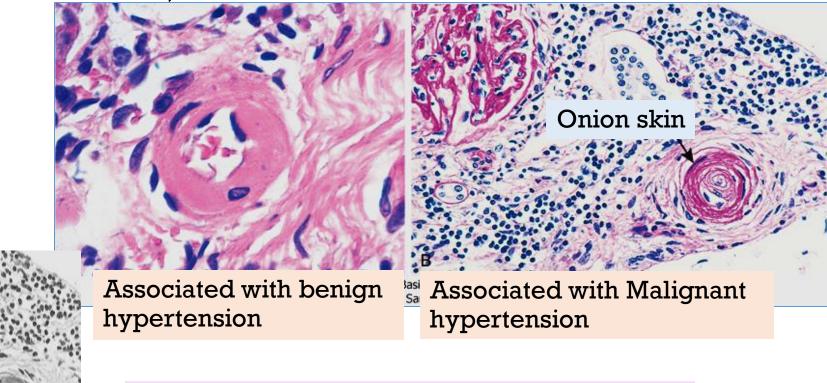
Atherosclerosis

Cholesterol crystals (Necrotic core)





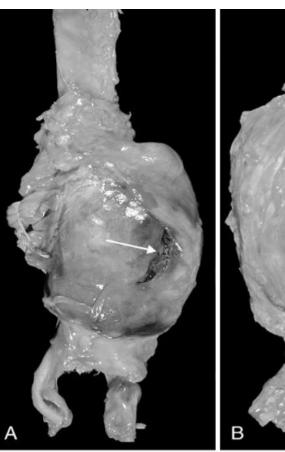
Arteriolosclerosis: hyaline and hyperplastic

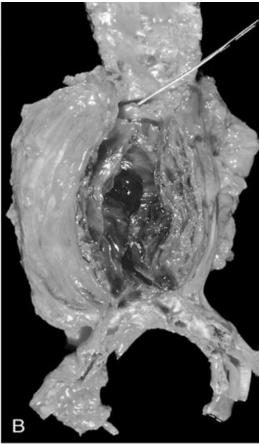


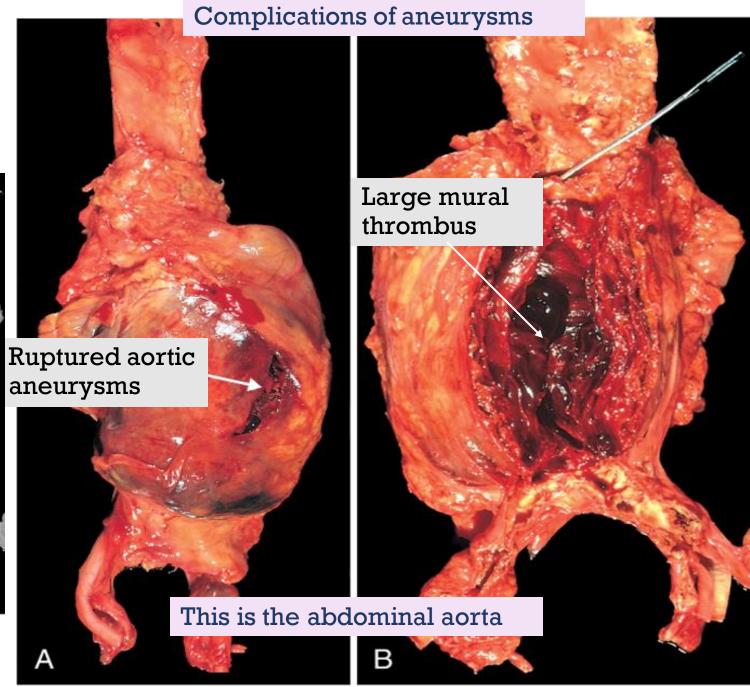
There are small arterioles >> arteriosclerosis

Aneurysms

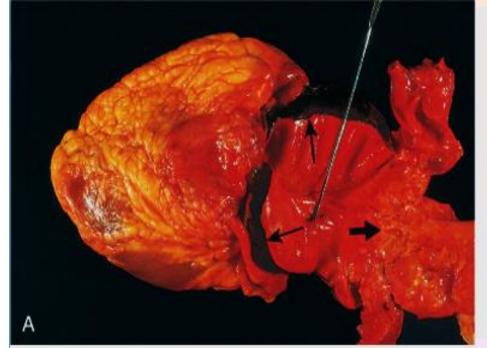
Aortic aneurysms

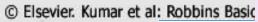






Aortic dissection







Collection of blood (dissed blood)

