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POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

MD (PATHOLOGY) HAEMATOLOGY EXAMINATION – JANUARY 2012

Date :- 16th January 2012

Time :- 1.00 p.m. – 4.00 p.m.

Answer question **one** and **three** others.

Answer each question in a separate book.

All questions carry equal marks.

PAPER I

1. A previously healthy 45 year old female was admitted for hysterectomy. Since her pre-operative Hb was low the anaesthetist requested 2 units of red cell transfusion. She became unwell with chest pain, loin pain, tachypnoea and hypotension 15 minutes after the commencement of the first transfusion.
 - 1.1. What is the differential diagnosis ? (20 marks)
 - 1.2. Discuss how you would investigate and manage this patient. (80 marks)

2. Discuss the causes, investigations and management of a patient referred with a persistent peripheral blood eosinophilia (eosinophil count is approximately $15 \times 10^9/L$) (100 marks)

3.
 - 3.1. Discuss the differential diagnosis and how you would investigate an eight month old infant who presents with a Hb of 7 g/dl. MCV – 60 fl, MCH – 20pg. (40 marks)
 - 3.2. Outline the longterm management plan if this infant is subsequently diagnosed as beta thalassaemia major. (60 marks)

4. Write short notes on –

- 4.1. Prognostic indicators in myelodysplastic syndrome. (35 marks)
- 4.2. Anaemia of prematurity. (35 marks)
- 4.3. Mixed phenotype acute leukaemia. (30 marks)

5.

- 5.1. How would you clinically suspect the presence of inhibitors in a haemophilia patient. (20 marks)
- 5.2. How would you investigate such a patient. (20 marks)
- 5.3. Discuss the treatment options available for a haemophilia A patient with inhibitors. (60 marks)

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POSTGRADUATE INSTITUTE OF MEDICINE
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MD (PATHOLOGY) HAEMATOLOGY EXAMINATION – JANUARY 2012

Date :- 17th January 2012

Time :- 9.00 A.m. – 12.00 noon.

Answer **four** question only.
Answer each question in a separate book.
All questions carry equal marks.

PAPER II

1.

- 1.1. Outline the current classification of B Acute Lymphoblastic Leukaemia/lymphoma. (30 marks)
- 1.2. Discuss the prognostic implications of cytogenetic changes in this disease and how this will influence your clinical management. (70 marks)

2.

- 2.1. Discuss the investigations for the diagnosis of iron deficiency, functional iron deficiency and anaemia of chronic disease. (50 marks)
- 2.2. Describe how these investigations will help in the management of the above conditions. (50 marks)

3.

- 3.1. You have an automated FBC analyzer with five part differential in your laboratory. How do you assure the quality of the FBC results? (80 marks)
- 3.2. If you receive a new haematology analyzer how would you determine the normal range for the FBC results? (20 marks)

Contd.../2-

4. Write short notes on-

- 4.1. Effects of paraprotein in haemostasis. (35 marks)
- 4.2. Assessment of minimal residual disease in AML. (30 marks)
- 4.3. Diagnosis of platelet refractoriness. (35 marks)

5. 27 year old female was admitted with a history of fever of 5 days duration. She had developed few echymotic patches and found to be drowsy and confused on admission. She looked pale.

FBC	
Hb	5.3 g/dL
WBC	12,240/mm ³ with N – 82%
Platelet count	8,000/mm ³
Retic count	20.5%

Diagnosis of Thrombotic Thrombocytopenic Purpura (TTP) was suspected.

- 5.1. What further investigations will confirm this diagnosis ? (20 marks)
- 5.2. Describe the pathophysiology of this disorder. (40 marks)
- 5.3. How do you manage this patient ? (40 marks)