U2 Hematology

U3 Lymphoproliferative neoplasms

# The most common form of chronic leukemia in Western countries is

myelogenous

+lymphocytic

monocytic

eosinophilic

#The median survival time of patients with chronic lymphocytic leukemia, compared with patients with chronic monocytic leukemia, is

not significantly different

shorter

+ longer

shorter, if the patient is female

#Сhronic lymphocytic leukemia is classically a

T-cell disorder

+ B-cell disorder

null cell disorder

disorder of the young

#Сhronic lymphocytic leukemia symptoms frequently include

weight loss, anemia, and extreme leukocytosis

absolute lymphocytosis, edema, and splenic infarction

+absolute lymphocytosis, malaise, and low-grade fever

neutrophilia, splenomegaly, and anemia

#Characteristics of malignant lymphoma typically include

overproliferation of neutrophils

overproliferation of lymphocytes

lymph node involvement

+ both b and c

#Hodgkin disease

is characterized by neutrophilia in the early stages of the disease

occurs more frequently in females than males

is a lymphoma, characterized by reed-sternberg cells, and occurs more frequently in females than in males

+ is a lymphoma, characterized by Reed-Sternberg cells, and occurs more frequently in males than in females

#Rare forms of lymphoma include

Hodgkin and non-Hodgkin lymphoma

+ Burkitt lymphoma and mycosis fungoides

Hodgkin and non-Hodgkin lymphoma and Burkitt lymphoma

Non-Hodgkin lymphoma and mycosis fungoides

#Chronic lymphocytic leukemia

Often gives positive results with TRAP stain

+ Commonly demonstrates CD5 positivity and trisomy 12

May only be diagnosed by bone marrow examination

All of the above.

#Prolymphocytic leukemia

It is characterized by massive lymphadenopathy and hepatosplenomegaly

+It is characterized by almost total bone marrow replacement by prolymphocytes.

Has a comparable prognosis to chronic lymphocytic leukemia and hair cell leukemia.

All of the above

#Hairy cell leukemia is a disease in which the abnormal cells

All have a scanty amount of cytoplasm

+ Demonstrate positivity with tatarate-resistant acid phosphatase stain

Excess the CD5 surface marker

All of the above

#Which of the following could cause a patient to be stage VI in the Rai system?

Bone marrow with greater than 40% lymphocytes

Platelet count less than 100,000

Hemoglobin less than 11g/dl

Presence of splenomegaly

+All of the above

#Which of the following would least likely be associated with lymphocytosis?

Cytomegalovirus infection

+Pneumococal pneumonia

Infectious mononucleosis

Tuberculosis

#Which of the following would be most useful in differentiating chronic lymphocytic leukemia from infectious mononucleosis?

Presence of immune hemolytic anemia

Splenomegaly

Cervical lymphoadenopathy

+Lymphocyte morphology

#Which of the following would be an indication for splenectomy in a patient with chronic lymphocytic leukemia?

Immune thrombocytopenia controlled only with large steroid.

Pancytopenia with increased hematopoietic marrow elements and splenomegaly.

Immune hemolytic anemia controlled only with high dose steroid.

+All of the above

#Which of the following could be expected in a patient with Hairy cell leukemia?

Occur primarily in infants and children

Splenic enlargement is uncommon

+Fever without infections is frequently encountered

Granulocytosis is the most frequent WBC abnormality.

#Which of the following statements about the cytotoxicity drug therapy of chronic lymphocytic leukemia is true?

Busulfan (Myeleran) is considered the drug of choice.

Vincristine (oncovin) is best ovoided because it produces thrombocytopenia.

Cyclophosphamide is effective only when used in combination with prednisolone

+About 2/3 of patients respond to therapy with a single alkylating agent.

#Which of the following is the best description of chronic lymphocytic leukemia?

A disease which often transforms into acute lymphoblastic leukaemia

+A disease in which immunologically incompetent B-cell accumulate

A disease which is treated with Busulfan for symptoms control

A disease etiologically linked to radiation exposure.

#All are true about chronic lymphocytic leukemia except:

Is a cause of hypogammaglobulinemia?

+Is commonly treated with intensive combination chemotherapy

Often presents asymptomatically

Is more commonly derived from B- cells than T- cells

#The following statement are related to chronic lymphatic leukemia except

chronic lymphocytic leukemia is slowly progressive, with good short-term but poor long term survival

chronic lymphocytic leukemia may be complicated by autoimmune hemolytic anemia

+The Philadelphia chromosome is the sine qua non of chronic lymphocytic leukemia

Most patients are managed supportively

#A definition of a leukemia could include

an overproduction of leukocytes

solid, malignant tumors of the lymph nodes

malignant cells trespass the blood-brain barrier

+both a and c

#Descriptive terms for most lymphomas can include

a nonneoplastic proliferative disease

+a solid malignant tumor of the lymph nodes

a lymphocytopenia

freely trespassing the blood-brain barrier

#An acute leukemia can be described as being

of short duration with many mature leukocyte forms in the peripheral blood

+of short duration with many immature leukocyte forms in the peripheral blood

of short duration with little alteration of the leukocytes of the peripheral blood

of long duration with many mature leukocyte forms in the peripheral blood

#The etiological agents of leukemias can include

ionizing radiation

certain infectious agents

chemical exposure to benzene

+all of the above

#HIV is associated with

hairy cell leukemia

Sézary cell syndrome

+AIDS

leukemia

#Cancer-predisposing genes may act by

affecting the rate at which exogenous precarcinogens are metabolized to actively carcinogenic forms

affecting the host’s ability to repair resulting damage to DNA

altering the immune system’s ability to recognize and wipe out incipient tumors

+all of the above

#The incidence of leukemia is higher in

+Scandinavian versus Japanese populations

American blacks versus American whites

chronic forms in children versus chronic forms in adults

acute forms in older adults versus acute forms in children

#What can we see in the bone marrow of patients with chronic lymphocytic leukemia?

