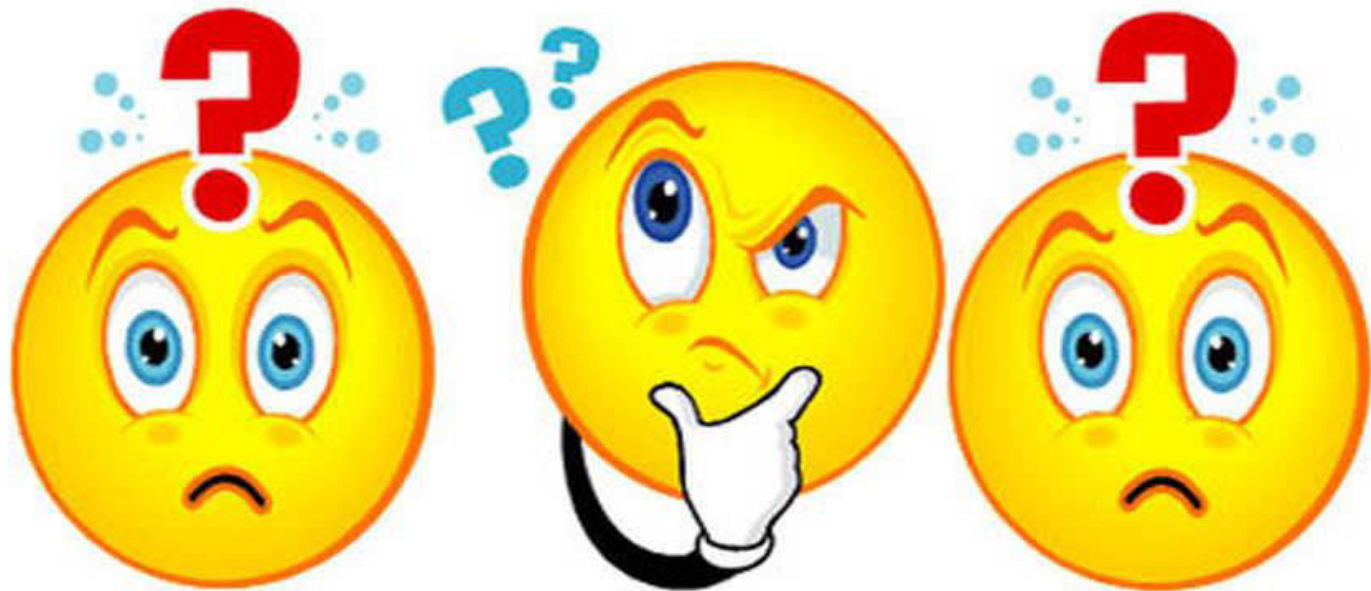




Tamilnadu and Pondicherry Chapter  
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**TAPCON 2019**

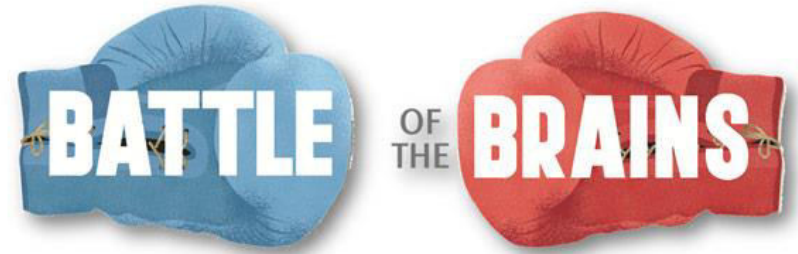




Quiz Time

Let's have  
some fun!

# ROUNDS



ROUND 1A & 1B - Boost your mind

ROUND 2A & 2B - Image for Diagnosis

ROUND 3A & 3B - Identify the event

ROUND 4A & 4B - Connexions

ROUND 5 - Rapid fire round

Each question carries **5 marks** and passed question answered will be given **3 marks**

# ROUND 1A & 1B

**Boost your mind**



# ROUND 1A-TEAM A

Mention 4 diseases with genomic instability.



# ROUND 1A-TEAM B

Pathological amplification of trinucleotide repeats cause

1. Loss of function mutation in-----
2. Gain of function mutation in-----



# ROUND 1A-TEAM C

Mention 4 tumours associated with BRAF (V600E) mutation.





# ROUND 1A-TEAM D

Mention the parameters in AFIP grading system

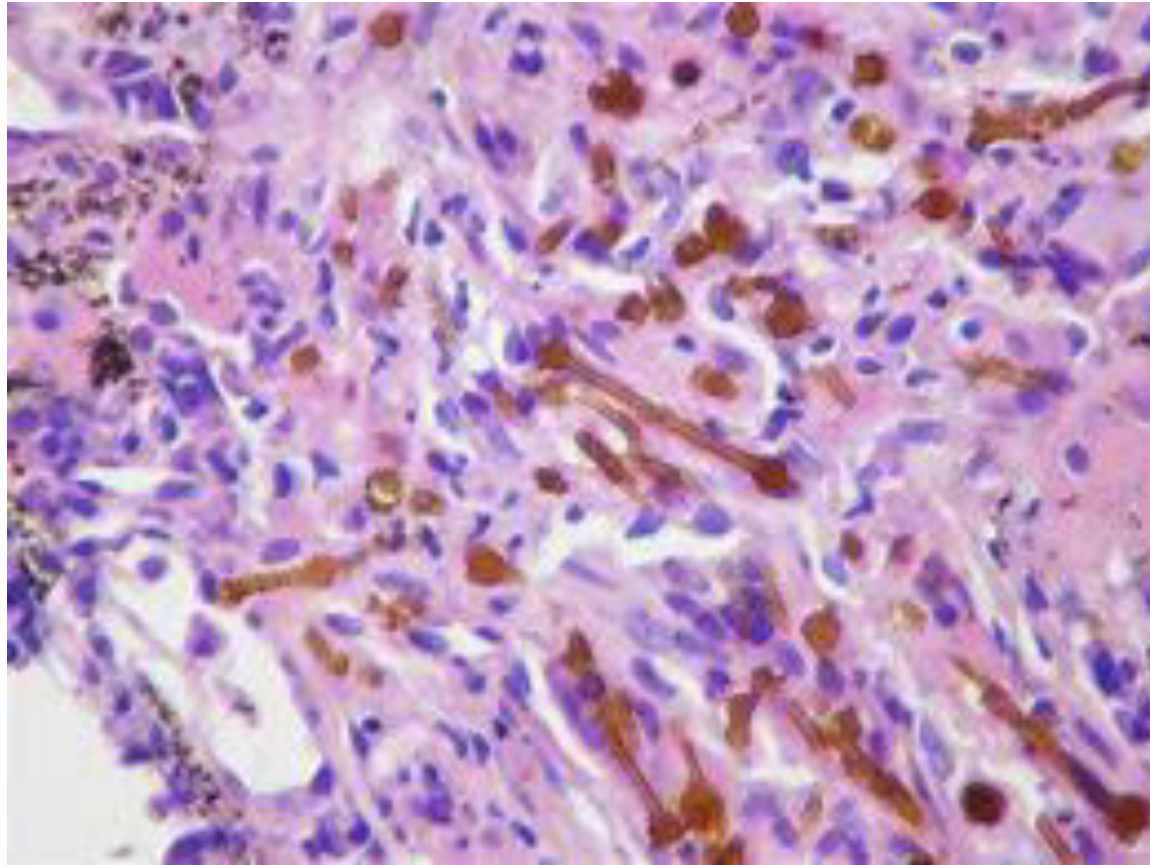


# ROUND 1A-TEAM E

Components of Carney's triad and Carney's complex...



# ROUND 1B-TEAM A



Identify the abnormality

Mention one condition in which you see them

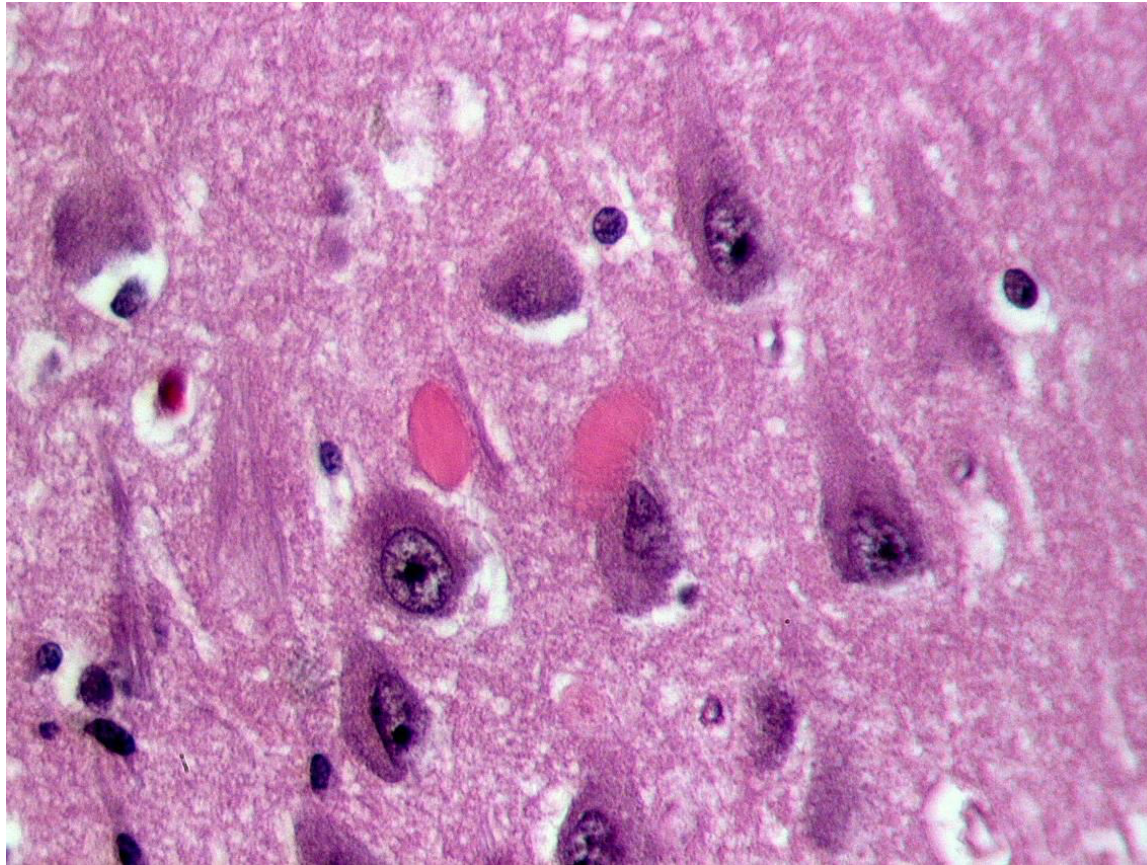
# ROUND 1B-TEAM B



Identify the abnormality

Mention one condition in which you see them

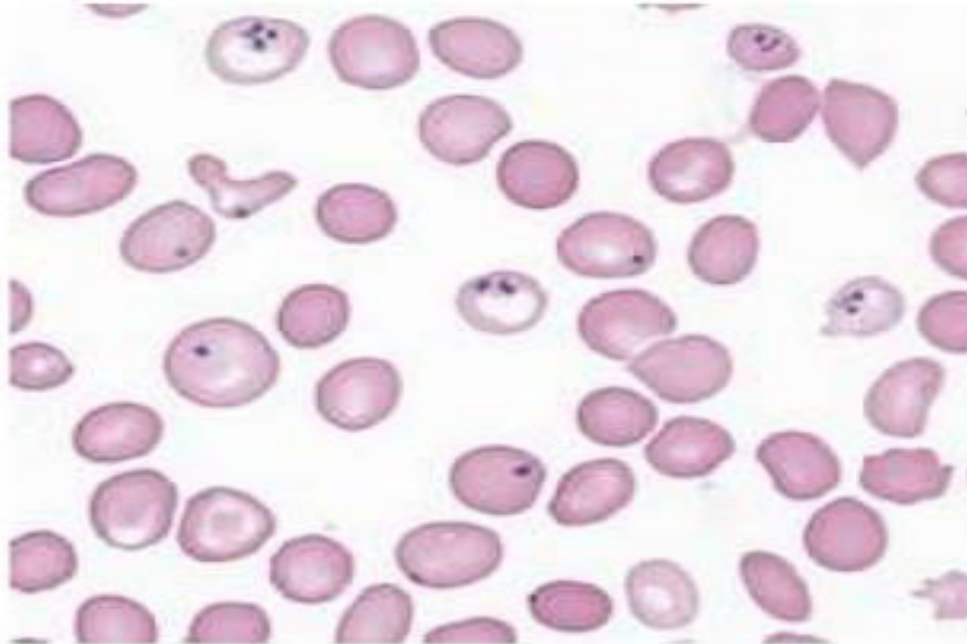
# ROUND 1B-TEAM C



Identify the abnormality

Mention one condition in which you see them

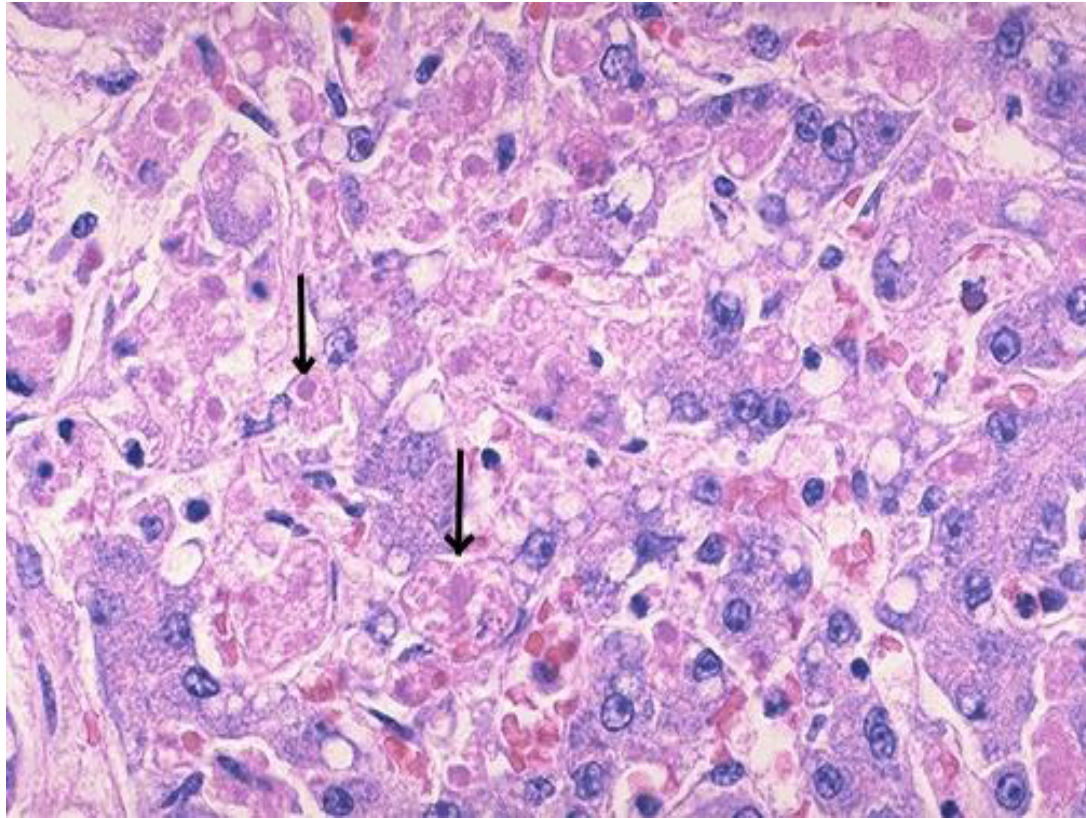
# ROUND 1B-TEAM D



Identify the abnormality

Mention one condition in which you see them

# ROUND 1B-TEAM E



Identify the abnormality

Mention one condition in which you see them

# AUDIENCE ROUND

Lesions with this translocation

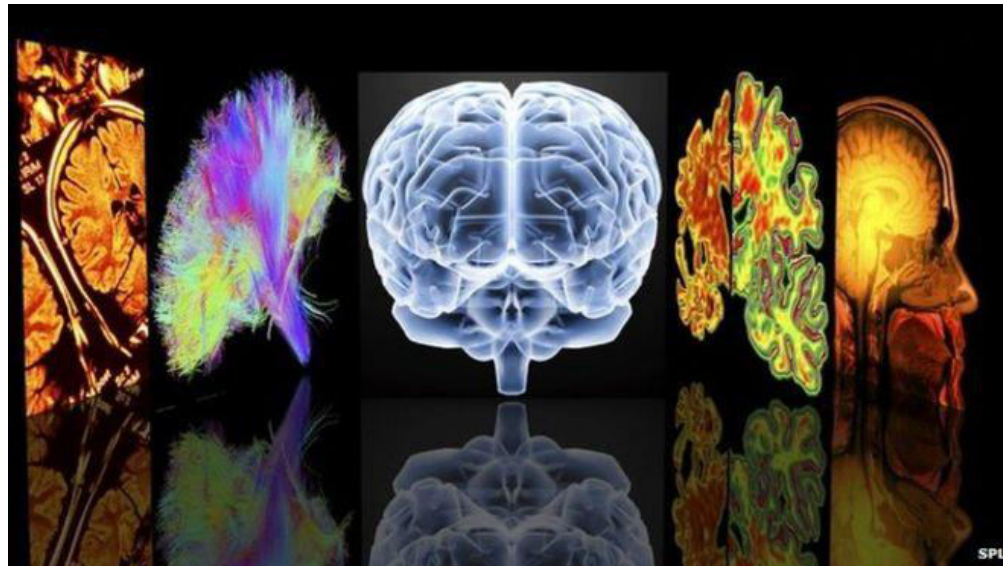
t(12;15)



