Test bank pathology lecture 2

1. What is an embolus?

A. A solid mass attached to a vessel wall
B. A liquid substance within the blood
C. A detached intravascular solid, liquid, or gaseous mass
D. A thrombus adhering to its site of origin
Answer: C

2. What is the most common type of embolism?

A. Fat embolism
B. Air embolism
C. Amniotic fluid embolism
D. Thromboembolism
Answer: D

3. Where do most venous emboli originate?

A. Upper limbs
B. Heart chambers
C. Deep veins of the lower limbs
D. Lungs
Answer: C

4. What is the major target organ for venous emboli?

A. Heart
B. Kidneys
C. Brain
D. Lungs
Answer: D

5. What is a “saddle embolus”?

A. An embolus affecting the brain
B. A large embolus occluding the bifurcation of the pulmonary artery
C. An embolus causing stroke
D. A thrombus in the lower limbs
Answer: B

6. What type of embolism is associated with decompression sickness?

A. Fat embolism
B. Air embolism
C. Thromboembolism

D. Amniotic fluid embolism
Answer: B

7. Which of the following is NOT a cause of fat embolism?

A. Long bone fractures
B. Adipose tissue injury
C. Tumor compression of vessels
D. Acute pancreatitis
Answer: C

8. What are the symptoms of fat embolism syndrome?

A. Fever, petechial rash, anemia
B. Cough, chest pain, and hemoptysis
C. Joint pain, cyanosis, and coma
D. Hypertension and bradycardia
Answer: A

9. Which embolism has a high mortality rate (20–40%)?

A. Fat embolism
B. Amniotic fluid embolism
C. Air embolism
D. Thromboembolism
Answer: B

10. Which of the following organs is most vulnerable to ischemia?

A. Liver
B. Brain
C. Kidney
D. Lung
Answer: B

11. What is the main finding in a red infarct?

A. Septic infection
B. Hemorrhagic necrosis
C. Coagulative necrosis
D. Formation of abscesses
Answer: B

12. Which tissues are prone to red infarcts?

A. Solid organs
B. Tissues with dual circulation
C. Dense tissues
D. Tissues without collateral circulation
Answer: B

13. Which type of embolism can occur during scuba diving?

A. Fat embolism
B. Amniotic fluid embolism
C. Air embolism
D. Thromboembolism
Answer: C

14. Which circulation is responsible for systemic embolism?

A. Venous circulation
B. Pulmonary circulation
C. Arterial circulation
D. Portal circulation
Answer: C

15. What is the primary cause of systemic arterial embolism?

A. Fat necrosis
B. Intracardiac mural thrombi
C. Aortic dissection
D. Bacterial endocarditis
Answer: B

16. What organ is a common target for systemic emboli?

A. Brain
B. Lungs
C. Stomach
D. Skin
Answer: A

17. What condition is characterized by fat globules occluding blood vessels?

A. Air embolism
B. Fat embolism syndrome
C. Thromboembolism
D. Amniotic fluid embolism
Answer: B

18. What type of embolism is diagnosed by finding squamous cells in pulmonary arterioles?

A. Fat embolism
B. Air embolism
C. Amniotic fluid embolism
D. Thromboembolism
Answer: C

19. What is the most common site for infarction due to arterial embolism?

A. Lungs
B. Lower limbs
C. Brain
D. Spleen
Answer: B

20. Which type of infarction occurs in solid organs like the spleen or kidneys?

A. White infarct
B. Red infarct
C. Septic infarct
D. Hemorrhagic infarct
Answer: A

21. Which of the following contributes to white infarction?

A. Dual blood supply
B. Venous occlusion
C. Arterial occlusion
D. Congestion
Answer: C

22. What is the primary therapy for fat embolism syndrome?

A. Anticoagulants
B. Surgical intervention
C. Supportive care
D. Antibiotics
Answer: C

23. What tissue type undergoes liquefactive necrosis during infarction?

A. Heart

B. Brain
C. Kidneys
D. Lungs
Answer: B

24. What is the hallmark microscopic finding in an infarct?

A. Petechial hemorrhage
B. Fat globules
C. Coagulative necrosis
D. Granulomatous inflammation
Answer: C

25. Which factor does NOT influence infarct development?

A. Nature of vascular supply
B. Rate of occlusion
C. Vessel elasticity
D. Tissue vulnerability to hypoxia
Answer: C