



The Royal College of Pathologists

Pathology: the science behind the cure

SURGICAL PATHOLOGY – SAMPLE QUESTIONS

(Time available 3 hours, including report writing)

This part of the examination is to test your ability either to arrive at an unequivocal diagnosis or to construct an appropriate differential diagnosis, to set out the evidence on which your opinion is based, and, if indicated, to state what further investigations (clinical or laboratory) will lead to the correct conclusion and why.

There are twenty cases with accompanying *brief* details. You should give the following in the form of a report to the referring physician or surgeon:

- description of the histopathological findings
- diagnosis (including WHO-2007 grade, when appropriate) and other information relevant to clinical management
- indicate which additional investigations, if any, are NECESSARY to establish the diagnosis or to assist patient care

NOTE THAT CASE 20 (CSF) WILL BE AVAILABLE TO EACH CANDIDATE FOR 45 MINUTES ONLY.

In your answer book, please write a microscopical report for each case, keeping the above aims in mind, in the style you would use in a diagnostic service setting.



Case Number	Gender/Age	Clinical History
1	Male 52 years	Right middle cranial fossa tumour - incidental finding on imaging. Tumour excised.
2	Male 65 years	Left frontal brain lesion biopsied. Lung carcinoma with brain metastasis treated with surgery and radiotherapy 2 years ago ?recurrence.
3	Female 64 years	Pineal-region mass several years – recent increased size on surveillance scan. Excised.
4	Female 60 years	Deteriorating vision. Sellar-based tumour biopsied.
5	Male 65 years	Several months of headaches. Previous melanoma. Right frontal mixed density tumour with cyst excised. ?Metastasis ?high-grade glioma
6	Female 45 years	Presented with VI nerve palsy. Previous intravenous drug use and Hepatitis C positive. Middle cranial fossa floor lesion biopsied.
7	Male 40 years	Presented with transient dysphasia. Endoscopic aspiration and biopsy of pineal mass.
8	Male 70 years	1 week history of slurred speech and confusion. Biopsy of left basal ganglia/temporal lobe region mass.
9	Male 70 years	Frontal region brain parenchyma biopsy. Rapidly progressive dementia.
10	Female 50 years	Large tumour involving frontal sinuses and scalp. Multiple recurrences over several years re-excised.
11	Male 48 years	Sensory disturbance in limbs. Previous radiotherapy for Hodgkin's lymphoma. C4 intradural tumour excised.
12	Female 56 years	Short history of right sided weakness. Cystic, contrast enhancing mass in frontal region debulked.
13	Male 64 years	Malignant brain tumour treated 2 years earlier. Recurrence debulked.
14	Male 46 years	Haemorrhagic temporal lobe lesion resected. Recently bled.
15	Male 22 years	Presented with deafness. Imaging shows complex partly cystic mass involving the dorsal midbrain region and hydrocephalus. Endoscopic biopsy.
16	Male 50 years	Headaches and confusion. Immunosuppressed. Right frontal cystic lesion mass excised.
17	Female 33 years	Tumour in cerebellum debulked 12 months ago, recurrence excised.
18	Male 53 years	Left back and hip pain. Left L1 nerve root tumour excised.
19	Female 24 years	3 years of headaches, worse in past few weeks. MRI shows hyperintense mass involving left lateral ventricle. Debulked.
20 (CSF - SHARED)	Male 69 years	Confusion and hydrocephalus. Shunt inserted and CSF obtained.