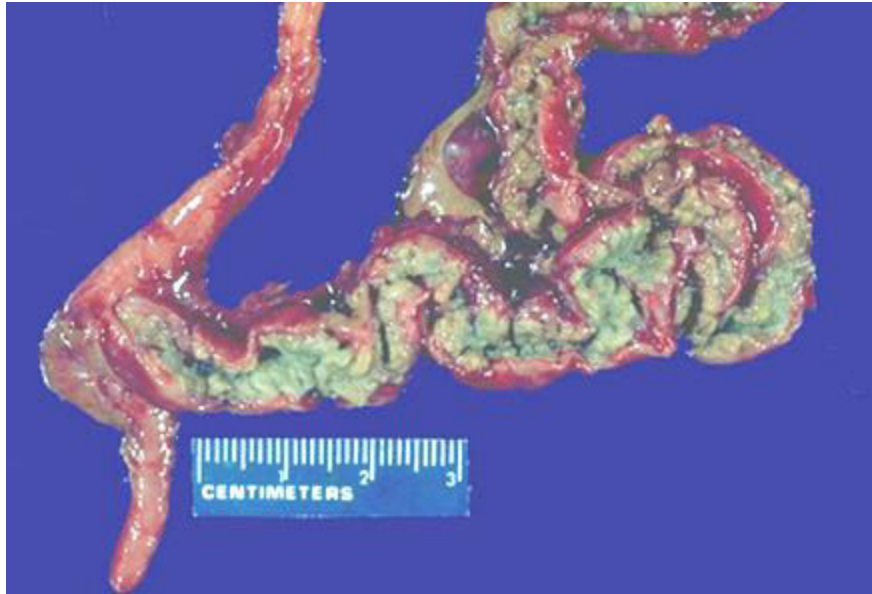


# ROUND 2A & 2B

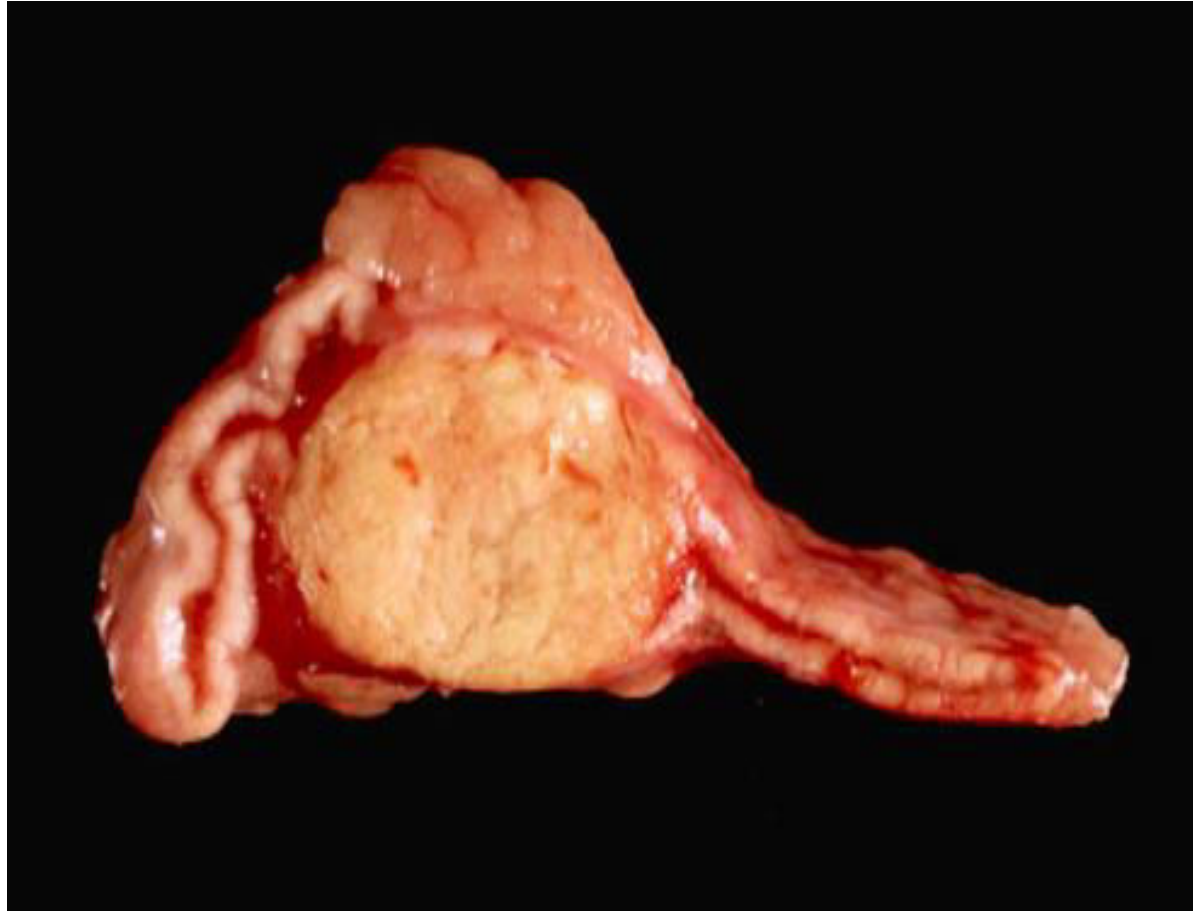
## Image for Diagnosis



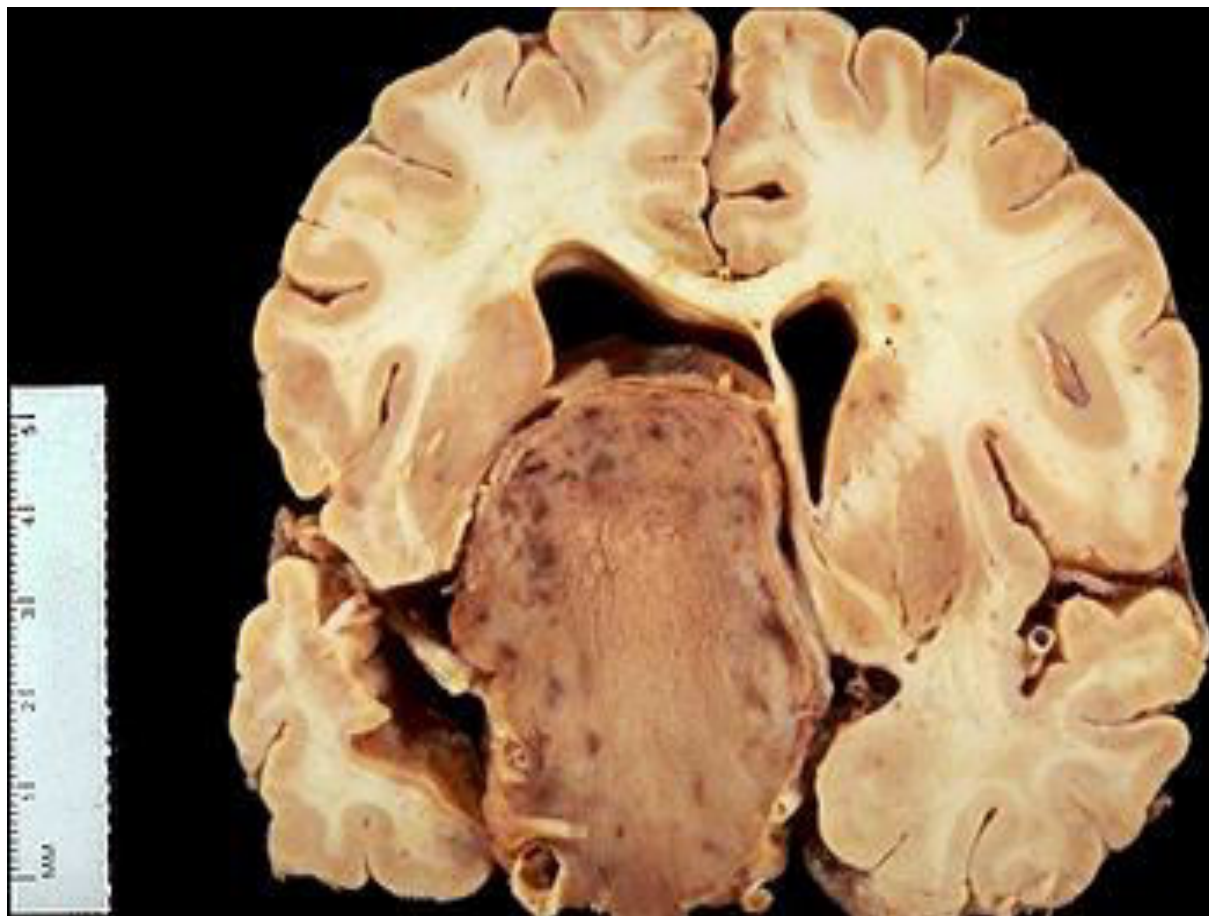
# ROUND 2A-TEAM A



# ROUND 2A-TEAM B



# ROUND 2A-TEAM C



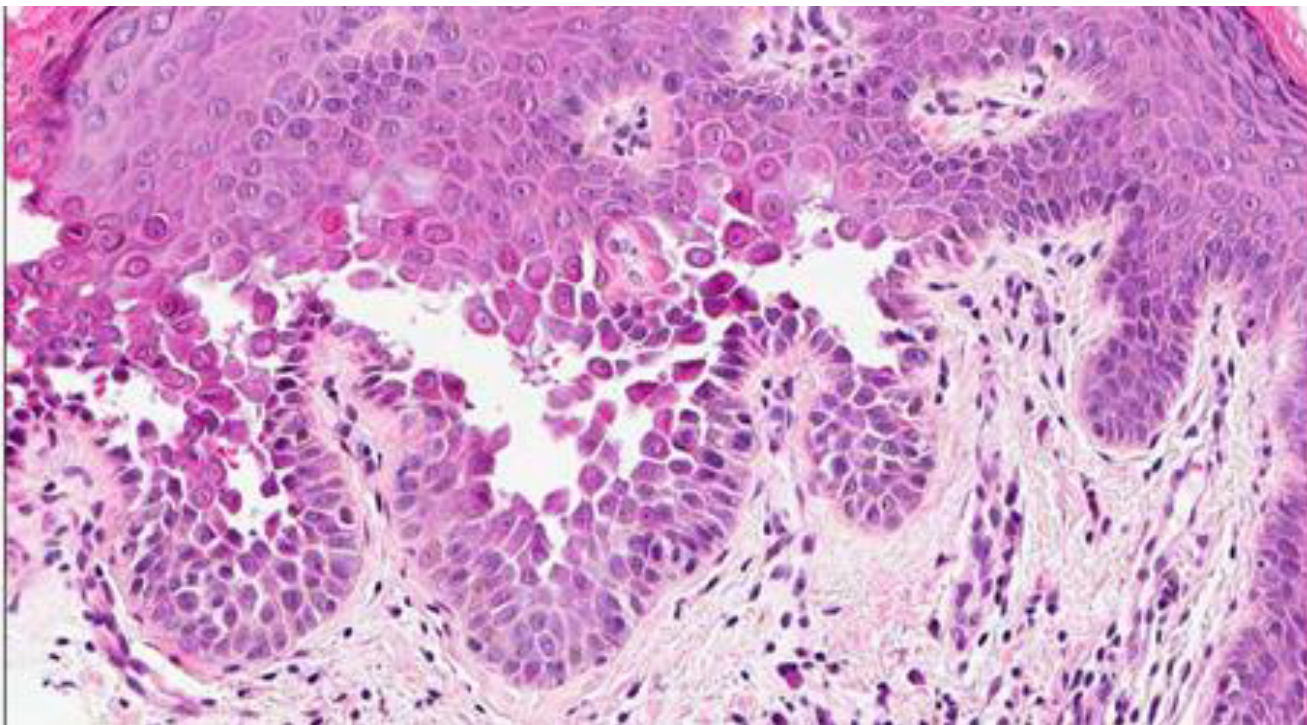
# ROUND 2A-TEAM D



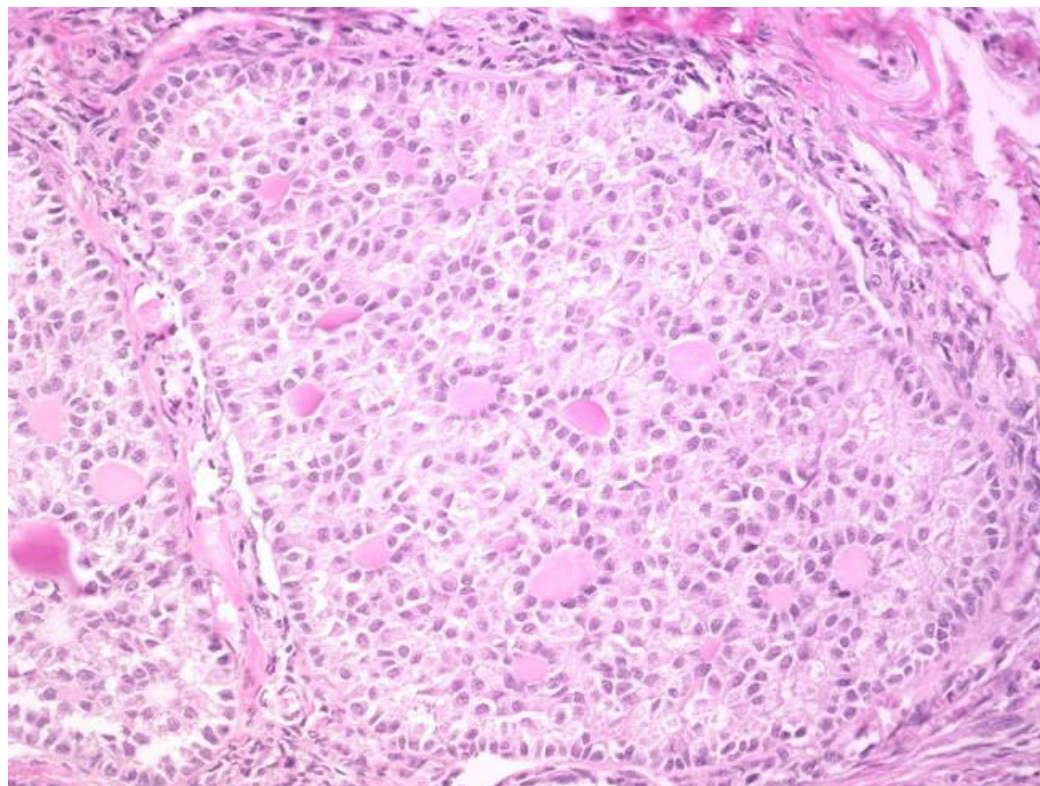
# ROUND 2A-TEAM E



# ROUND 2B-TEAM A

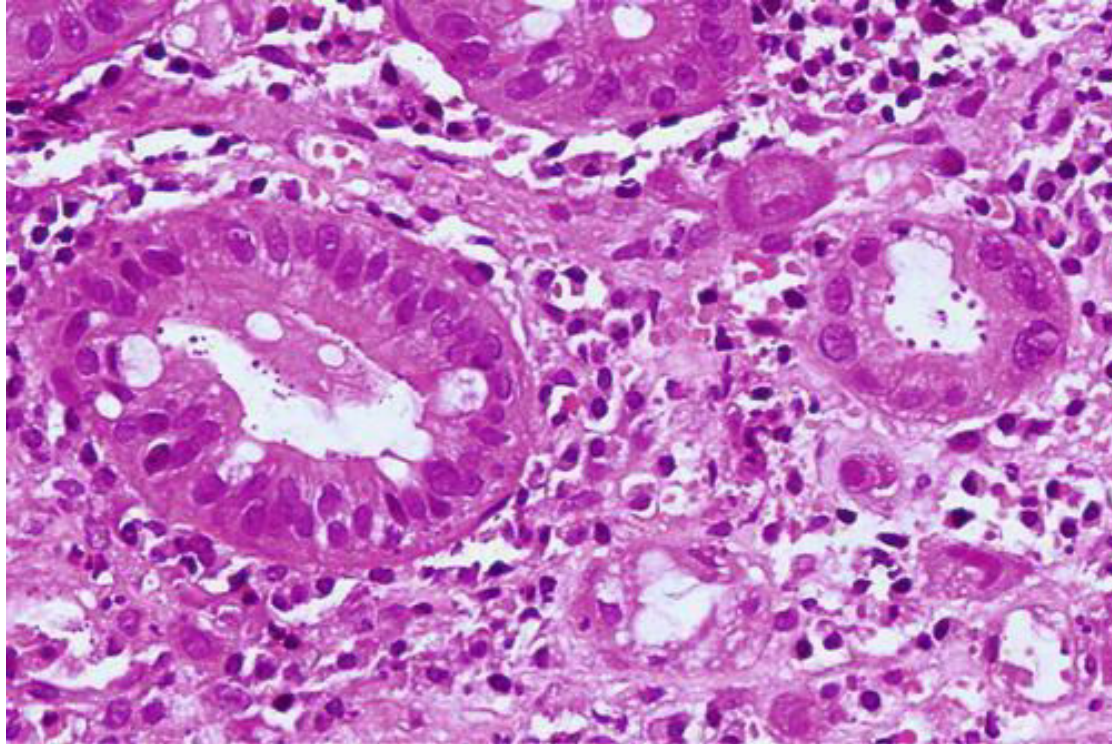


# ROUND 2B-TEAM B

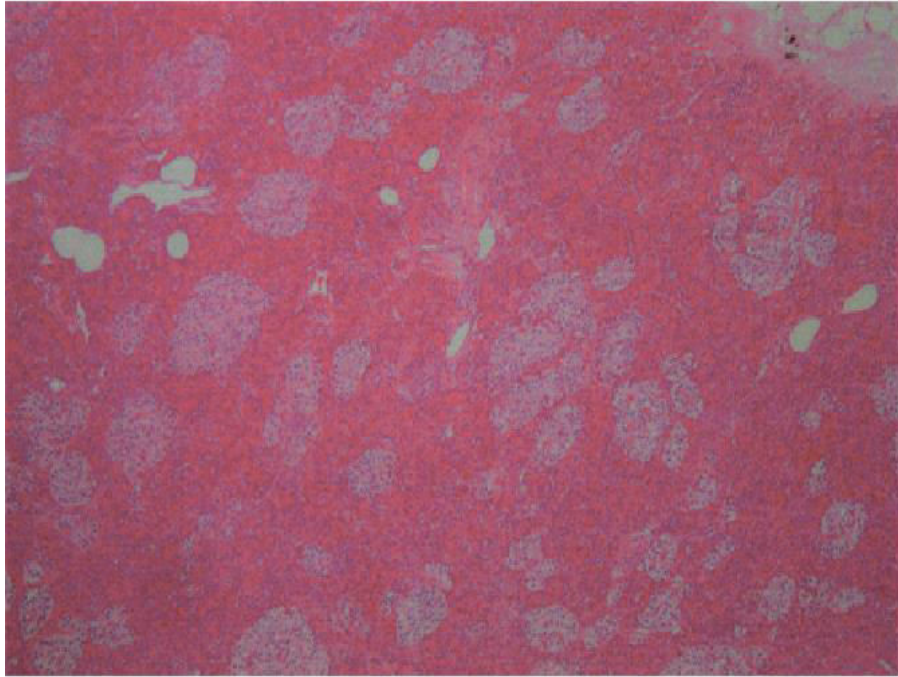




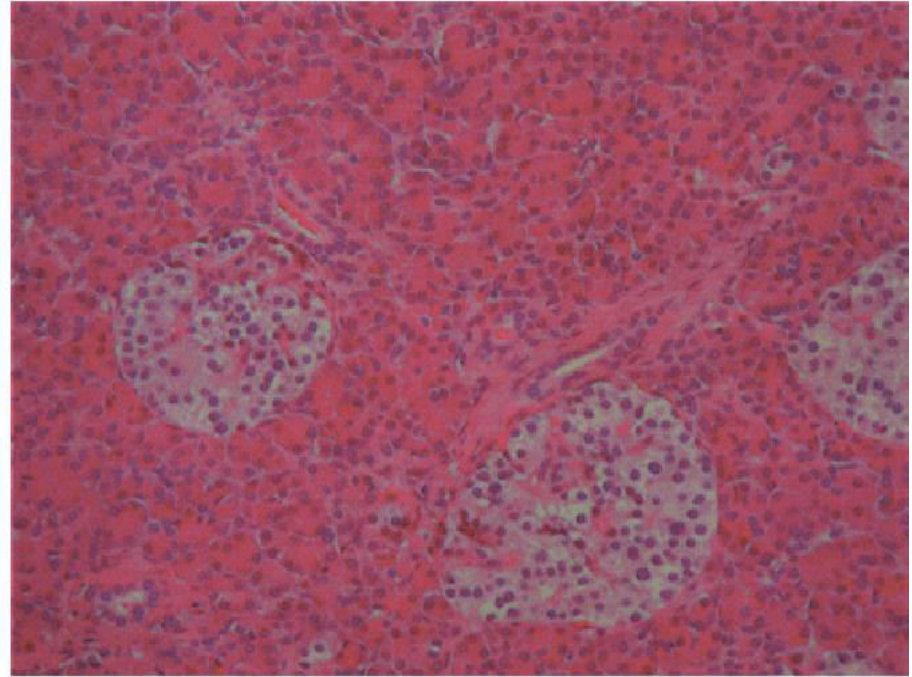
# ROUND 2B-TEAM C



# ROUND 2B-TEAM D

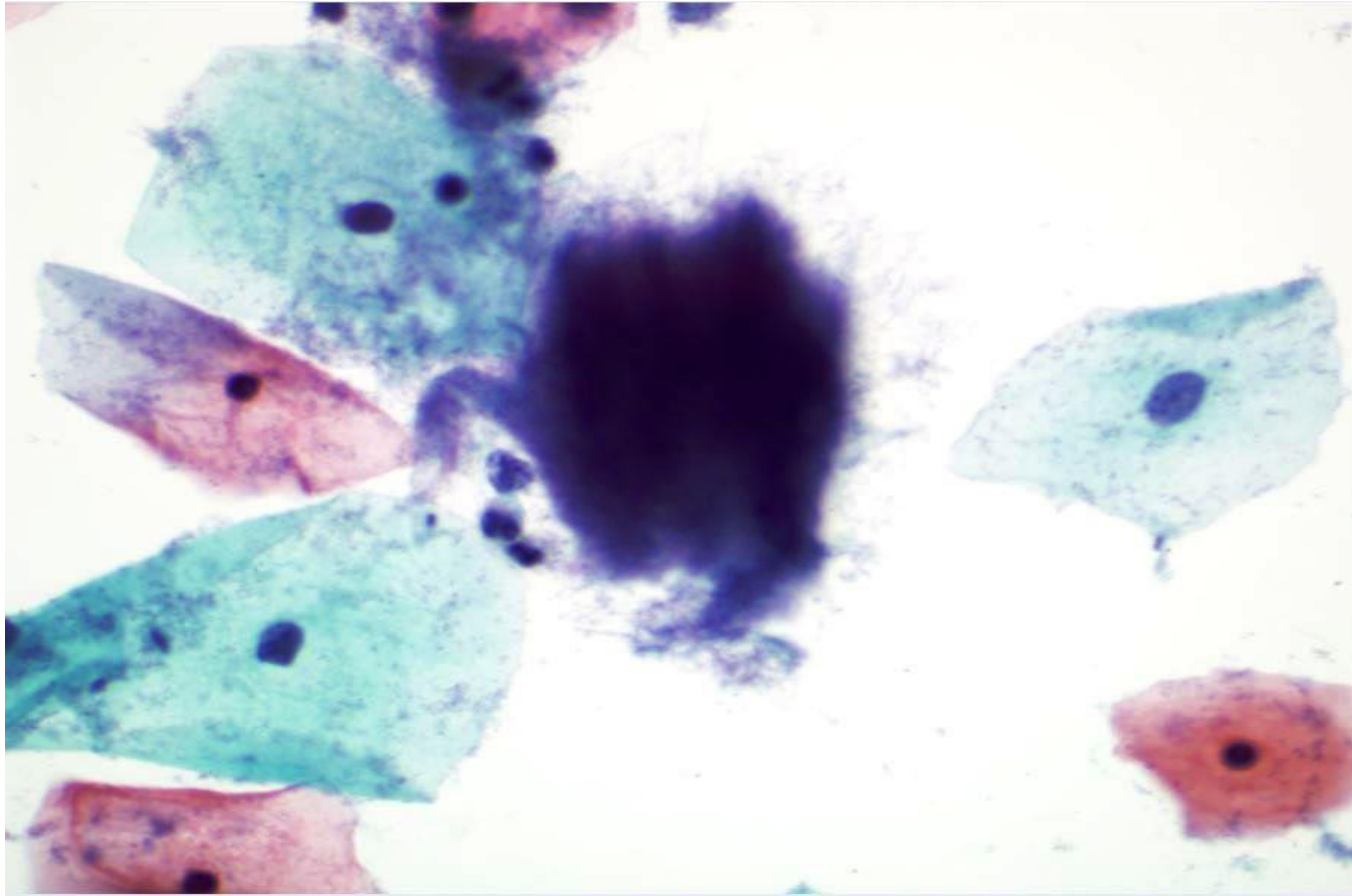


A



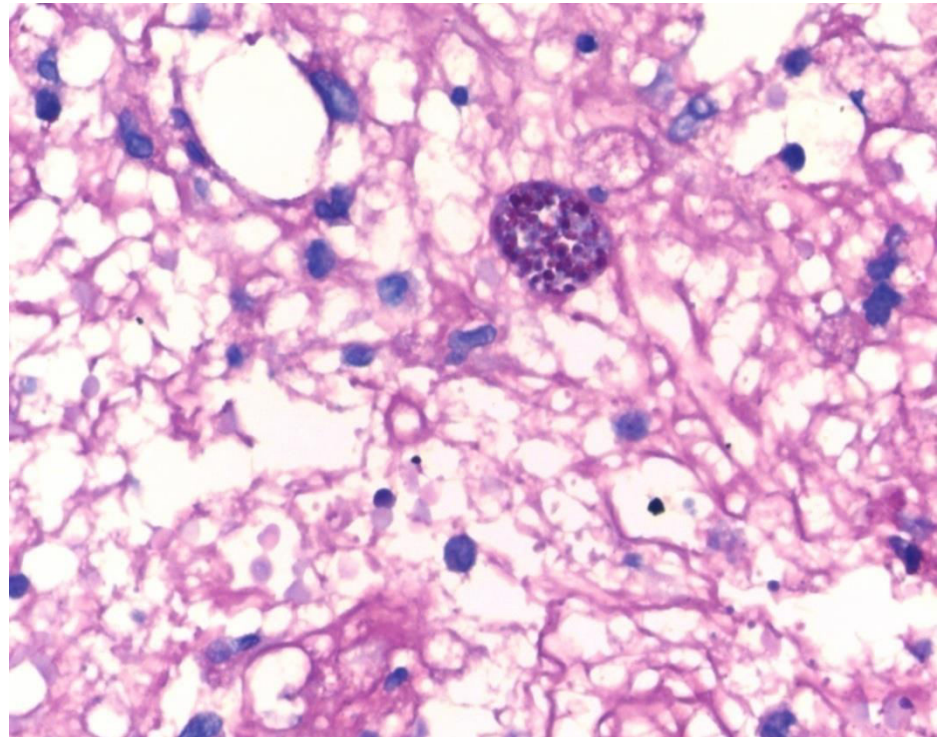
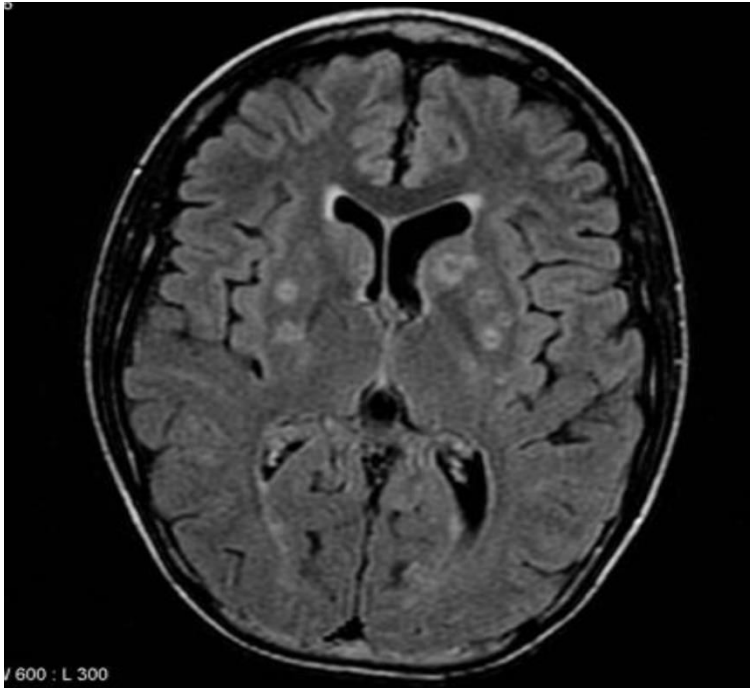
B

# ROUND 2B-TEAM E



# AUDIENCE ROUND

38 year old male presented with seizures and severe headache.