pic of aorta



A major percipitating factor for dissection is hypertension

Stains elastic

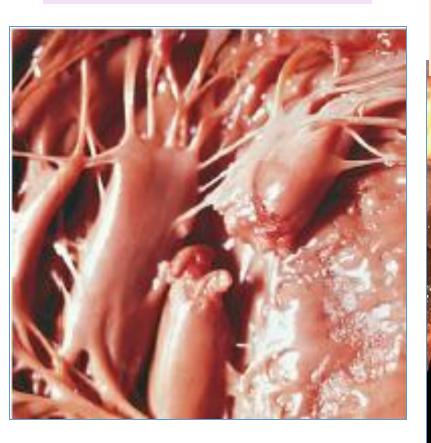
fibers in black



Final part

Complications of acute myocardial infarction

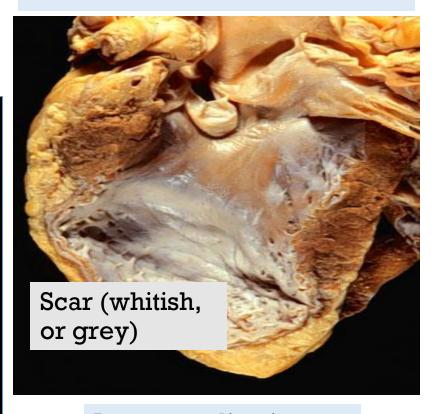
Ruptured papillary muscle (a complication of acute MI). If this happens to the mitral valve, it will lead to regurgitation



Transmural defect of the wall. (rupture of the free wall of the ventricle), this will cause the exit of blood from the heart and the collection of that blood in the pericardium causing cardiac tamponade which can be fatal



Ventricular aneurysm, the ventricle is very thin, weak and can't contract as the ordinary myocardium so it will lead to ventricular dilation

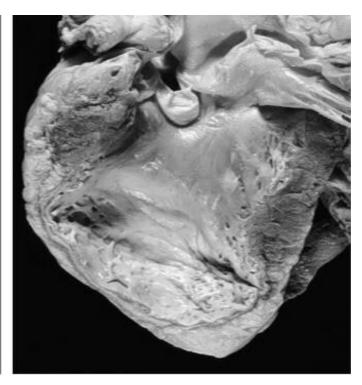


Late complication, we need at least 6 weeks to have a scar

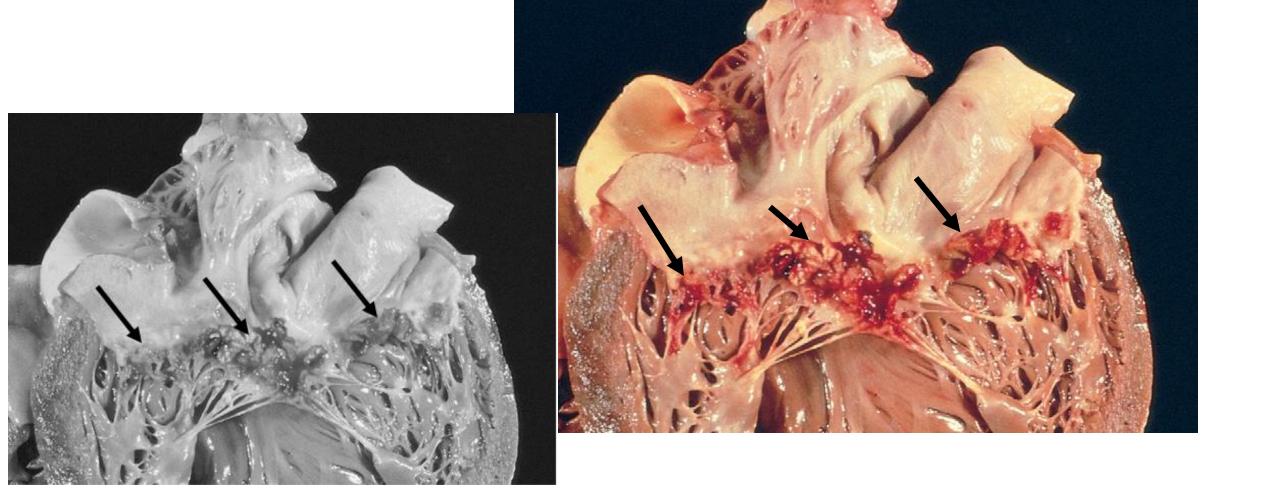
Complications of acute myocardial infarction





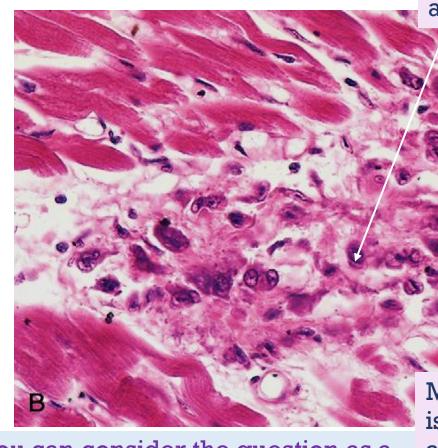


Infective endocarditis: vegetations



Acute rheumatic fever: Aschoff bodies





Someone asked the dr during the lecture (you can consider the question as a revision of the theory part)

Q: How to distinguish between the vegetations of infective endocarditis and the vegetations of rheumatic fever?

You are not supposed to do that in the practical part. you need to remember the vegetations of the infective endocarditis are larger, bulkier, more friable, more hemorrhagic and more necrotic

Aschoff bodies:
Inflammatory cells of acute rheumatic fever

Microscopic lesion that is pathognomonic of acute rheumatic fever



طب جعطة دعاوي ما عليك أمر



ما توقعت تخلص بسرعة صح ؟ بس أنت خلصت ...عفية عليك يا بطل



نشوفك السستم الجاي