reduction of all bone marrow cells

increase in the number of granulocytic cells and decrease in the number of cells of erythroid and lymphoid sprouts

+increase in the number of cells in the lymphatic series mainly due to mature forms

increase in the number of lymphatic cells, mainly due to young (blast) forms

increase in megaloblasts

#Autoimmune complications (hemolytic anemia, thrombocytopenia) are more common:

polycythemia

chronic myeloid leukemia

+chronic lymphocytic leukemia

subleukemic myelosis (idiopathic myelofibrosis)

hemorrhagic diathesis

#"Hairy cell leukemia" is characterized by splenomegaly , cytopenia and characteristic outgrowths of the cytoplasm of tumor cells, is a variant:

acute leukemia

+chronic lymphocytic leukemia

hodgkin's disease

myeloma disease.

chronic myeloid leukemia

#Hyperemia of the skin and mucous membranes, hepatosplenomegaly, cardiovascular system complications are more common:

+polycythemia;

chronic myeloid leukemia;

chronic lymphocytic leukemia;

subleukemic myelosis (idiopathic myelofibrosis);

acute leukemia.

#A therapy method that is not used in the treatment of chronic leukemia:

cytotoxic monochemotherapy

polychemotherapy with courses of induction and consolidation of remission, maintenance therapy

+bone marrow transplantation

therapy with nonsteroidal antiinflammatory drugs

interferon therapy.

#Patients with chronic myeloid leukemia are characterized by complaints:

skin itching, headaches, increased bleeding

weakness, fever, heaviness and pain in the left hypochondrium

+weakness, sweating, frequent infectious and inflammatory diseases

pain along the spine

dizziness, dry mouth

#It is the most common for chronic myeloid leukemia:

significant splenomegaly, pancytopenia

+hepatosplenomegaly, often significant, leukocytosis with an increased content of young cells of the granulocytic series of eosinophils and basophils

severe hepatosplenomegaly, profound anemia, hyperthrombocytosis

variable size of the liver and spleen, increased number of red blood cells and white blood cells, mainly due to mature forms

severe lymphadenopathy

#Note the wrong position referring to the so-called " Philadelphia chromosome»:

a chromosomal abnormality which is characteristic of chronic myeloid leukemia

a consequence of the mutual translocation of t (9; 22)

+it is detected only in the blast crisis phase of chronic myeloid leukemia

it is determined in all cells of myeloid series

it is detected at all stages of chronic myeloid leukemia

#Leukemic infiltration is localized in chronic lymphocytic leukemia

in the capsule;

in the course of sinusoids;

+in the portal tracts;

in parenchyma and stroma;

along the course of the hepatic veins.

#What is noted in the lymph nodes in Hodgkin's lymphoma?

+Reed-Berezovsky-Sternberg cells;

Pirogov-Langhans cells;

reactive cells (lymphocytes, plasmocytes, eosinophils, histiocytes);

extensive abscesses;

AL-amyloid deposits.

#The most common primary lymphoma of the tonsils:

lymphoma of the MALT type;

+diffuse large-cell B-cell lymphoma;

extranodal NK/T- cell nasal type lymphoma;

lymphoma from mantle cells;

follicular lymphoma.

#Which of the following laboratory findings would be least expected in a patient with acute leukemia at the time of presentation.

+Anemia

Neutropenia

Eosinophilia

Leukocytosis

e. Thrombocytosis

#Which of the following statements about the FAB classification of acute lymphoblastic leukaemia is uncorrect?

+It is divided into four subgroups, L1, L2, L3, L4

The L1 form is the common type of childhood leukemia

The L3 form is morphologically identical to Burkitt’s leukemia

The L2 blasts may be confused with the blasts of acute myeloid leukemia

#The primary cause of death in patients with acute lymphoblastic leukaemia is:

Strokes

+Infection

Bleeding

Liver failure

#Which of the following are typical characteristics of an acute leukemia?

Replacement of normal marrow elements by leukocytic blasts and bleeding episodes

+Blasts and immature leukocyte forms in the peripheral blood and anemia

Leukocytosis

All of the above

#In the FAB classification of leukemias based on morphology, what percentage of cells may appear different from the proposed cell type of a specific classification?

1%

5%

10%

+20%

#The diagnosis of acute lymphoblastic leukaemia in the adult must rule out:

Leukemic lymphoma

Blast transformation of chronic lymphocytic leukemia

Acute myeloid leukemia

+All of the above

#The FAB classification type of acute lymphoblastic leukemia seen most commonly in children:

L0

+L1

L2

L3

#TdT activity is present in

Mature B cells

Macrophages

Myeloid cells

+Pimitive lymphoid cells

#A common characteristic of acute lymphoblastic leukaemia is

bone and joint pain

+many blast cells with Auer rods

leukocytopenia

a leukemia of older persons

#The karyotype abnormality that carries a relatively good prognosis:

t(8;14)

t(9;22)

Philadelphia ch

+Hyperploidy

#Accuracy to the FAB classification of acute myelocytic leukemia, which of the following would correspond to erythroleukemia or DiGuglielmo syndrome?

M1

M3

+M6

M6

#Which of the following would be least suggestive of meningeal leukemia?

Unexplained tachycardia

Isolated cranial nerve palsy

Severe persistent headache

+Blurred vision

#Which of the following laboratory findings would be least expected in a patient with acute leukemia at the time of presentation.

Anemia

Neutropenia

Eosinophilia

Leukocytosis

+Thrombocytosis