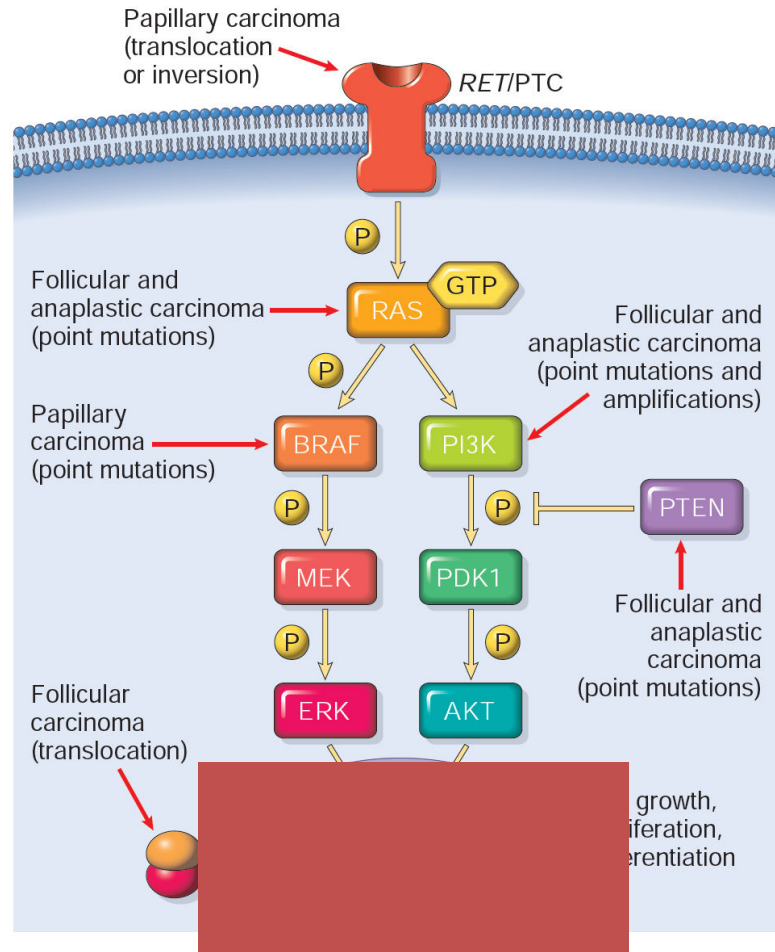


# ROUND 3A & 3B

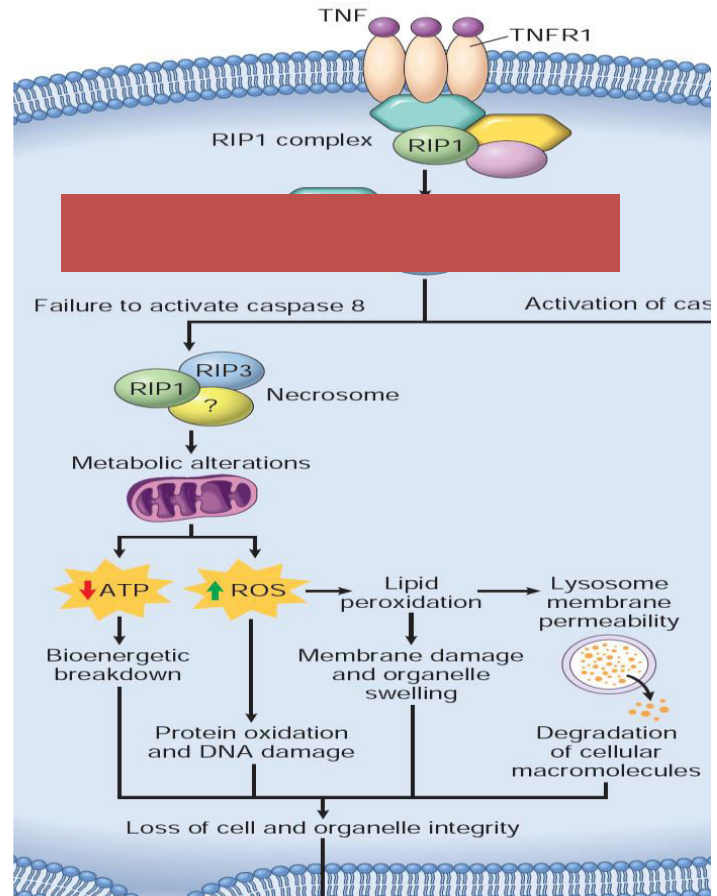
## Identify the event



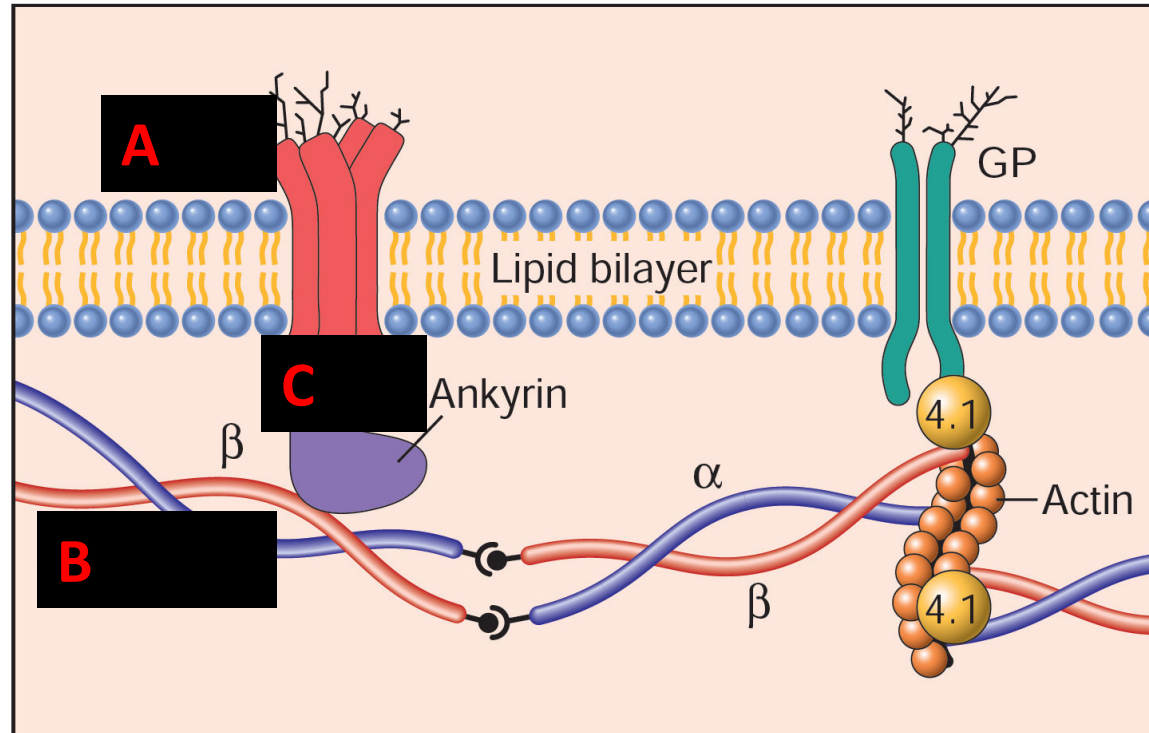
# ROUND 3A-TEAM A



# ROUND 3A-TEAM B



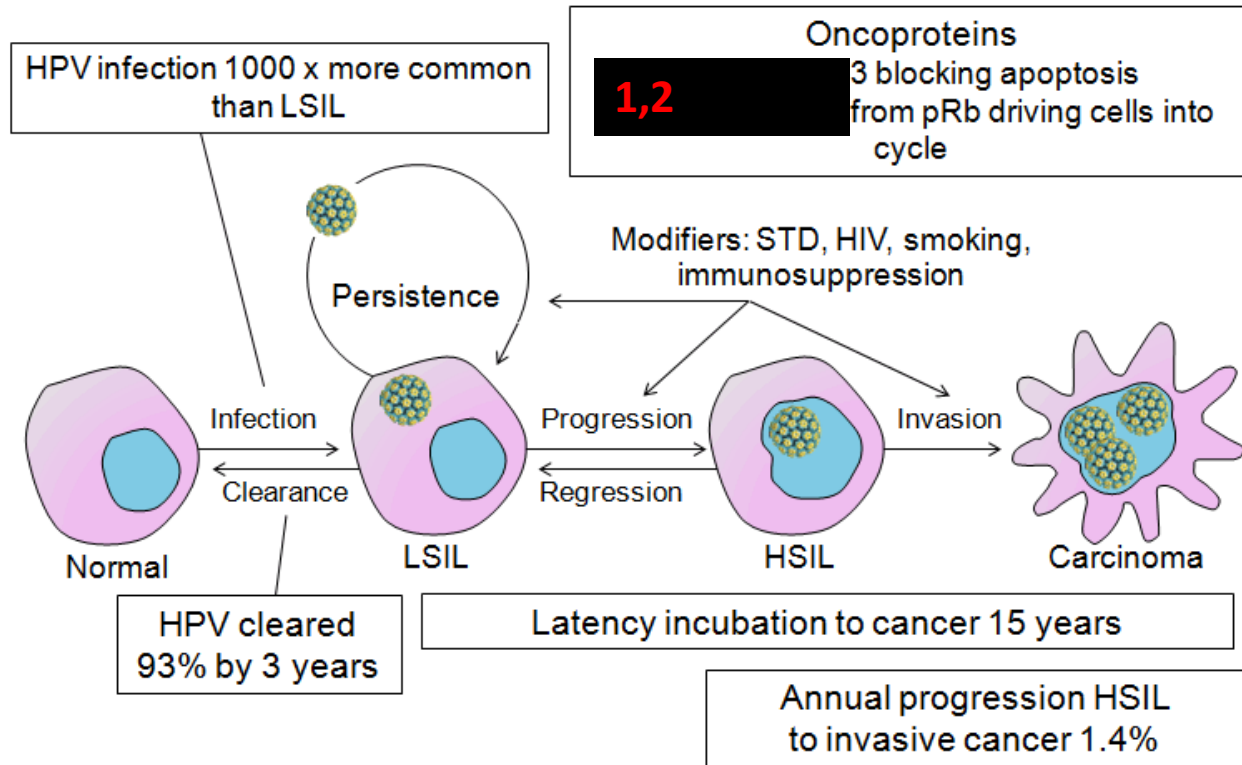
# ROUND 3A-TEAM C



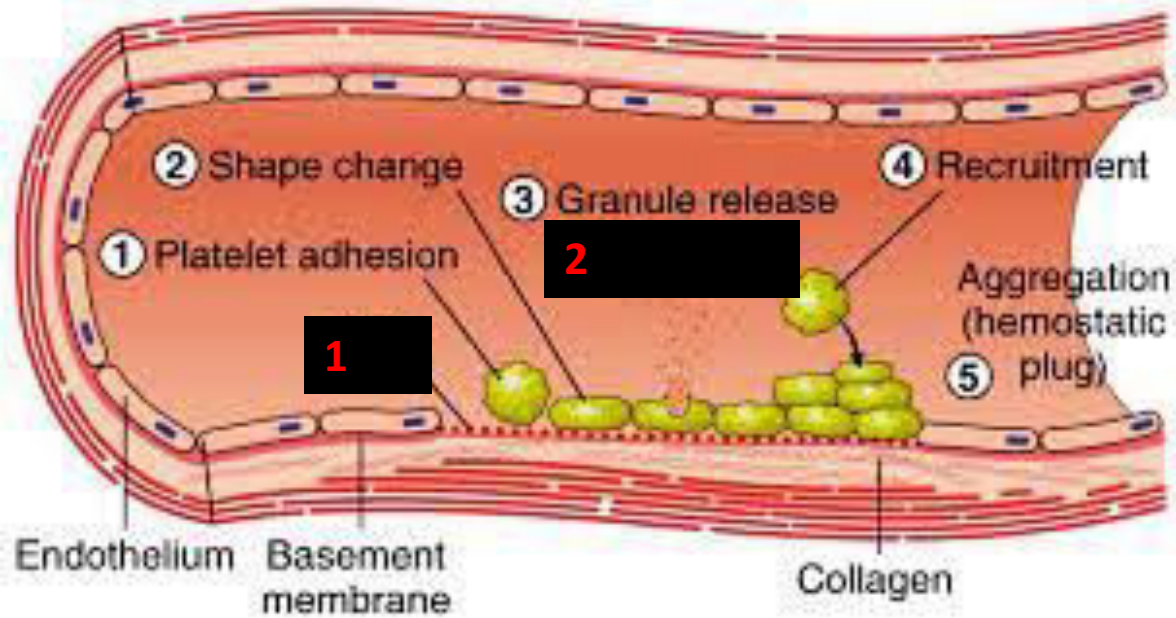


# ROUND 3A-TEAM D

## HPV pathophysiology



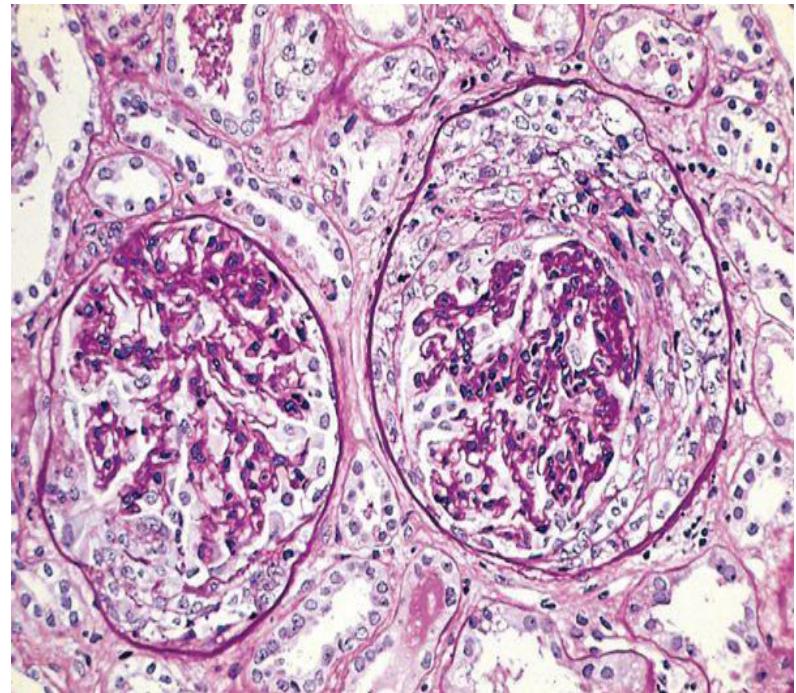
# ROUND 3A-TEAM E

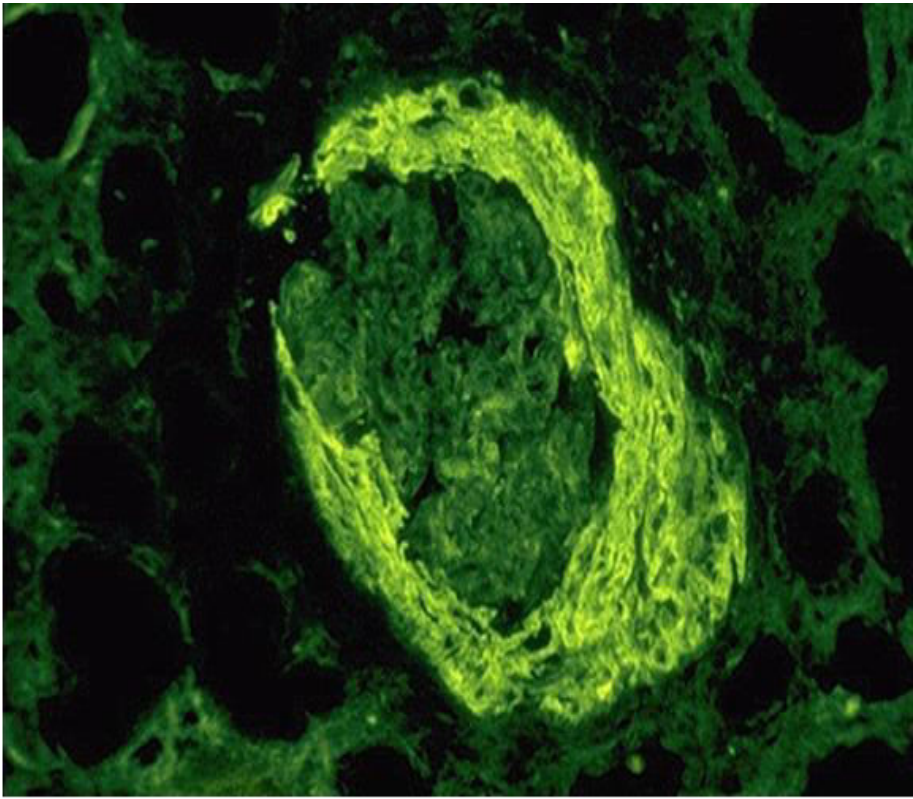


# ROUND 3B-TEAM A

Young male presented with hematuria. Urine examination show red blood cells , moderate proteinuria , variable hypertension and edema

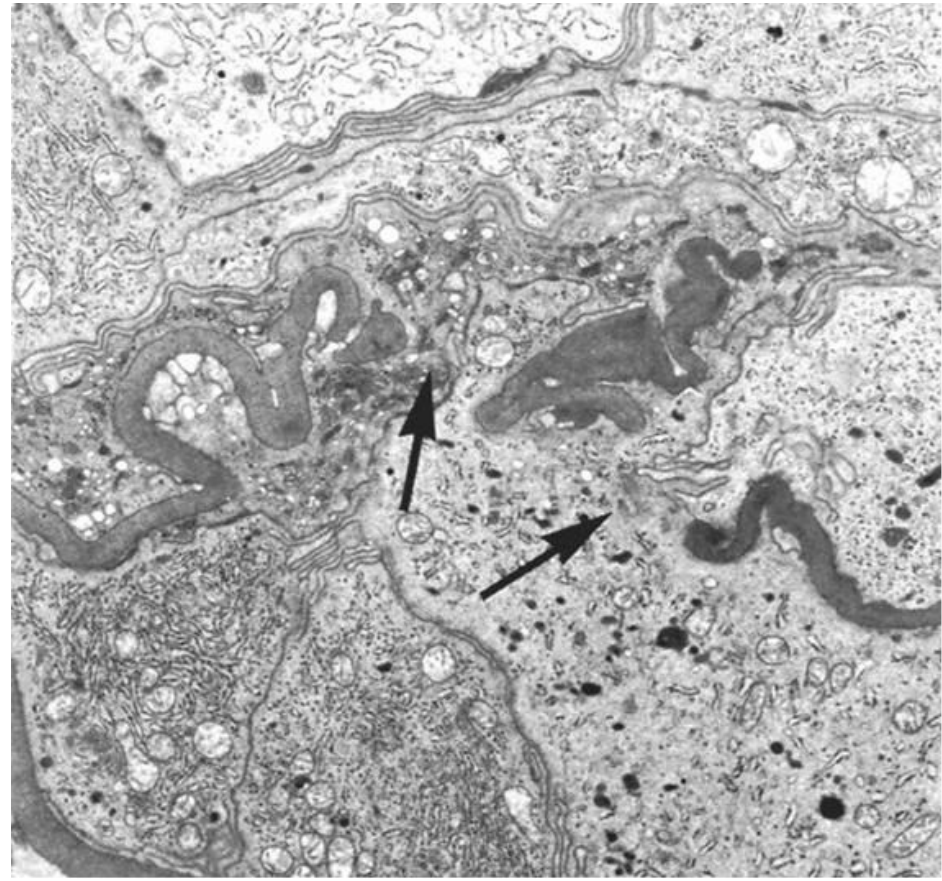
1. What is seen in HE sections of the renal biopsy of patient?(2 marks)





2. What is the deposit you expect to see in immunofluorescence of renal biopsy from same patient?(1 mark)

3. Electron microscopy of renal biopsy from same patient?(1 mark)



5. What is your diagnosis?(1 mark)

# ROUND 3B-TEAM B

A 40y/m presents with fatigue and recurrent pulmonary and urinary tract infections over the past 4 months. Physical examination is normal

CBC

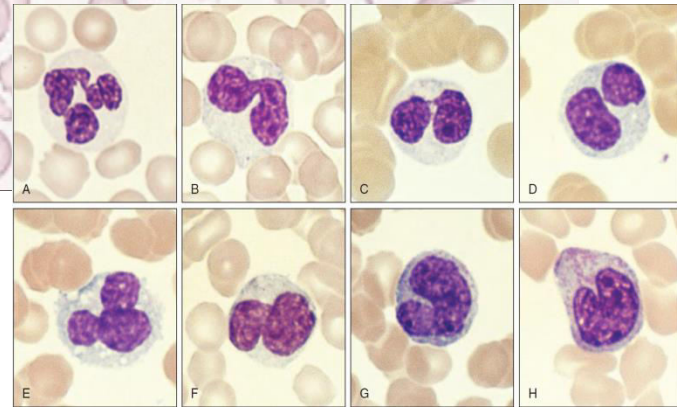
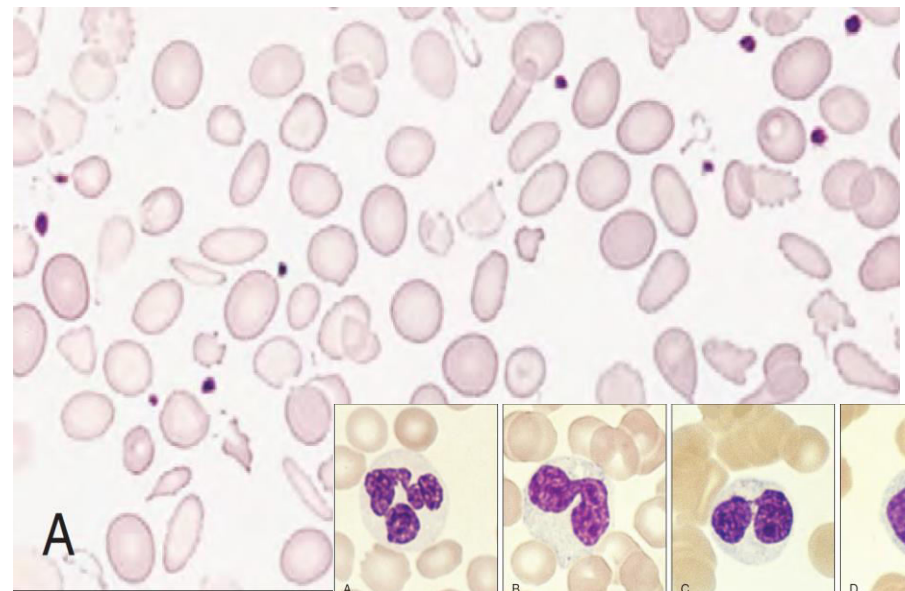
Hemoglobin-8.7 g/dL

Hematocrit-25.2%

MCV, 88 fl

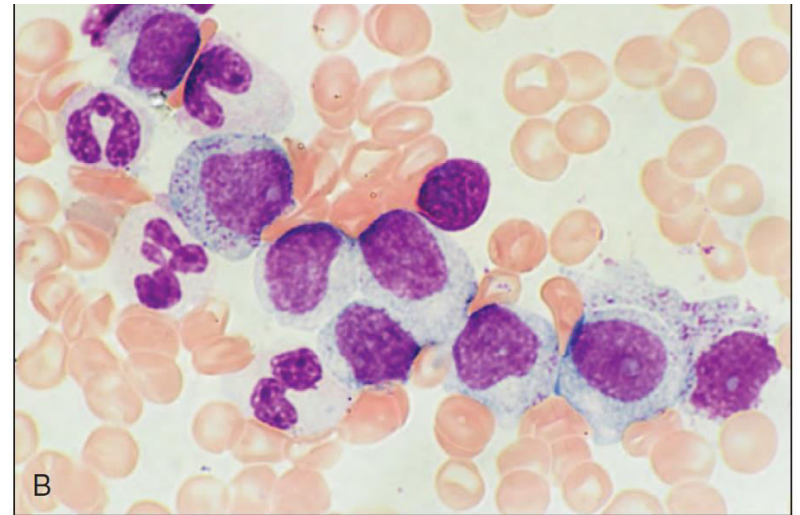
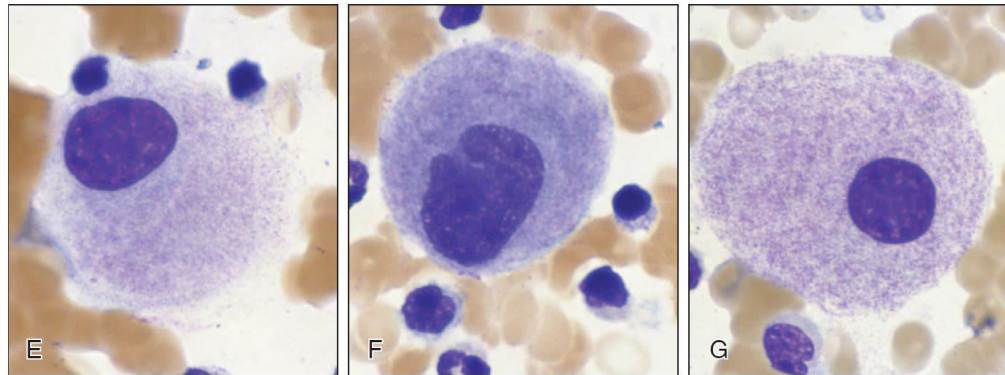
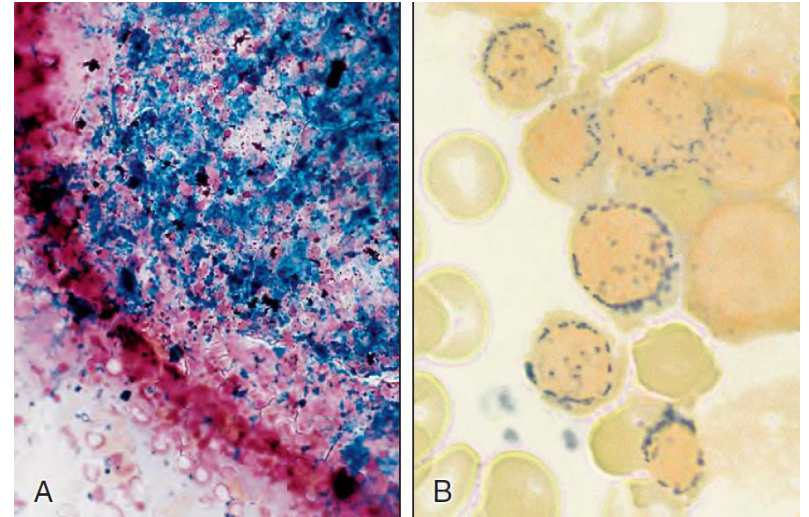
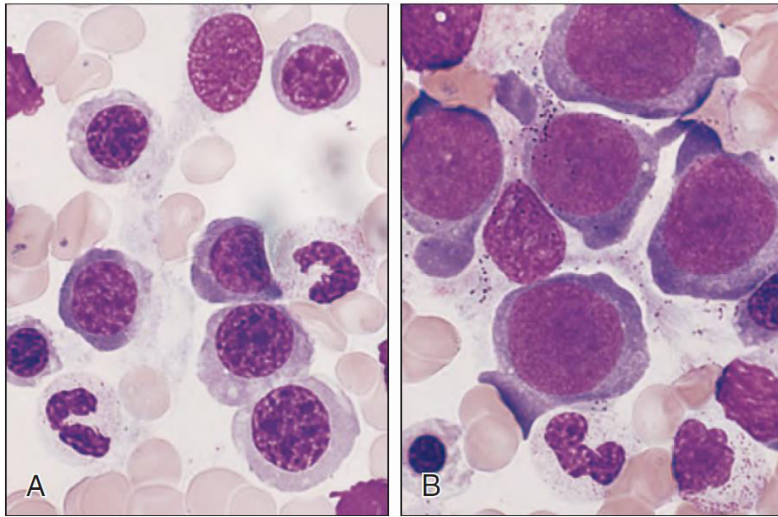
WBC count -2300/mm<sup>3</sup>

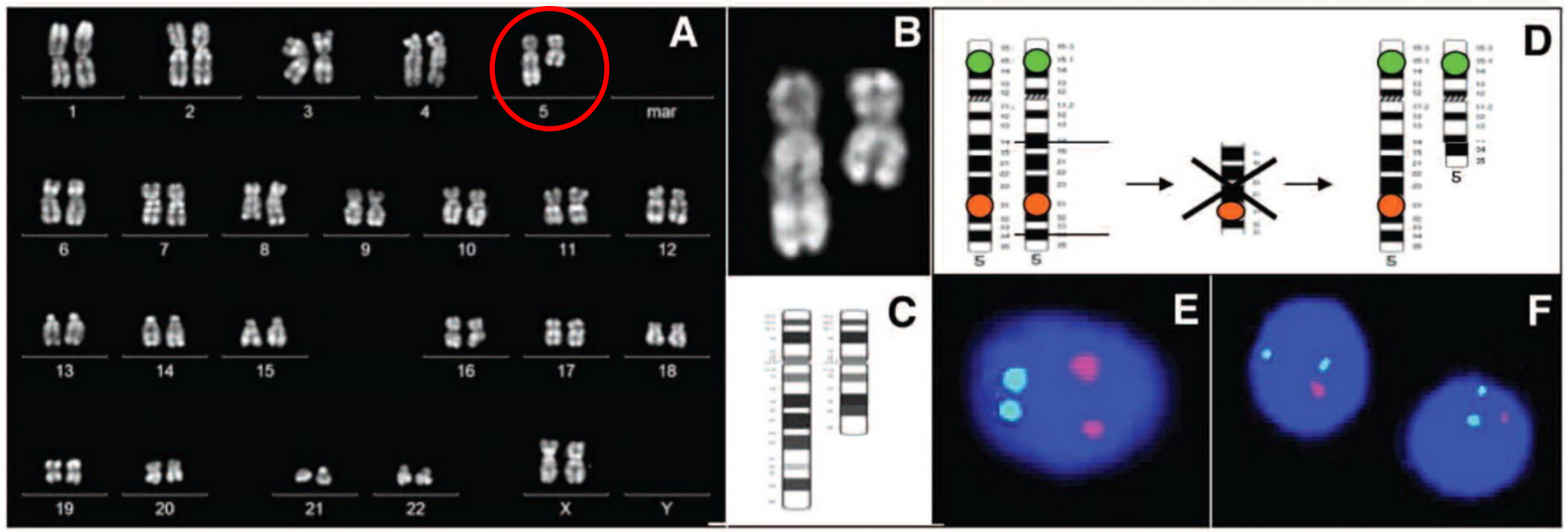
Platelet count-100,000/mm<sup>3</sup>;



1. What is the inference of peripheral smear?(1 mark)

## 2. Bonemarrow Interpretation?(2 marks)



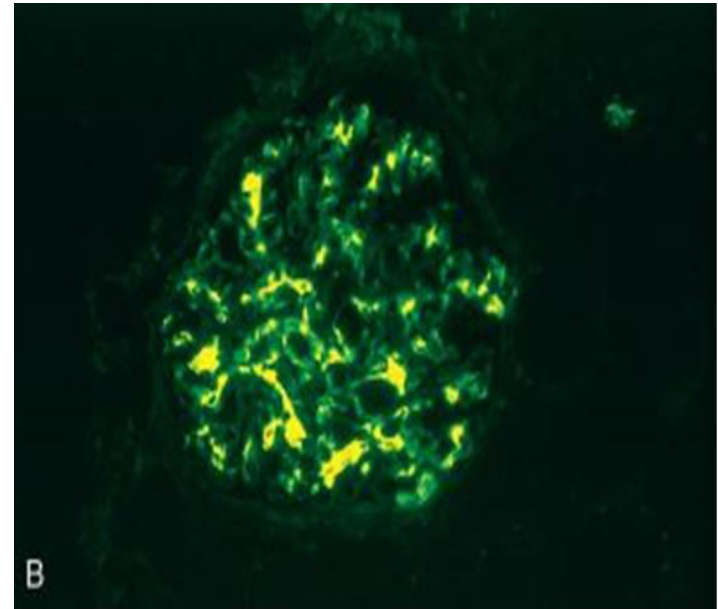
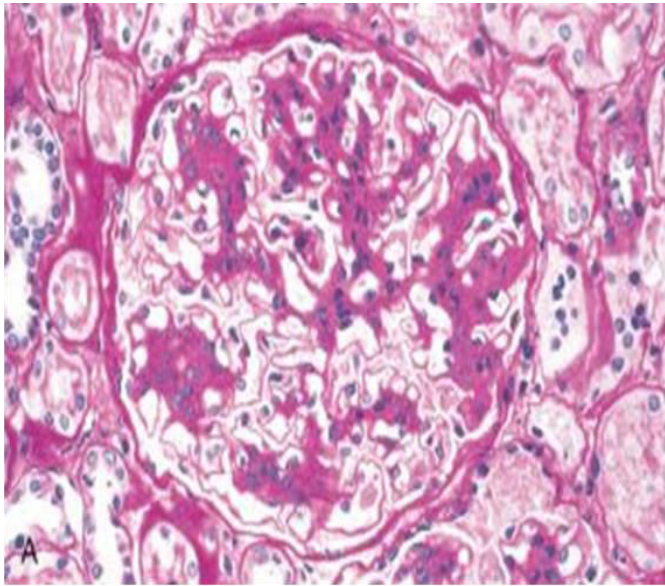


3. Finding in karyotyping?(1 mark)
4. What is the diagnosis? (1 mark)



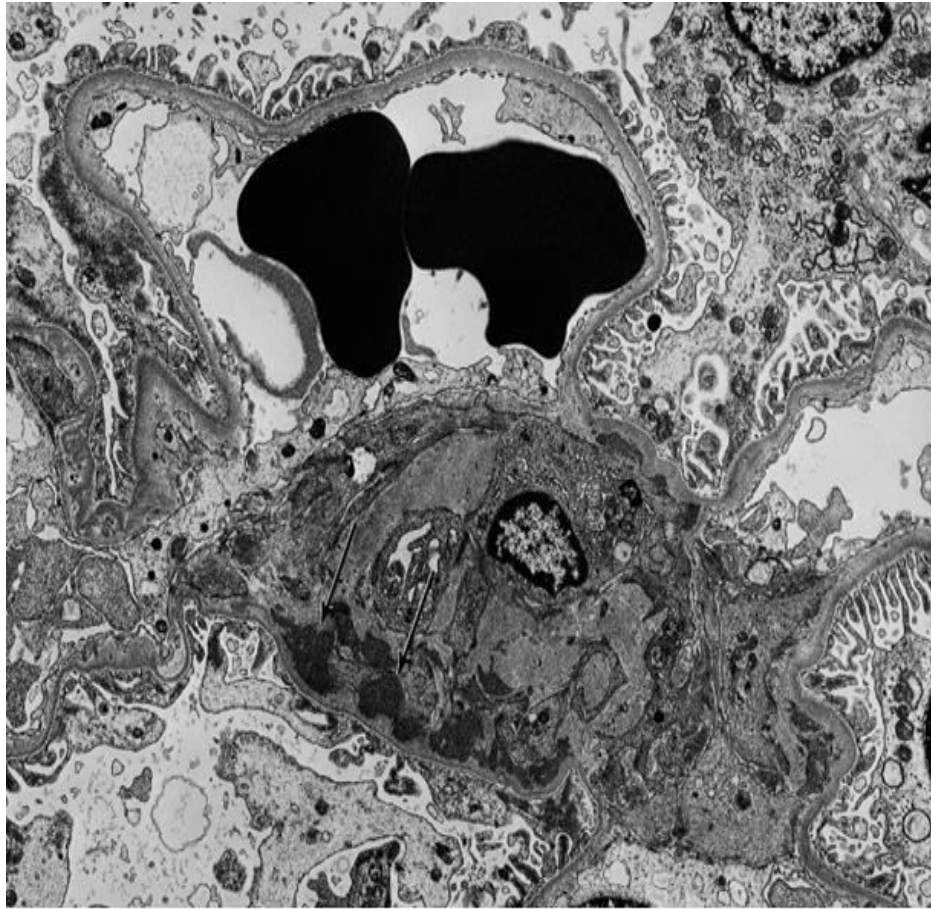
# ROUND 3B-TEAM C

A 24 year old male presented with gross hematuria after respiratory tract infection.



1. What is seen in HE sections of the renal biopsy of patient? (2 marks)

2. What is the deposit you expect to see in immunofluorescence of renal biopsy from same patient? (1 mark)



3. Electron microscopy of renal biopsy from same patient?(1 mark)

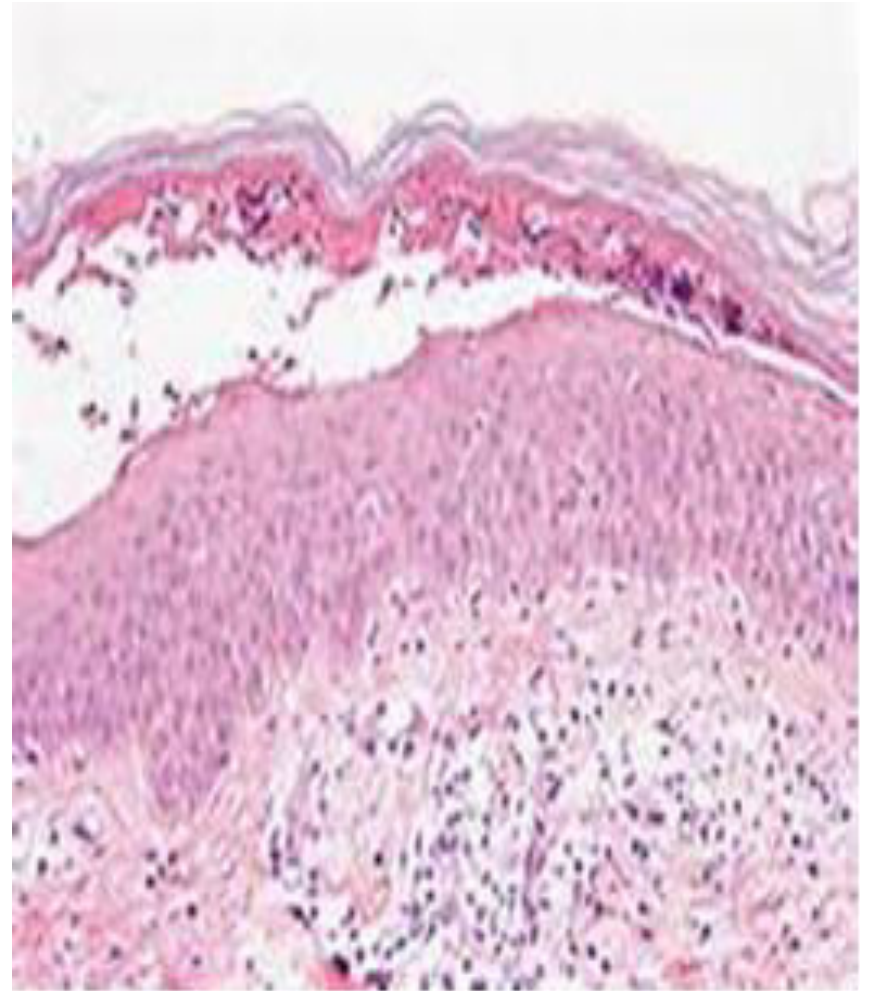
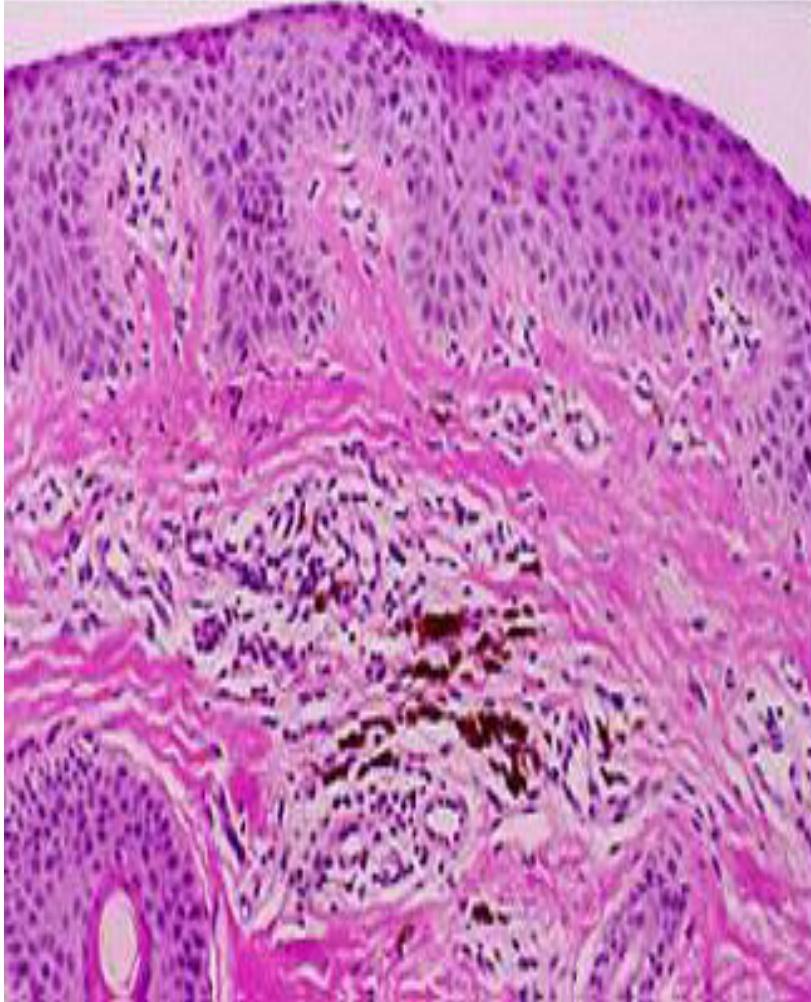
4. What is your diagnosis?(1 mark)

# ROUND 3B-TEAM D

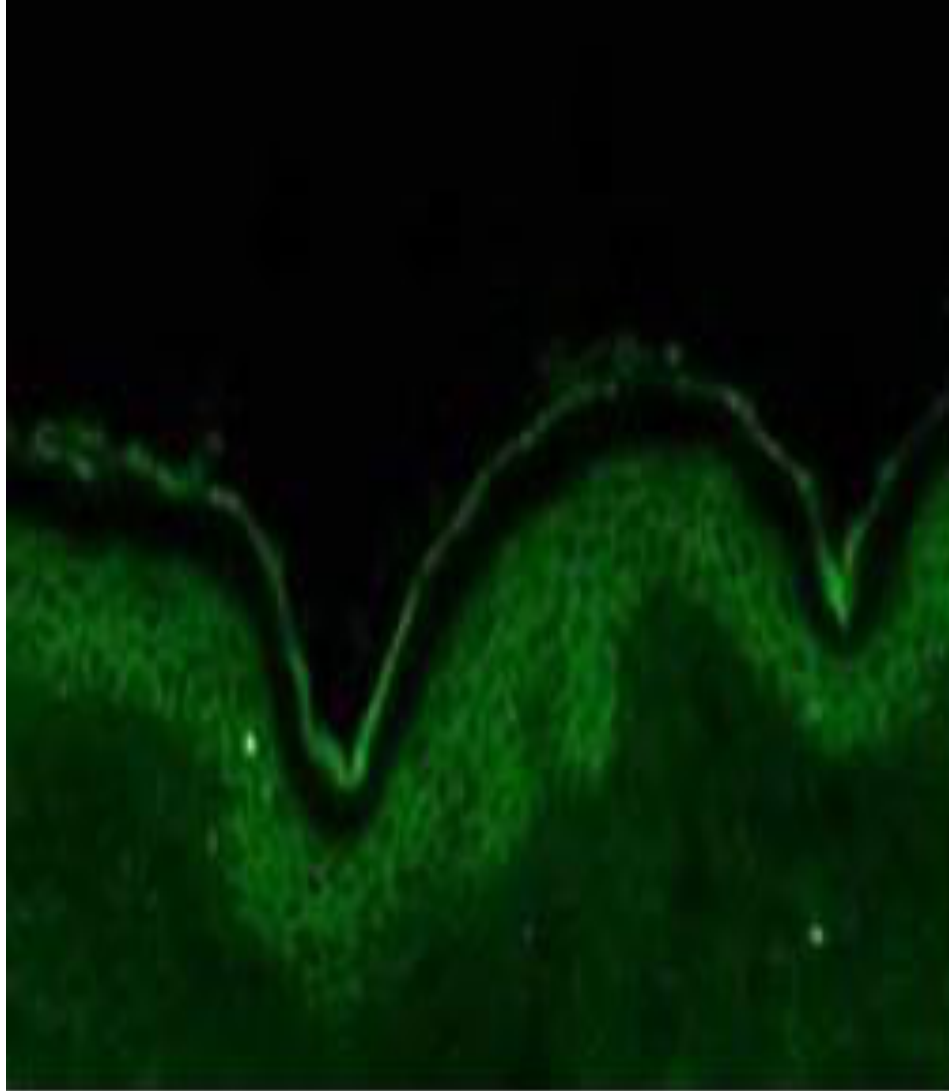


46/m with lesion skin

Explain H&E section (1 mark).



2.Explain IF.(1 mark)



3. Give your Diagnosis. (1 mark)

4. What is the antigen present in this condition?  
Give its location. (2 marks)

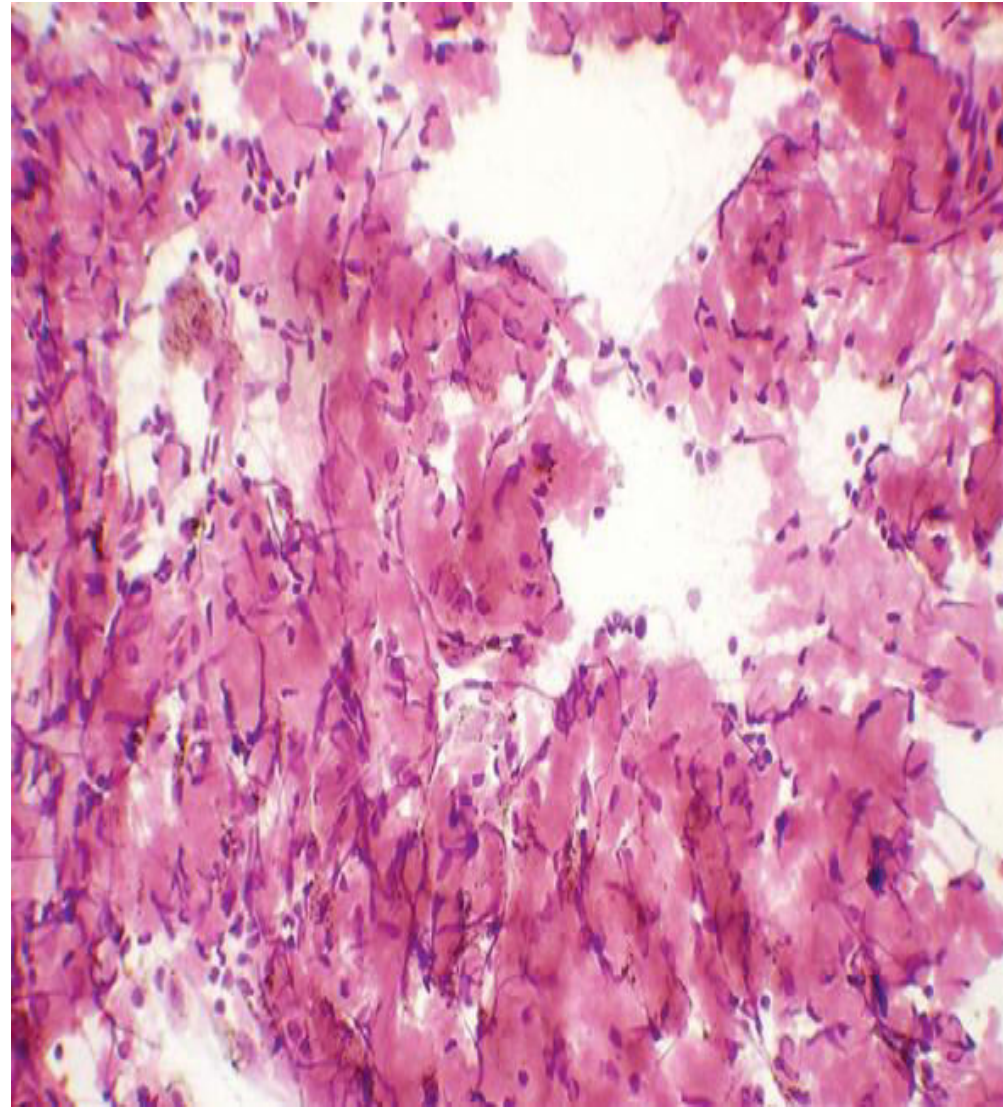
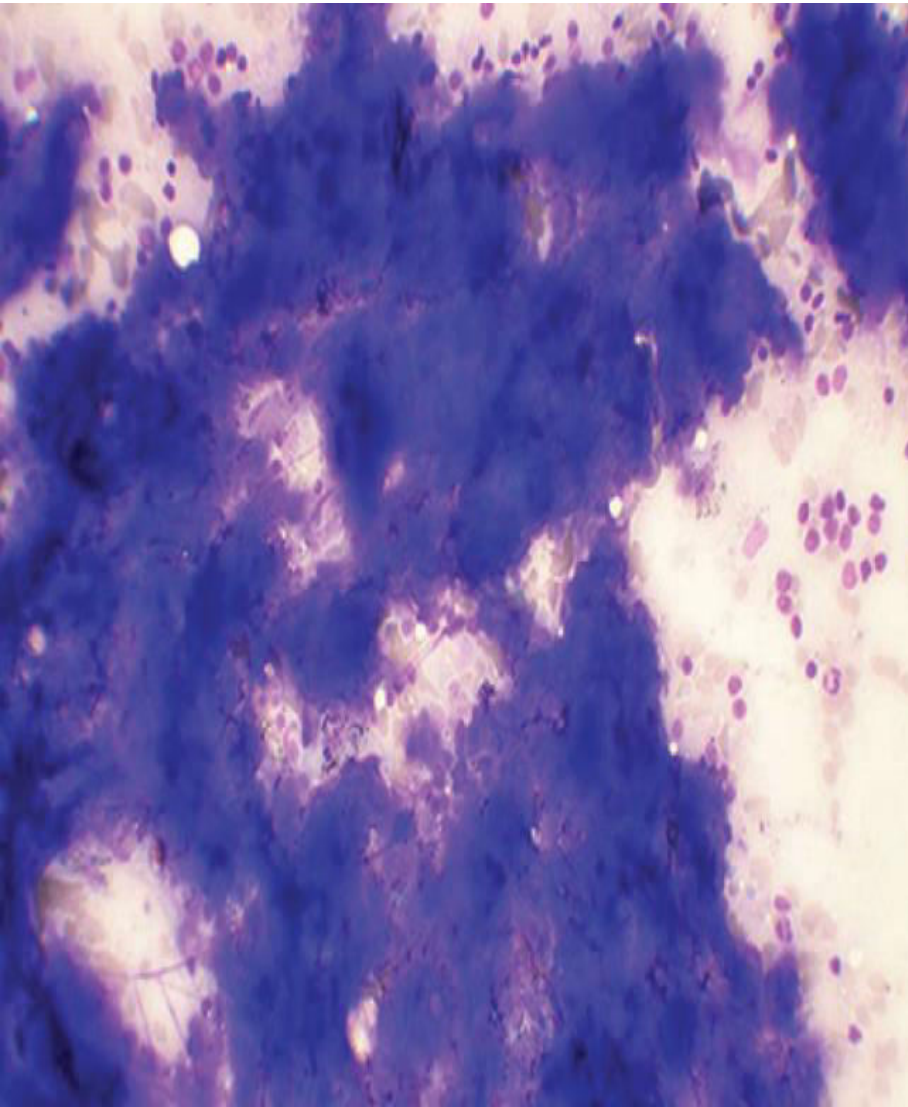
# ROUND 3B-TEAM E

A 68-year-old woman presented to a gastroenterologist with abdominal pain, loss of appetite and significant weight loss for last 5-6 months.

Past history - recurrent episodes of abdominal pain last 15 years with postprandial distension and vomiting.

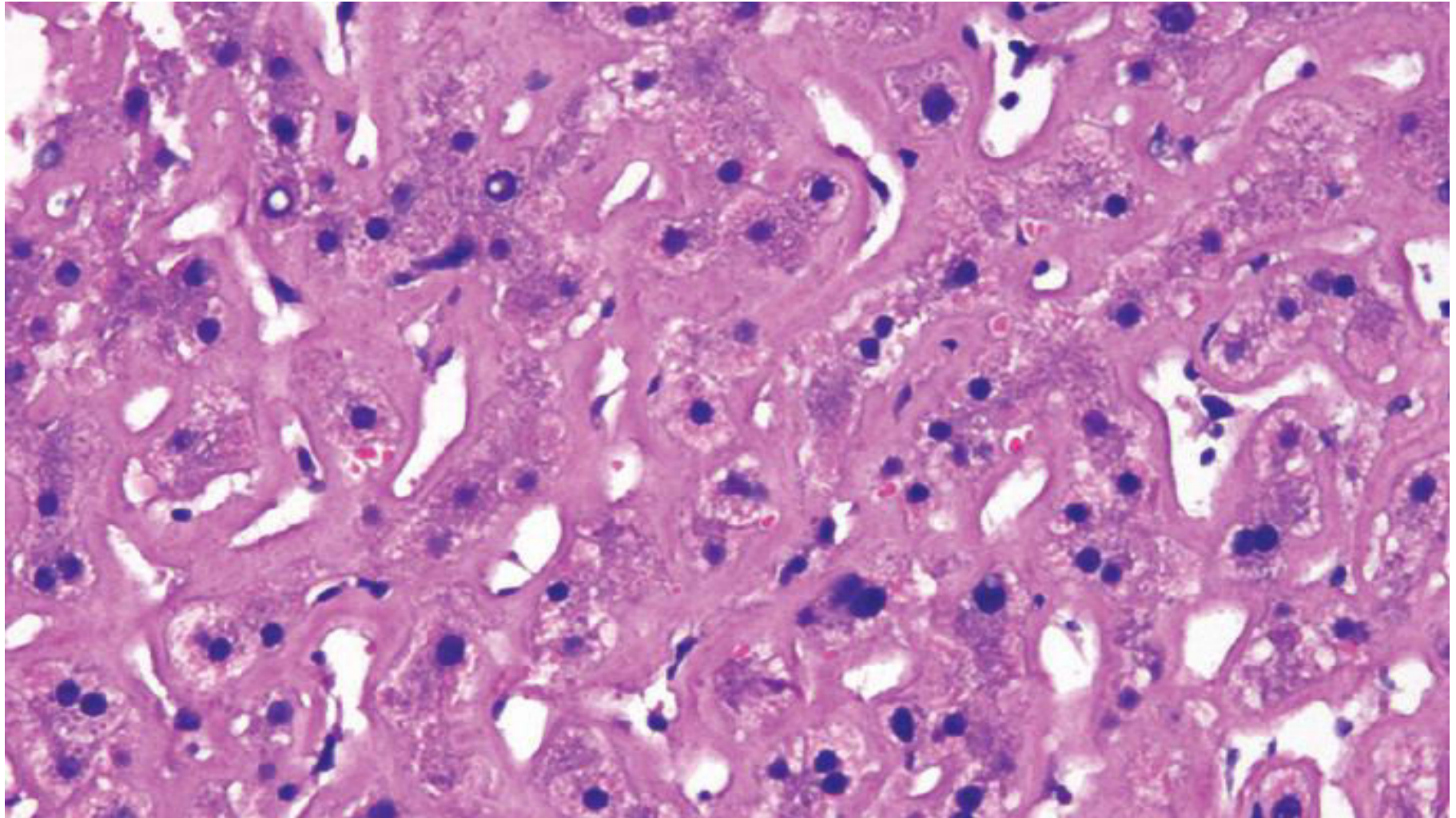
She had taken two courses of anti-tubercular therapy (ATT) in the past

# Aspiration from abdomen





# Liver biopsy



1. What is your diagnosis? (1 mark)
2. What additional stain you will do for confirmation? (2 marks)
3. Pathogenetic factor involved? (2 marks)

# AUDIENCE ROUND



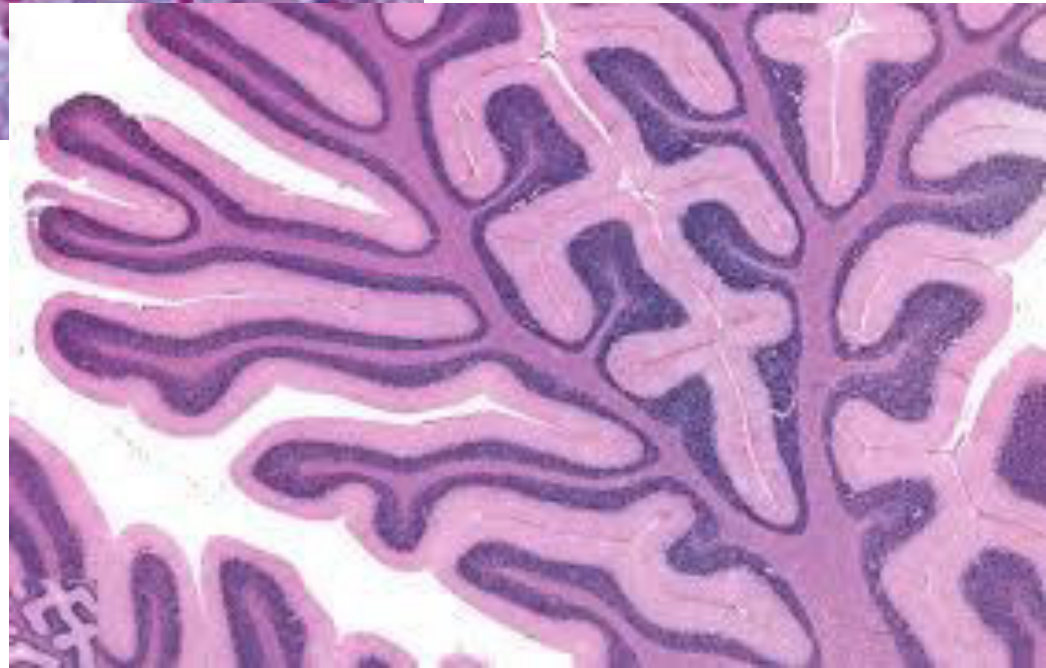
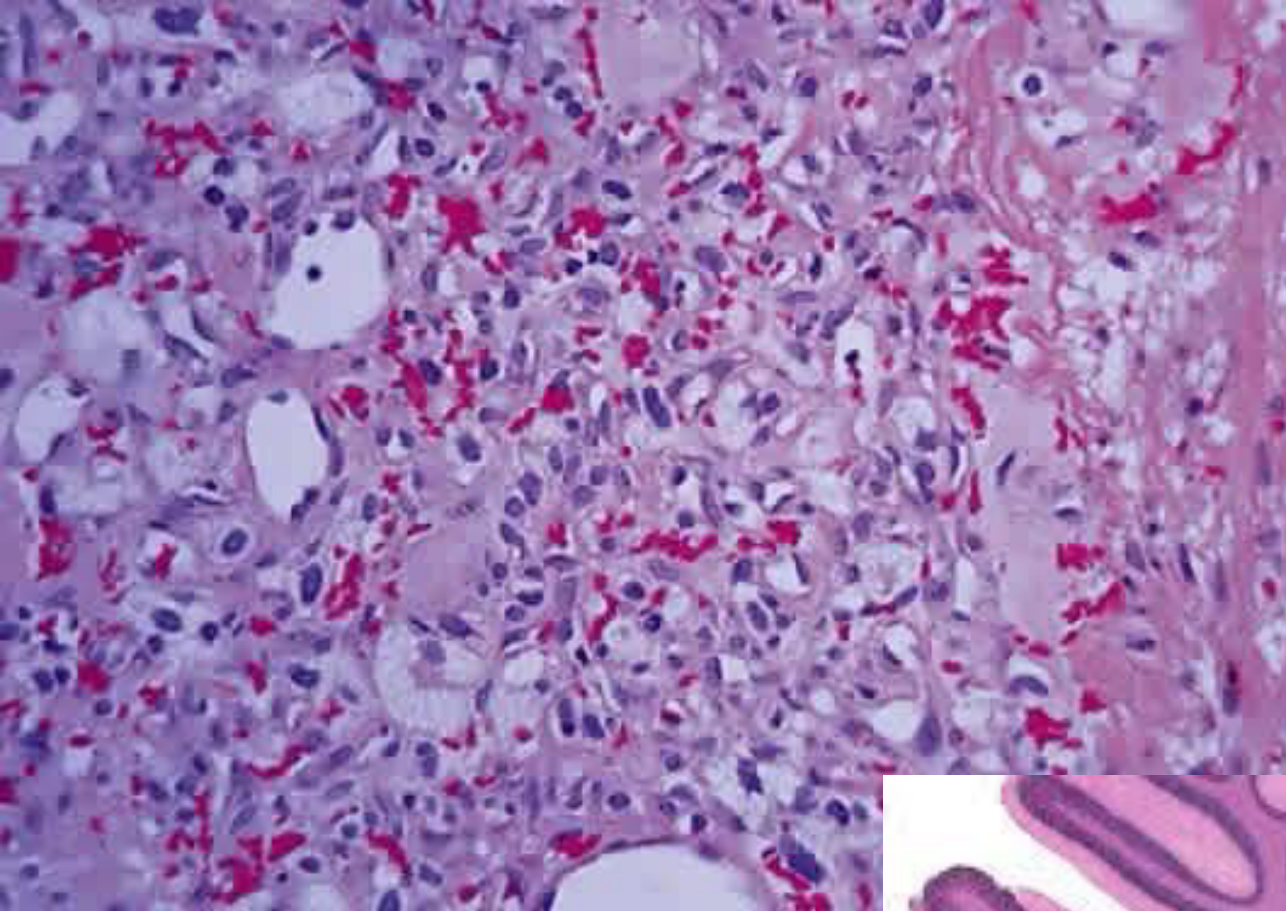


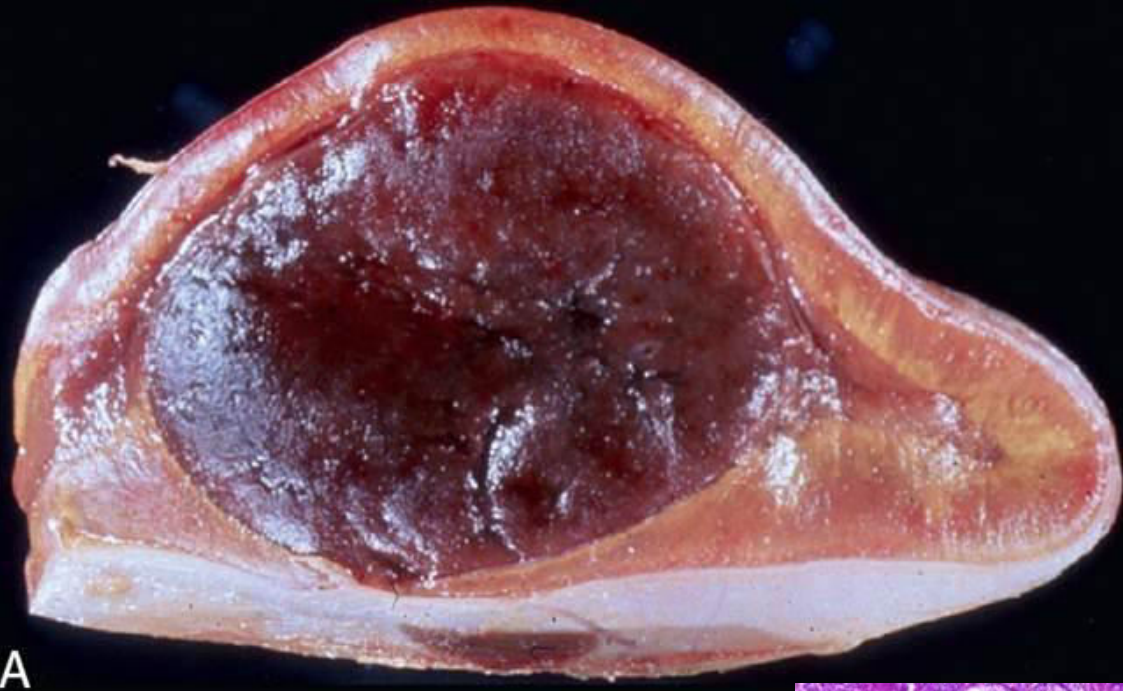
# ROUND 4

# CONNECTIONS

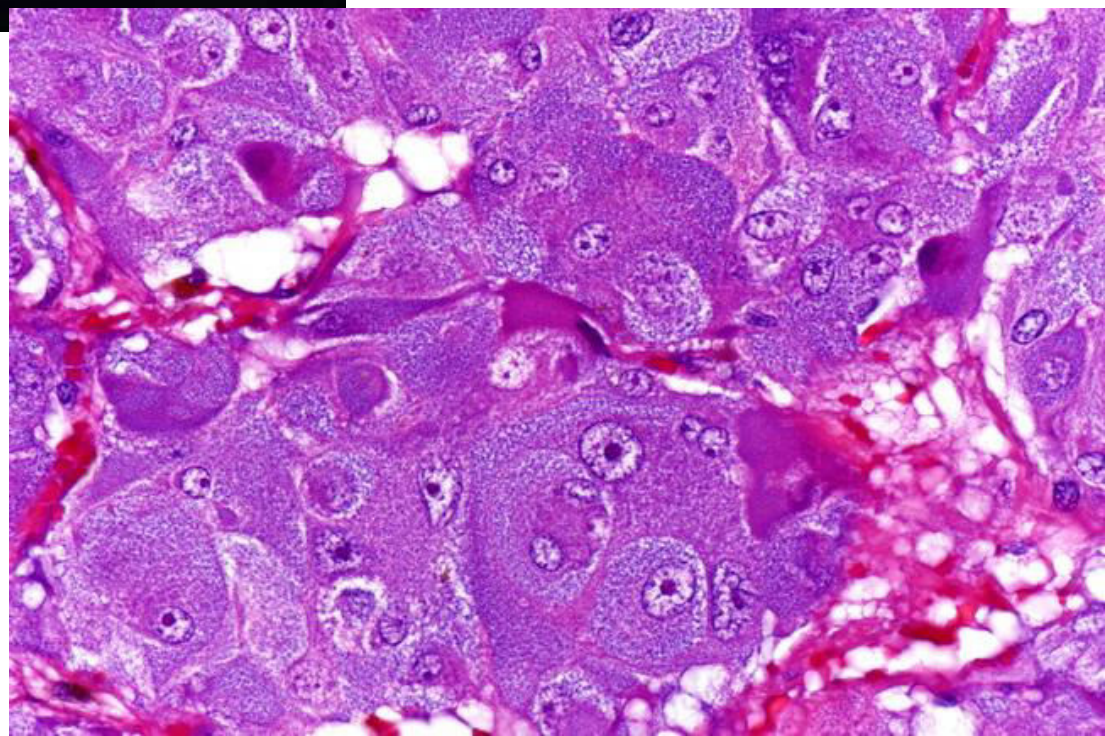


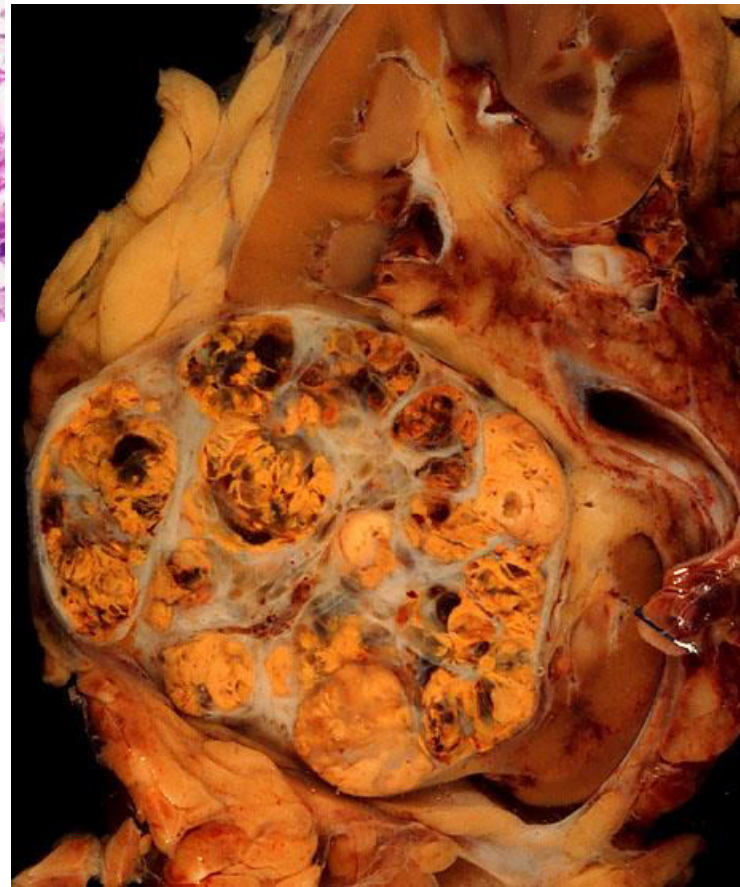
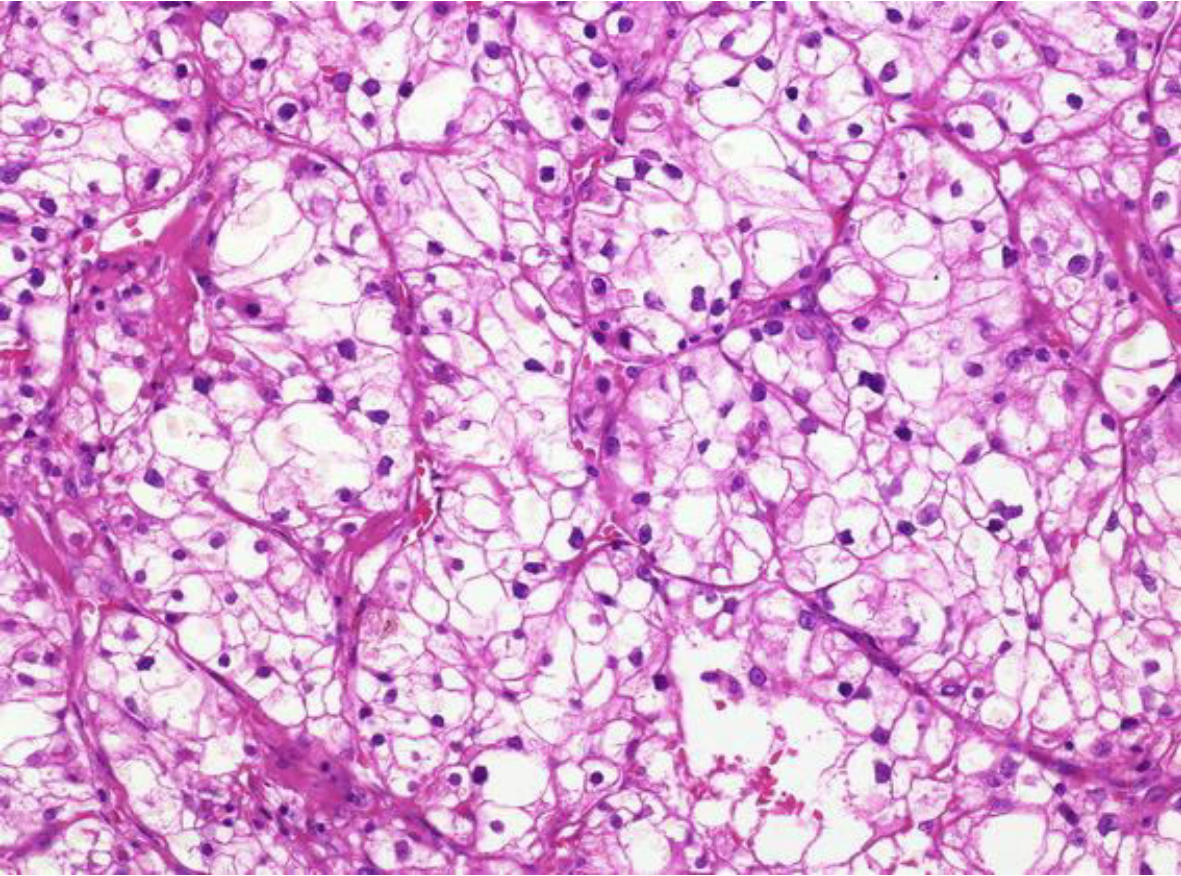
# ROUND 4A-TEAM A





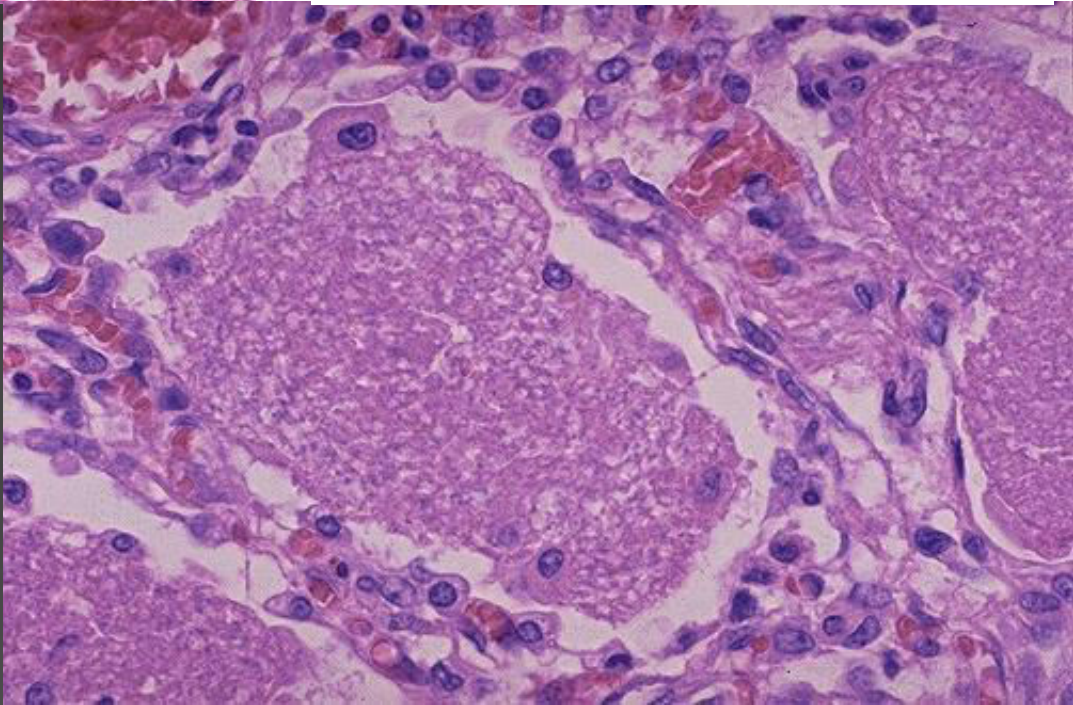
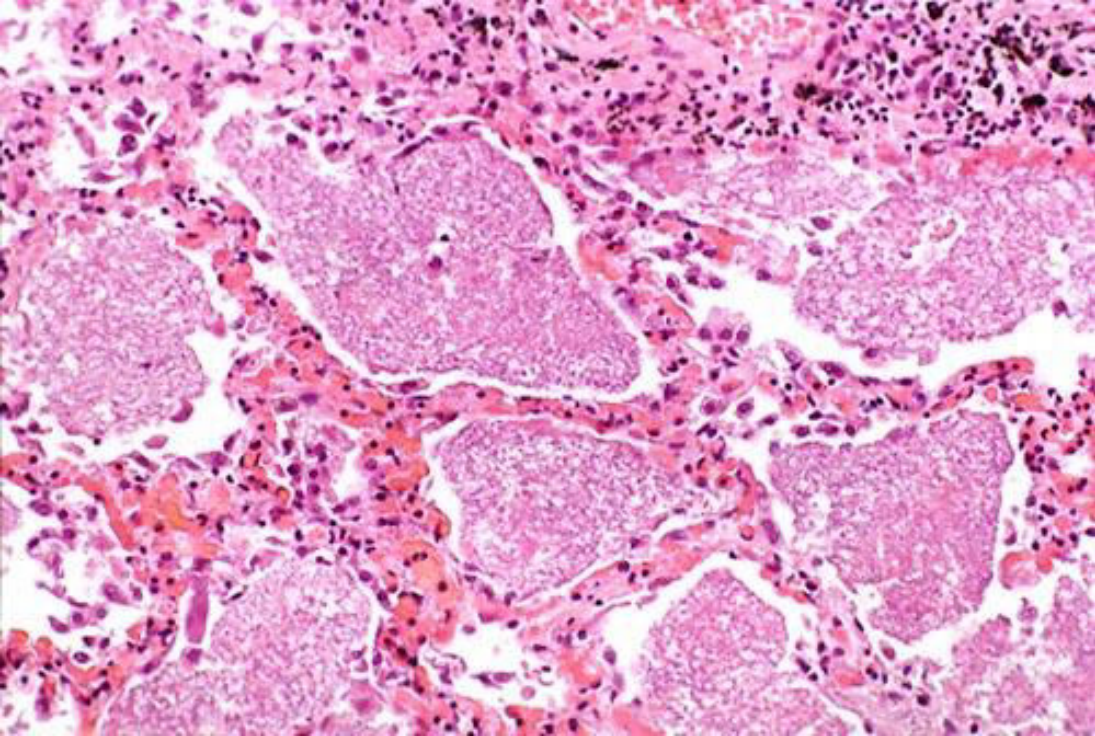
A

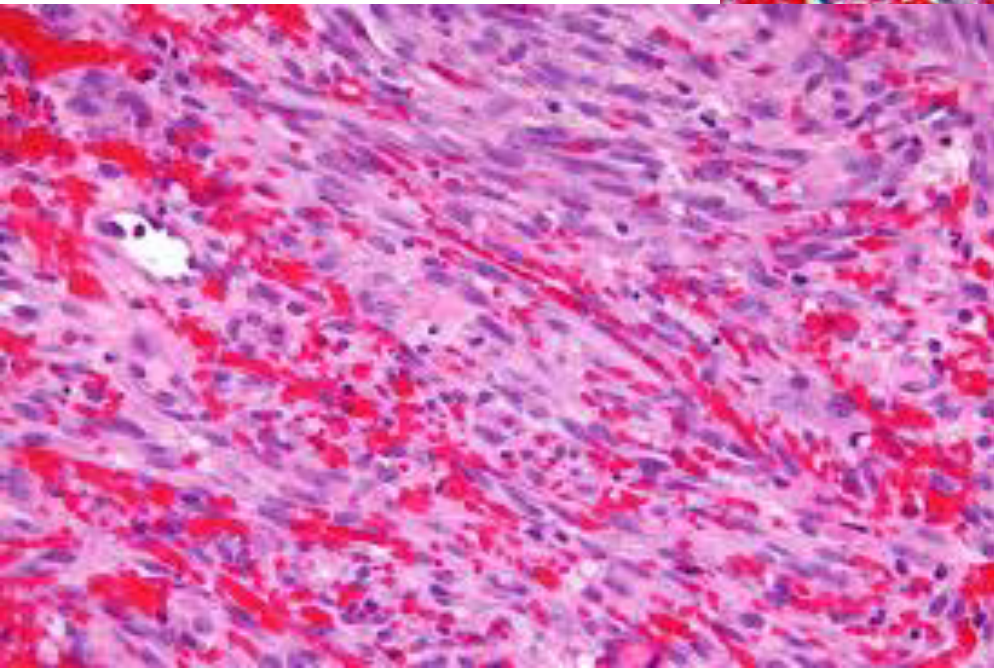
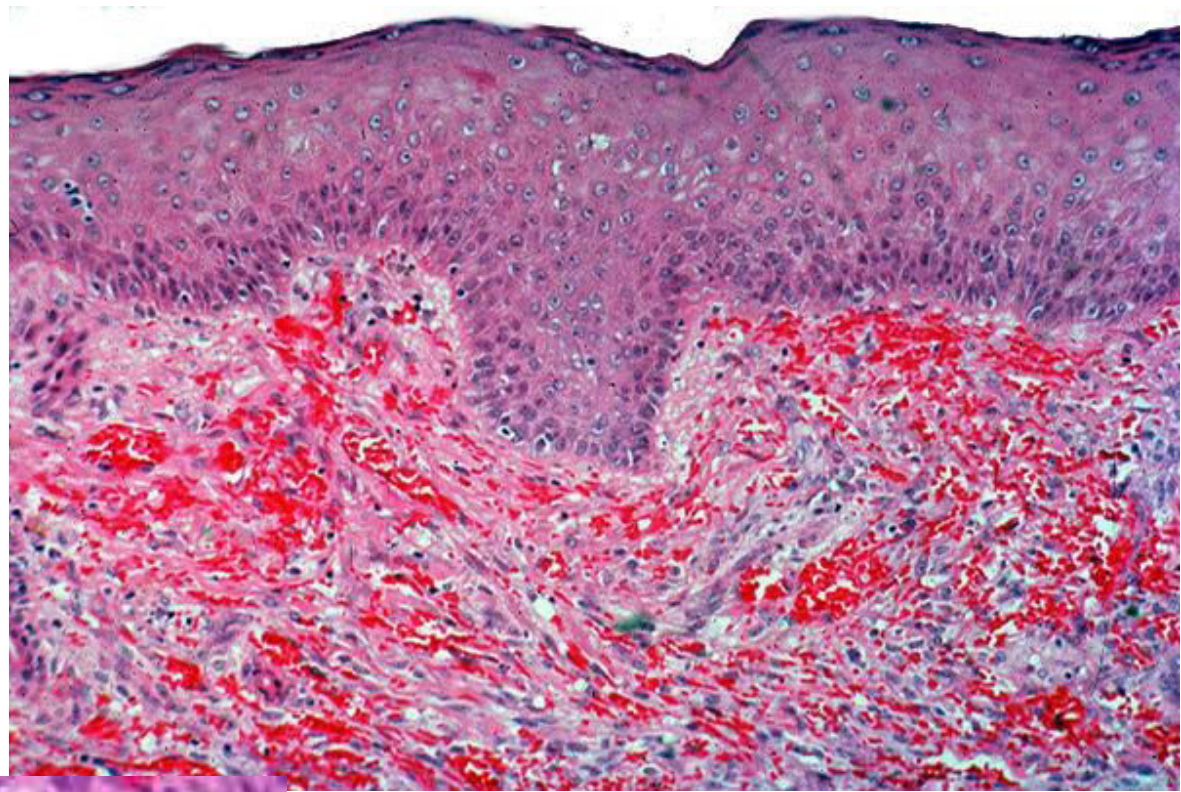


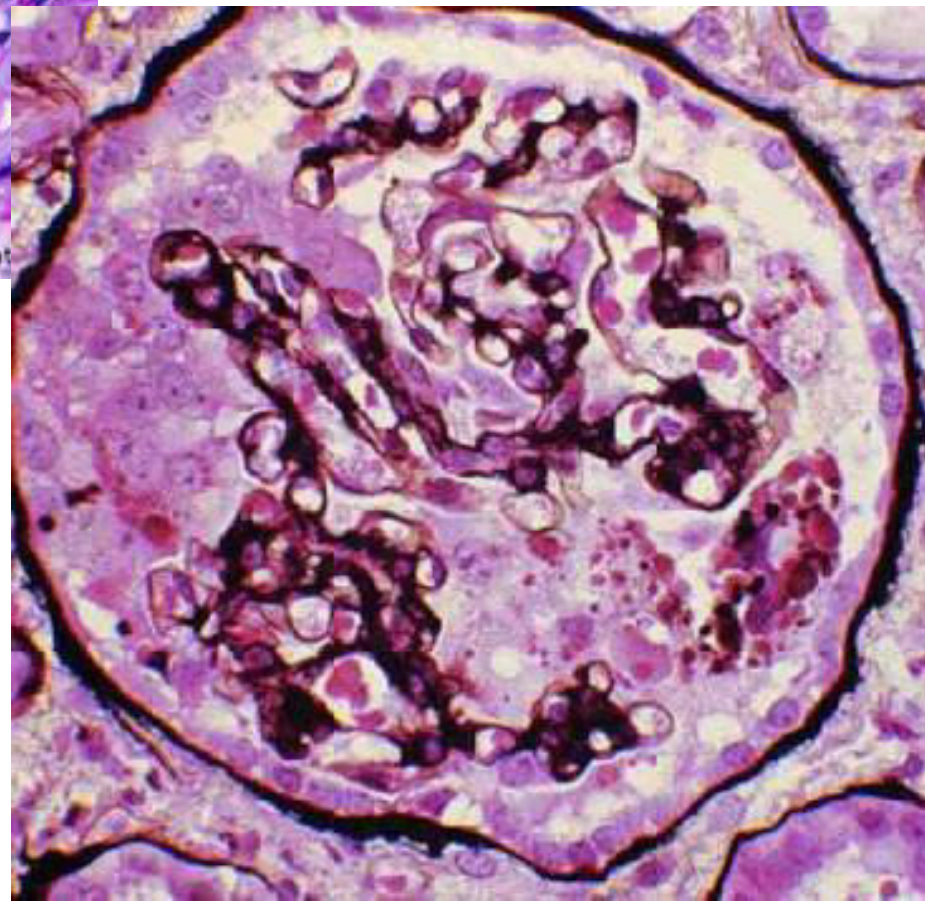
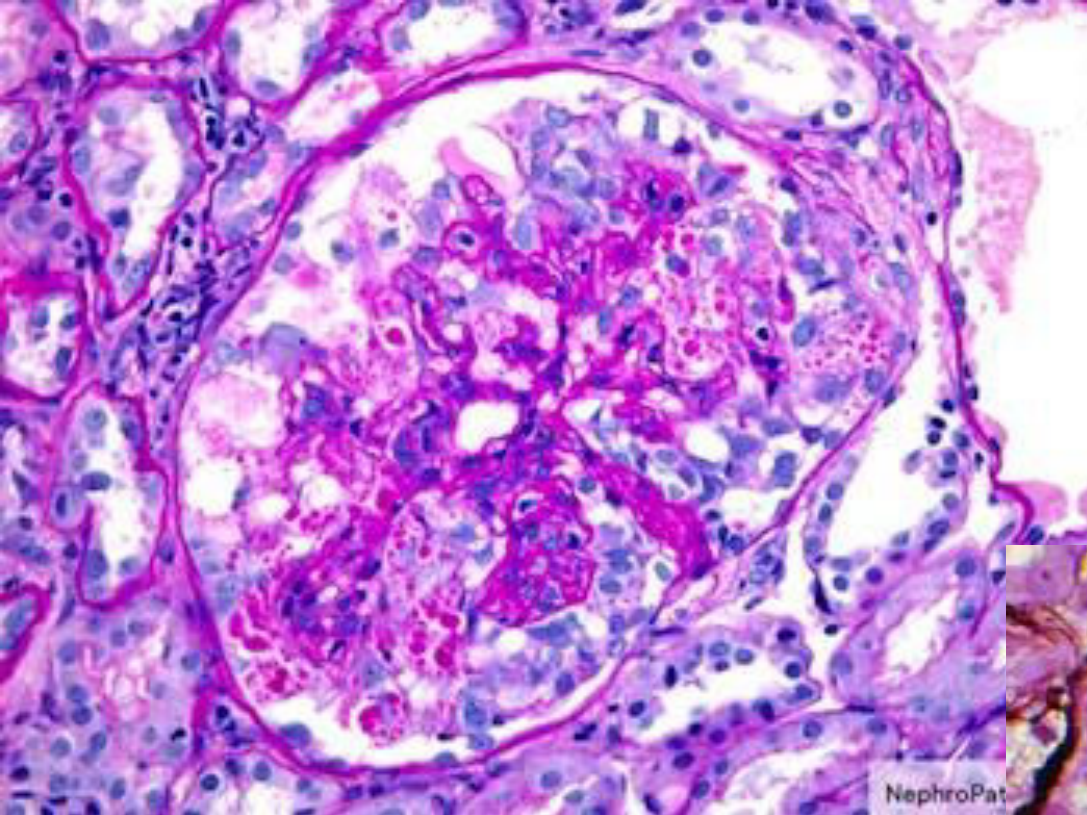




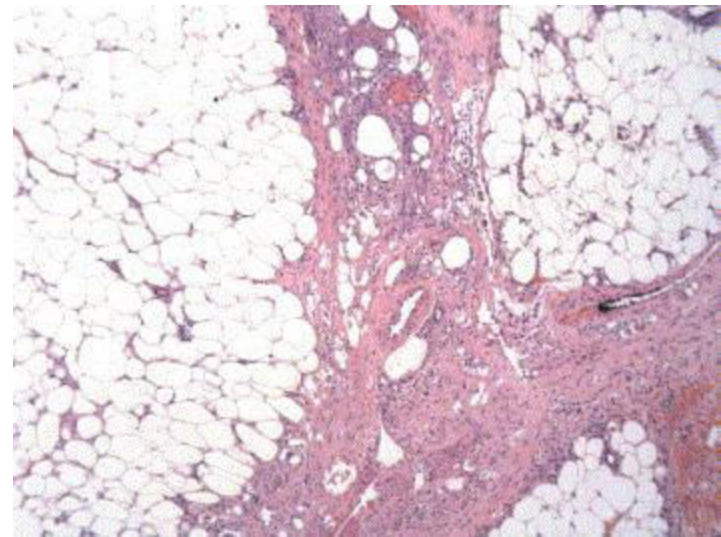
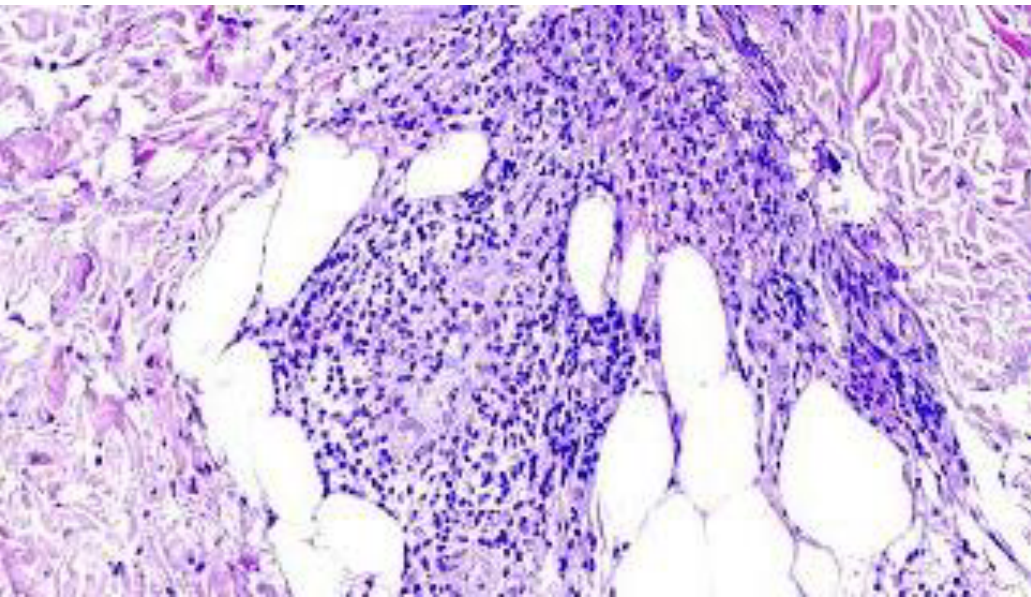
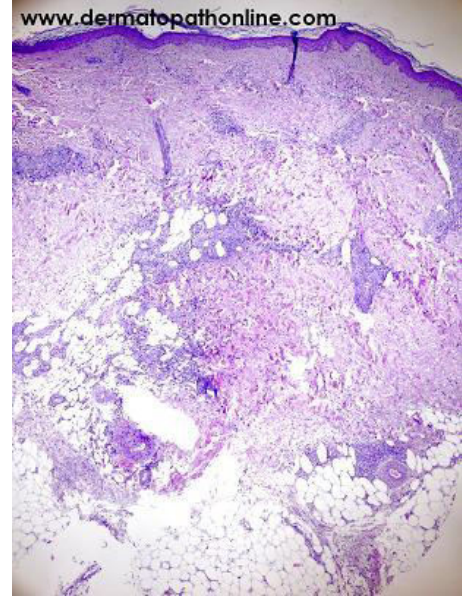
# ROUND 4A-TEAM B

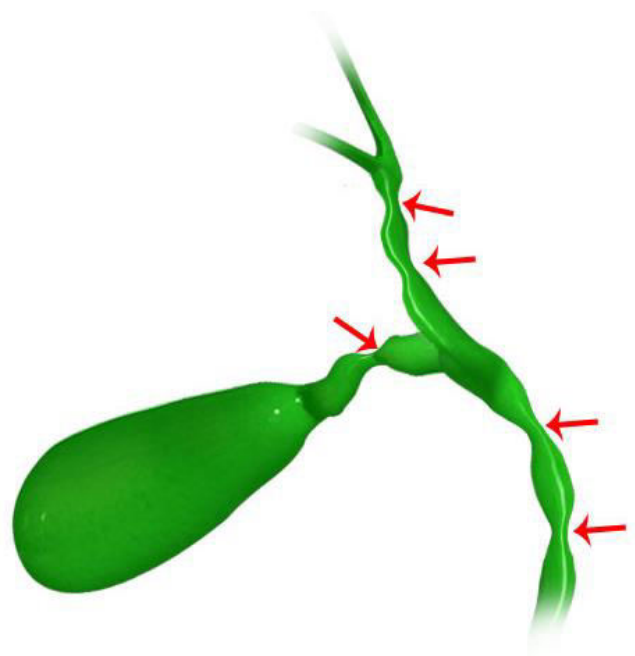
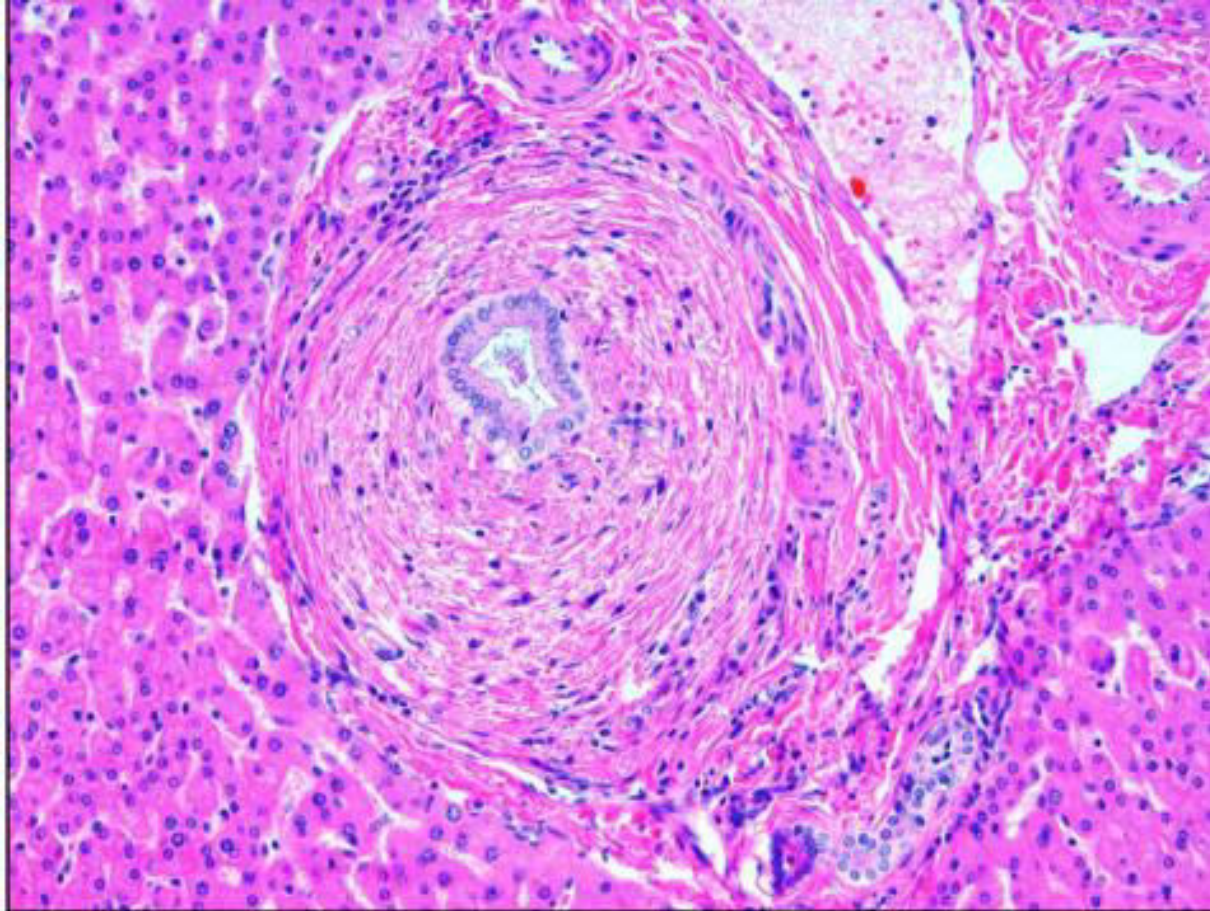


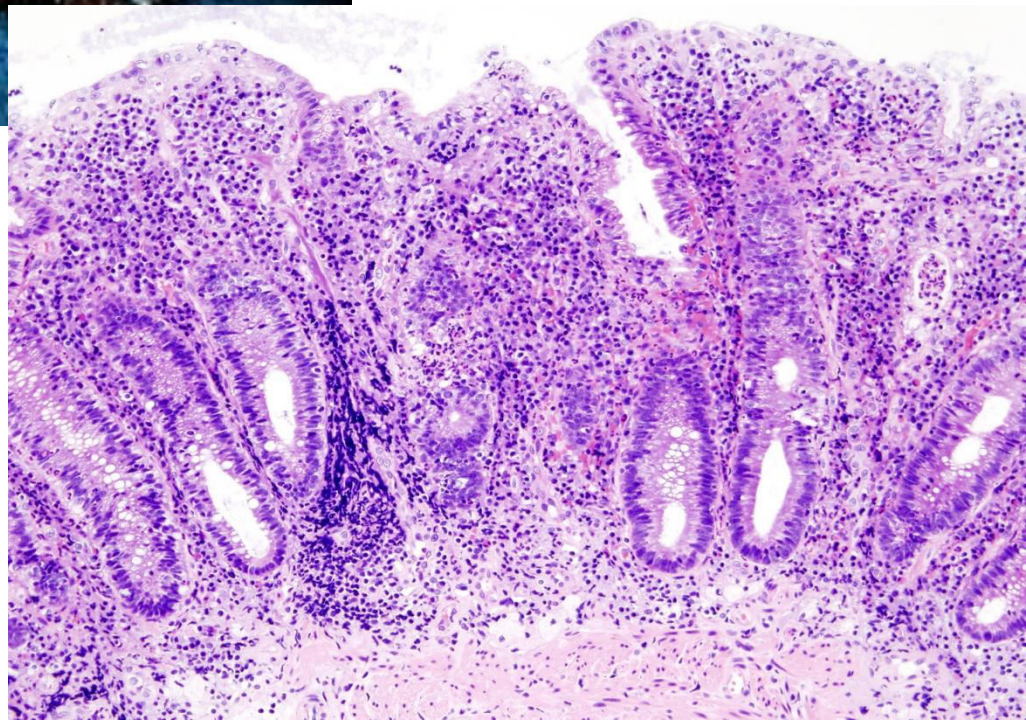




# ROUND 4A-TEAM C

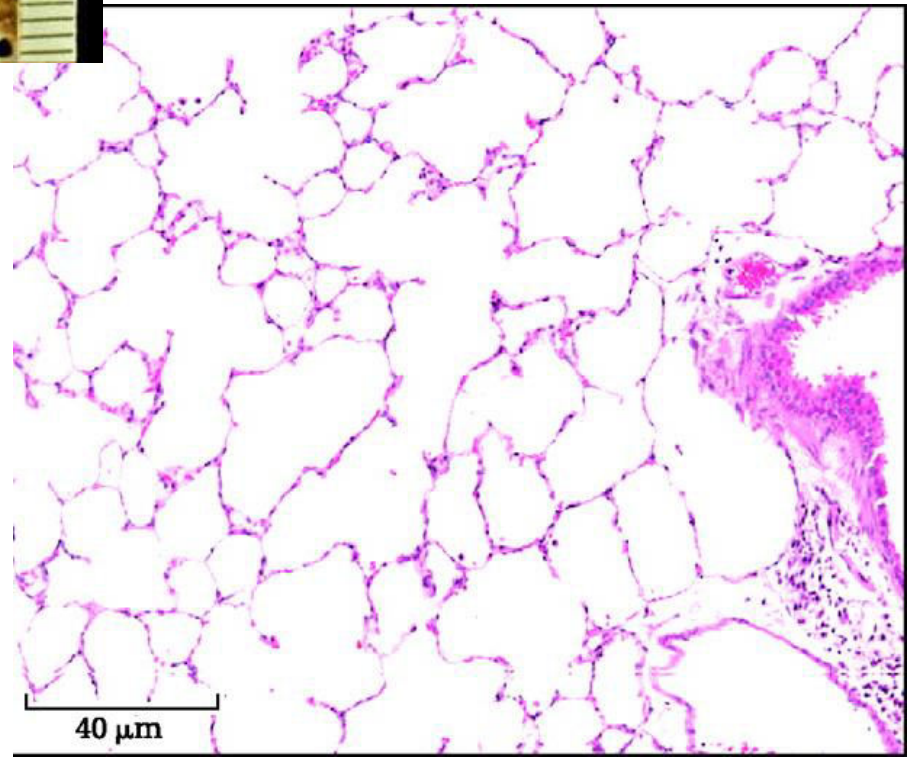
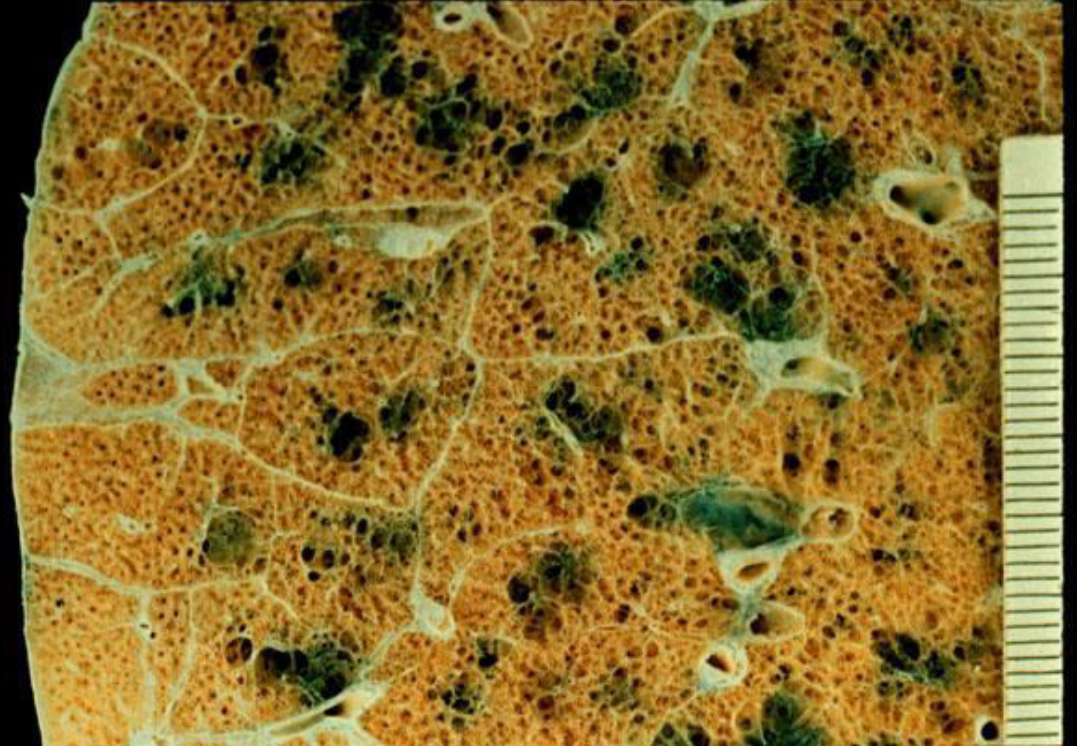


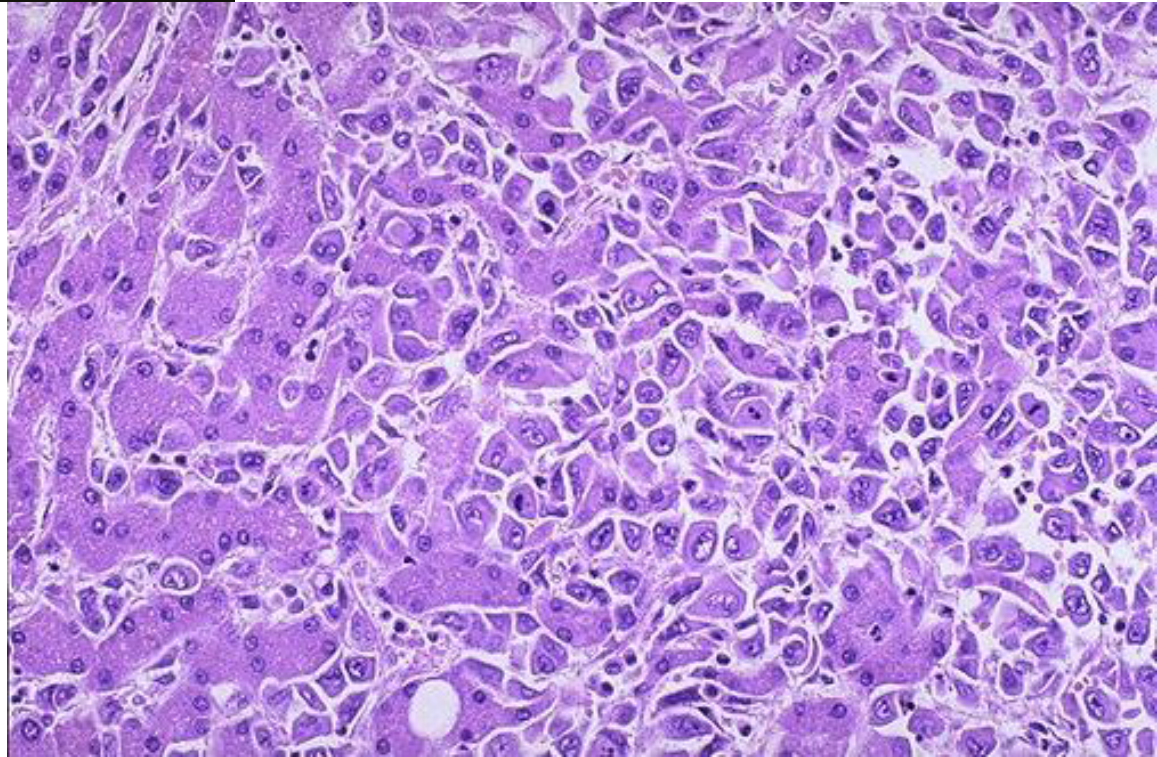


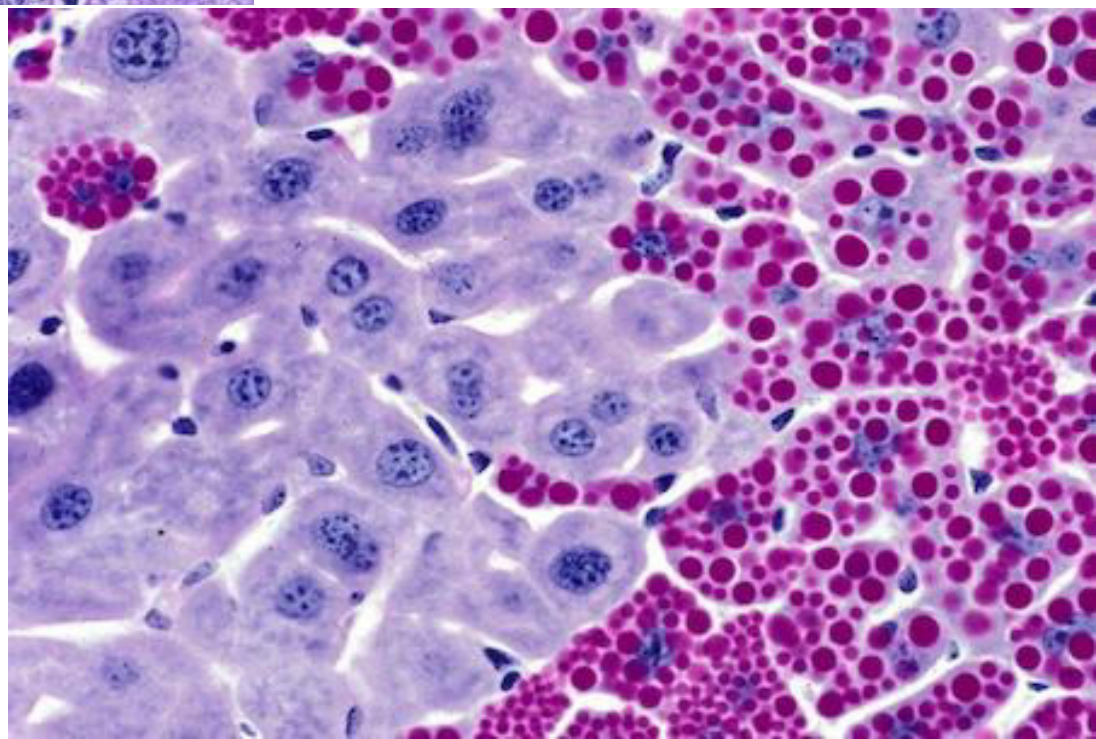
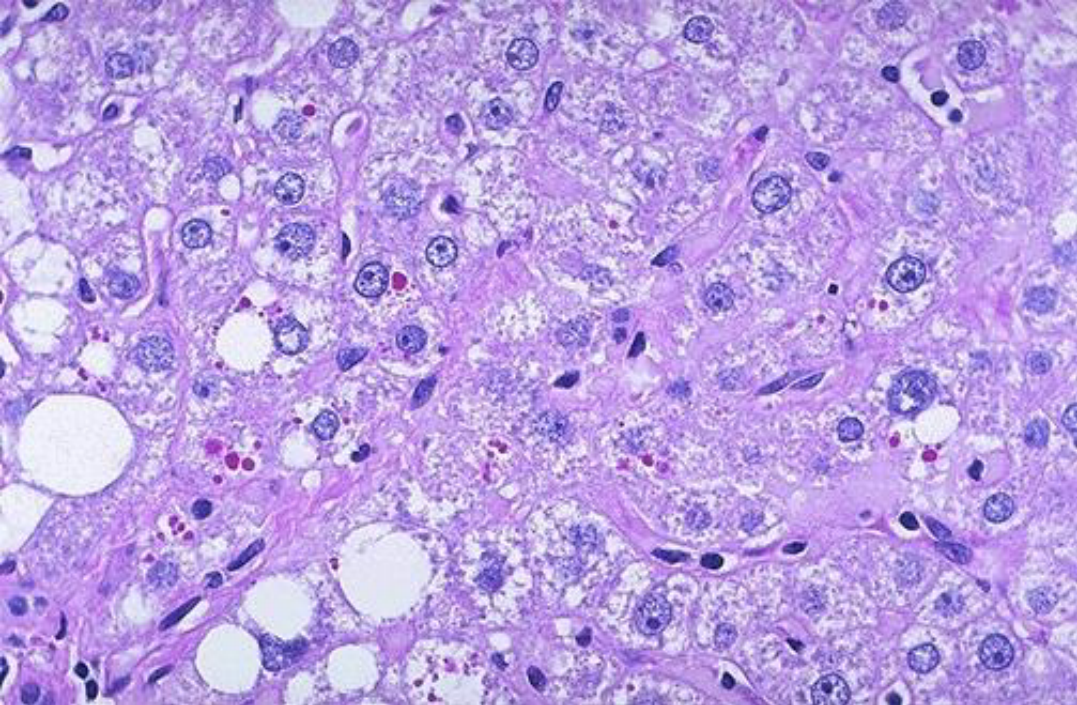




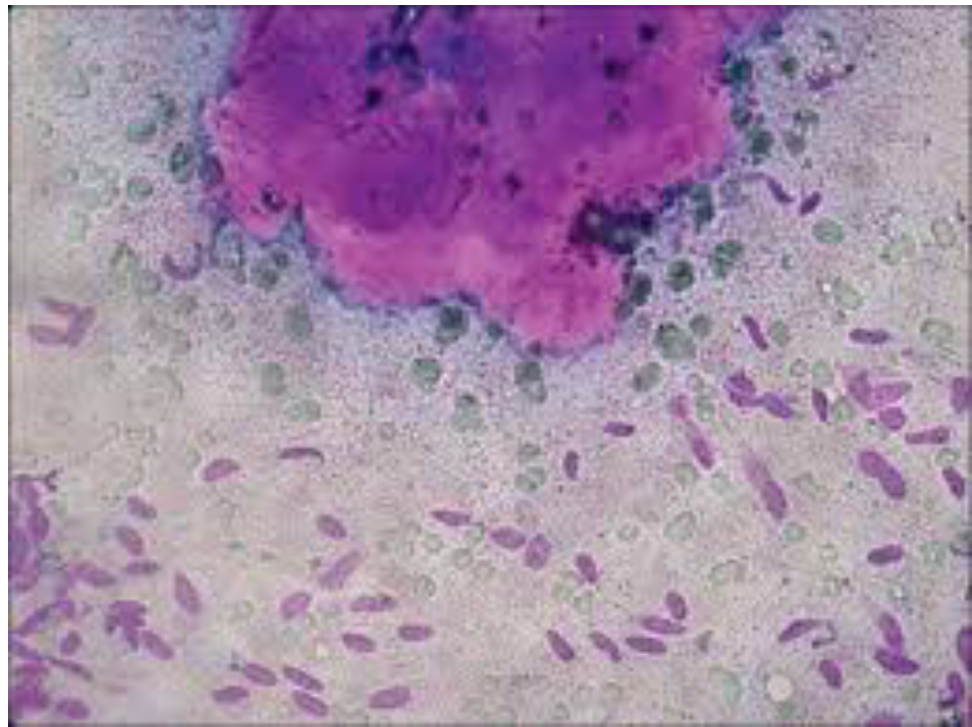
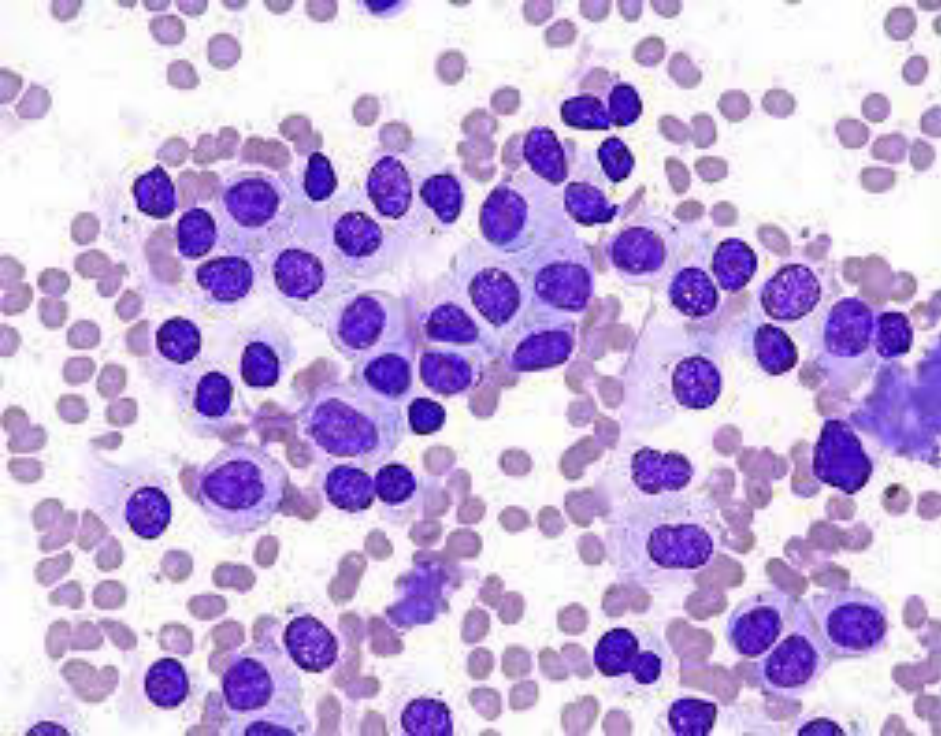
# ROUND 4A-TEAM D

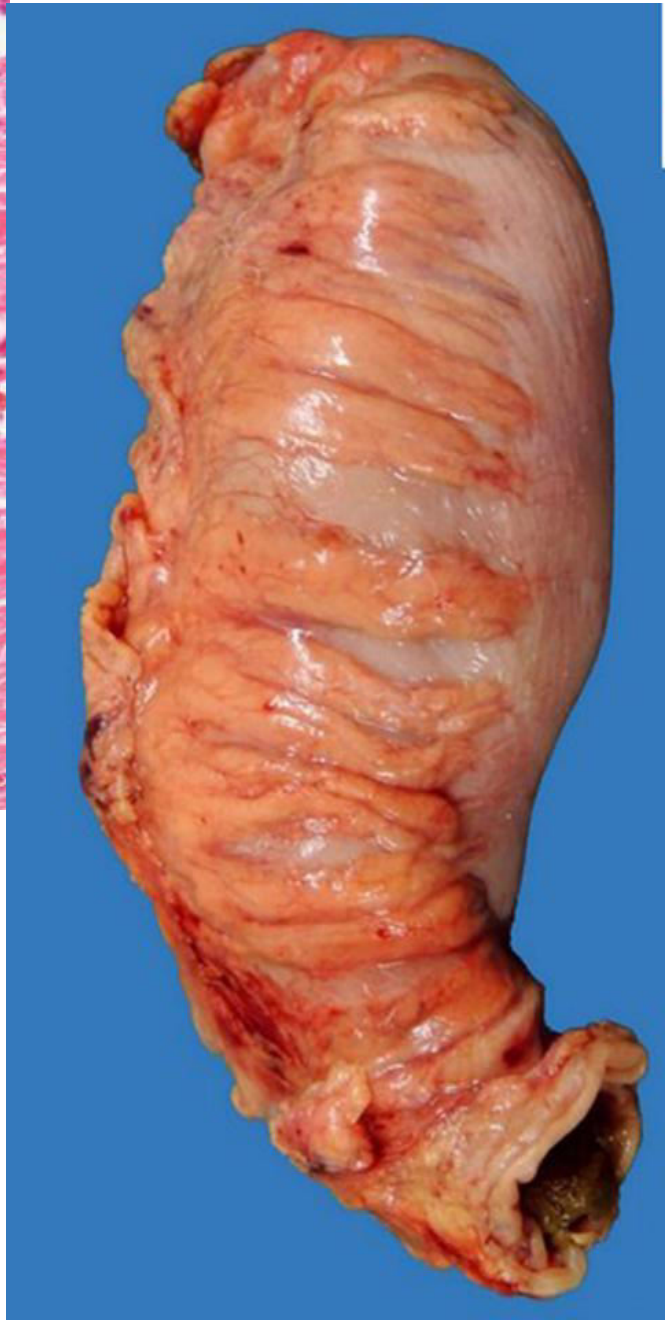
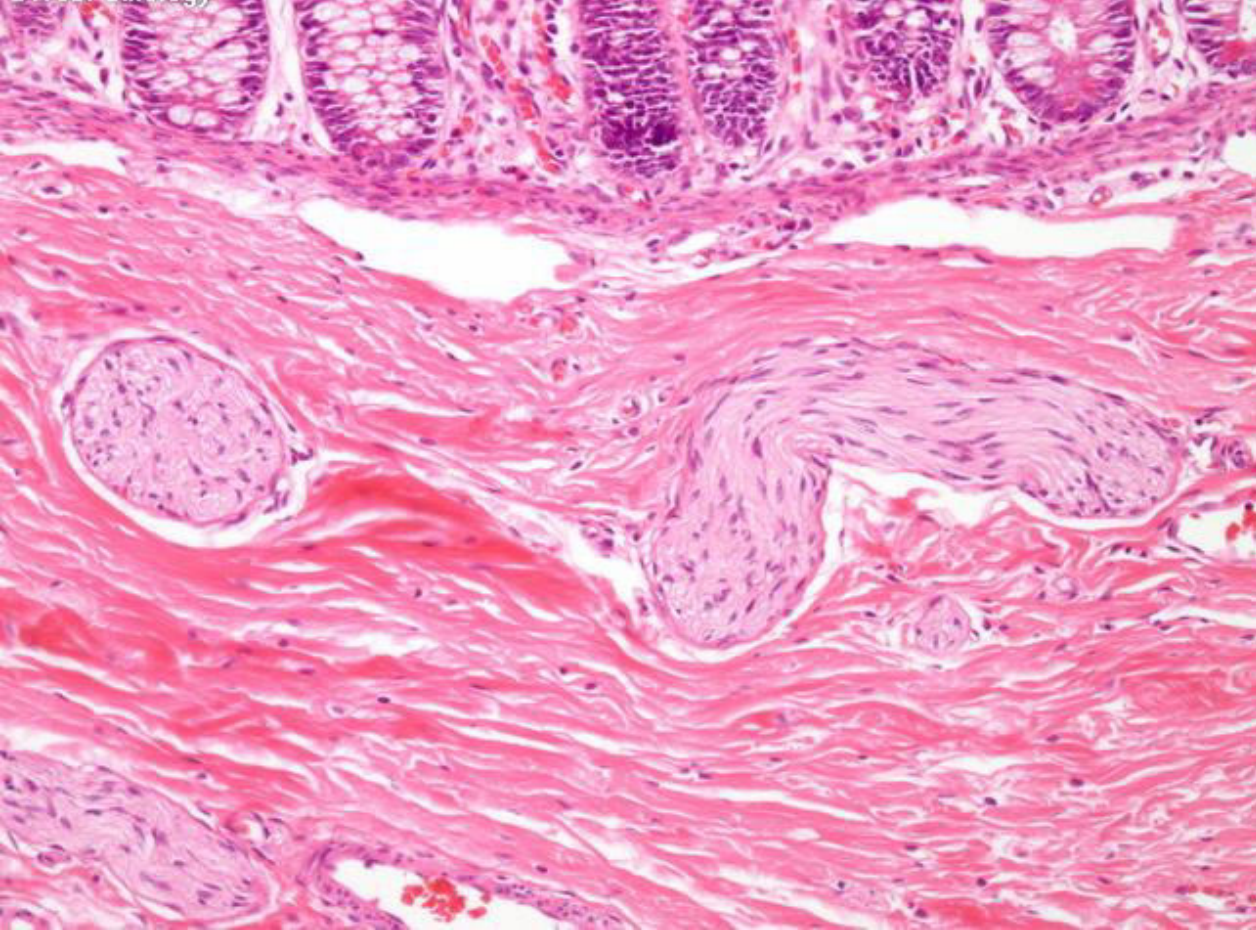


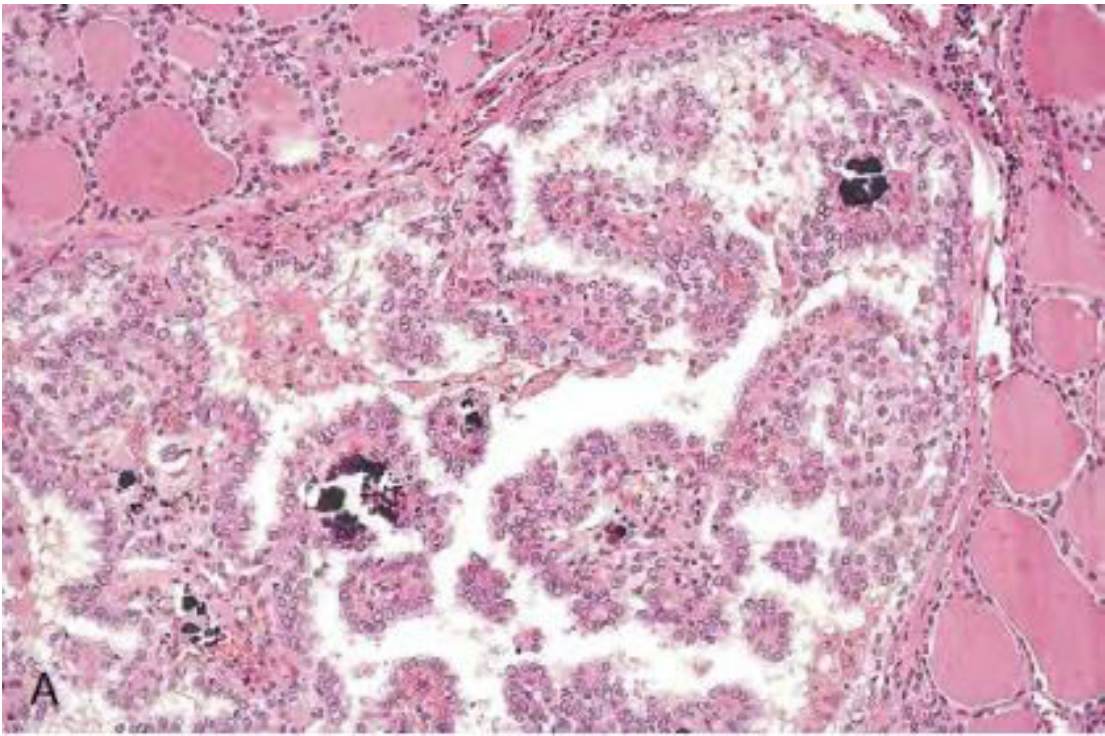
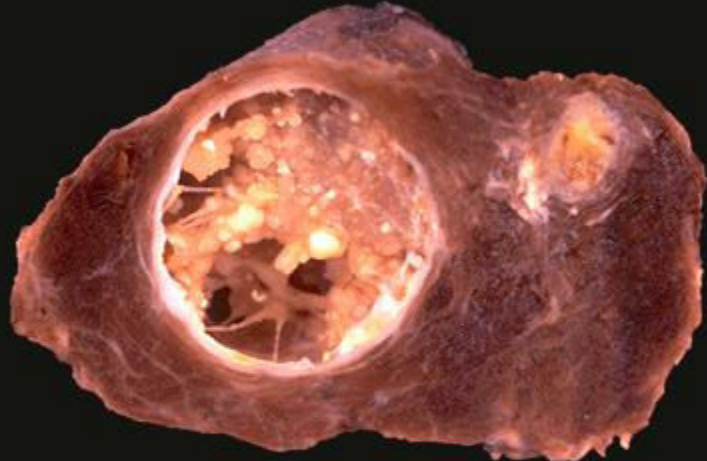




# ROUND 4A-TEAM E

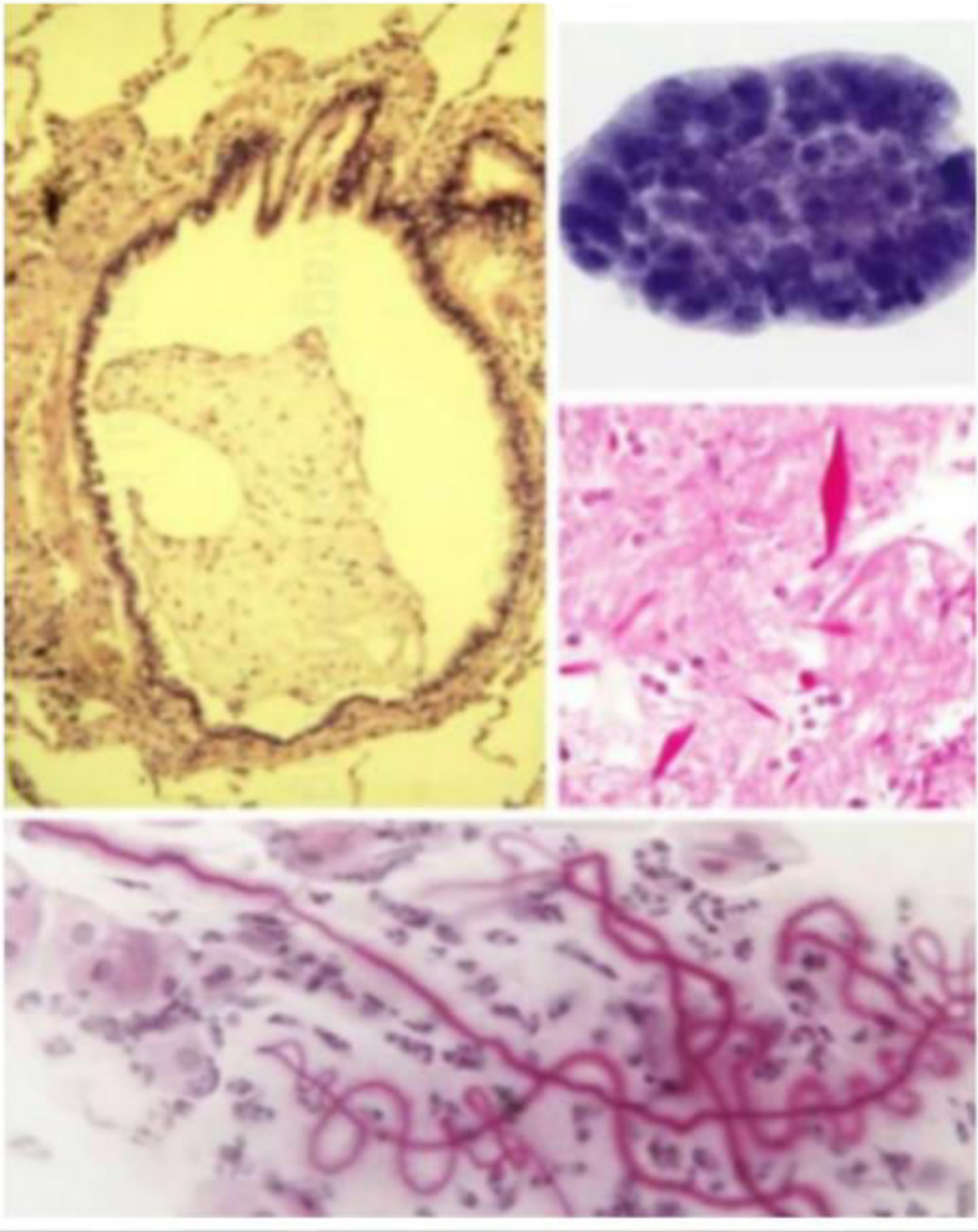








# ROUND 4B-TEAM A

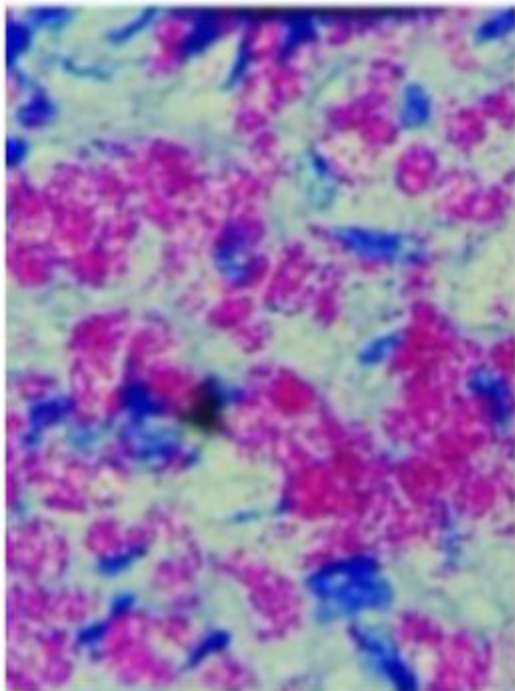


**Connect**

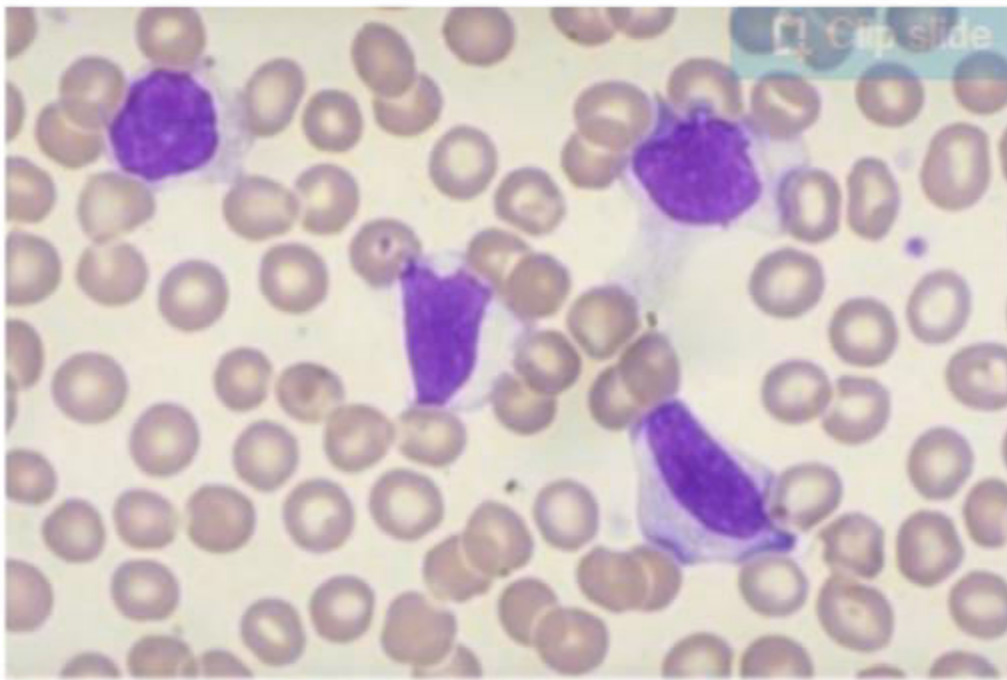
# **ROUND 4B-TEAM B**



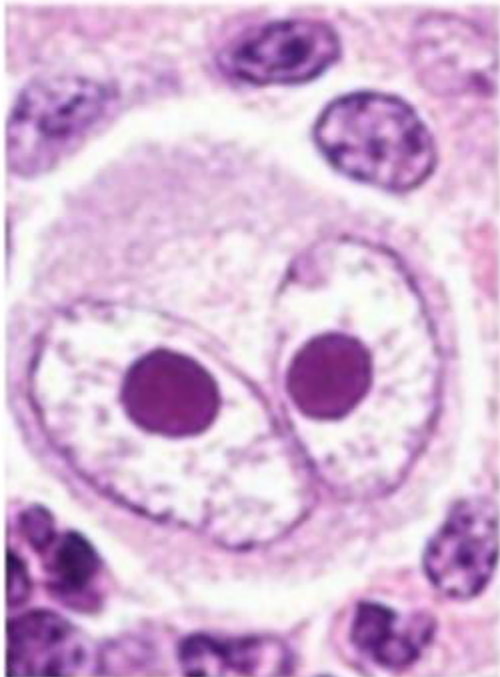
**Connect**



# ROUND 4B-TEAM C



Connect



# ROUND 4B-TEAM D

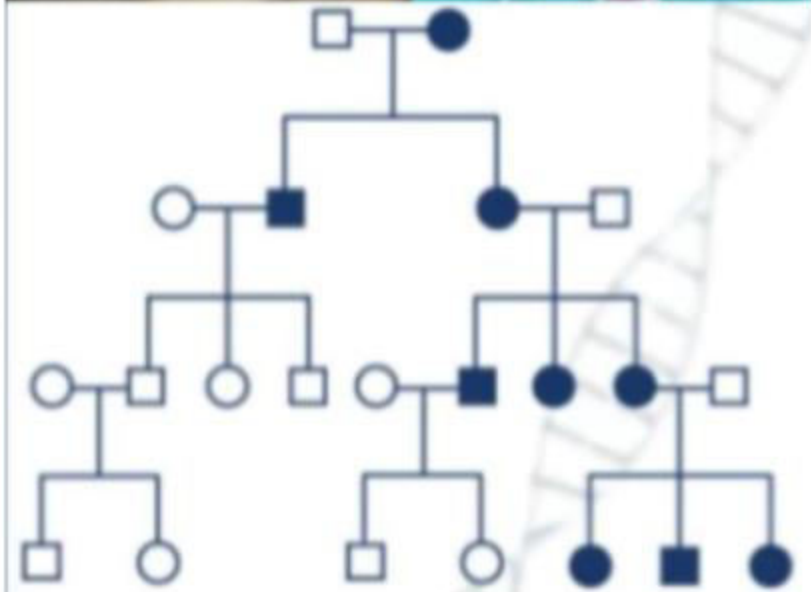
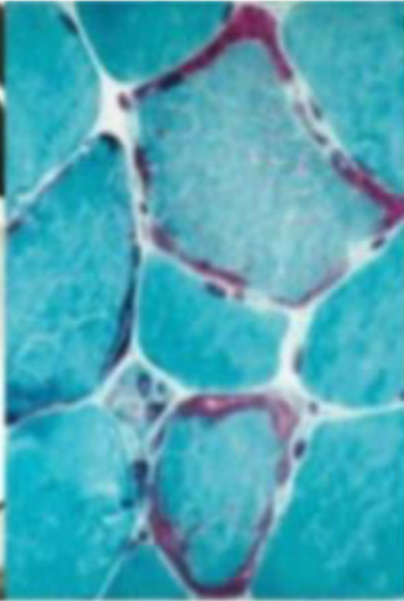


Connect





# ROUND 4B-TEAM E



# AUDIENCE ROUND



**ROUND 5**

**Rapid Fire Round**

# ROUND 5-TEAM A

- 1. Microscope was invented by-**
- 2. Name the ideal fixative for spleen-**
- 3. Specific translocation for synovial sarcoma is-**
- 4. Macrophage in Whipples disease stain for -**
- 5. Decoy cells are seen in infection by-**
- 6. Name the algorithm associated with DLBCL-**
- 7. NK cells are MHC restricted –true/false**
- 8. WHO grade for diffuse midline glioma is-**
- 9. Name the specific IHC marker for Alveolar soft part sarcoma -**
- 10. Latest edition of Wintrob's Clinical Hematology-**

# ROUND 5-TEAM B

1. **Father of modern pathology-**
2. **Name the ideal fixative for electron microscopy:**
3. **Translocation for follicular lymphoma -**
4. **Special stain for Chromophobe RCC is-**
5. **Floating neurons is seen in -**
6. **Name the criteria used to assess severe Aplastic anemia–**
7. **Virus associated with Stomach carcinoma is EBV-  
true/false**
8. **Zap 70 positivity in CLL is a good/bad prognostic  
criteria?-**
9. **Name the Specific IHC marker for Chordoma –**
10. **Latest edition of Rosai and Ackerman surgical pathology-**

# ROUND 5-TEAM C

1. **Electron microscope was invented by-**
2. **Name the ideal fixative for IHC:**
3. **Molecular hallmark of oligodendroglioma is-**
4. **Special stain to detect spirochetes-**
5. **Miculicz cell is seen in -**
6. **Shimada criteria is used to classify:**
7. **Inheritance of Hereditary Spherocytosis can be Autosomal recessive –True/false**
8. **Cribriform pattern falls under which Gleason score-**
9. **Name the New Specific IHC marker for Synovial sarcoma -**
10. **Latest edition of Sternberg's diagnostic surgical pathology is-**

# ROUND 5-TEAM D

- 1. Father of modern cytology is :**
- 2. Name the embedding media for electron microscopy:**
- 3. Most common translocation in Burkitt Lymphoma:**
- 4. Marshal Scarlet Blue stain detects :**
- 5. Spider cells are seen in :**
- 6. Child Pugh Score is a prognostic criteria for?**
- 7. Most common Paraneoplastic syndrome is SIADH-true/false :**
- 8. Pagets spread changes the T category in breast: True or false**
- 9. Name the new specific marker for Hemangiopericytoma of brain:**
- 10. Latest edition of Orell FNA cytology is :**



# ROUND 5-TEAM E

1. DNA was discovered by :
2. Universal dehydrating agent is :
3. Most common translocation in Mantle cell lymphoma:
4. Name a special stain to detect Michaelis-Guttman body
5. Civatte body is seen in:
6. Name the scoring system for Adrenocortical carcinoma :
7. Small cell carcinoma of prostate is Gleasons pattern 5-true/false  
:
8. Raised ferritin levels in neuroblastoma is a good/bad prognostic sign:
9. New Specific IHC marker for Leiomyosarcoma:
10. Latest edition of Fletchers diagnostic histopathology of tumours-

# AUDIENCE QUESTION

