

DISEASES OF VEINS & VASCULAR TUMORS

1. What is the etiology of a varicose vein?
2. What are some risk factor is a varicose veins?
3. Varicose vessel walls may be thinned due to _____ or thickened due to _____.
4. Varicose veins may lead to _____ or _____.
5. What is stasis dermatitis?
6. What is a deep vein thrombosis associated with?
7. When does deep vein thrombosis become fatal the most often and what may cause the death?
8. What are common congenital vascular neoplasias often found on the skin?
9. Capillary hemangioma, aka _____, has _____ vascular structures and occurs _____.
10. How long do Capillary hemangiomas last? Cavernous Hemangiomas?
11. Cavernous hemangiomas contain lesions with _____ channels that may undergo _____, _____, or _____.
12. Describe the lesion involved in Cavernous Hemangiomas.
13. Cavernous Hemangiomas is clinically significant in _____ disease.
14. Name two malignant vascular neoplasms.
15. The highly malignant but rare angiosarcoma consists of _____ cells most commonly in the _____.
16. What often causes angiosarcoma of the liver?
17. Angiosarcoma often leads to _____ of the bone.
18. What is Kaposi's sarcoma derived from?
19. Who commonly has Kaposi's sarcoma and what do the lesions look like?
20. How successful are coronary artery bypasses?
21. What is the treatment to lyse thrombi and emboli called, and what is used to do it?
22. What are the dangerous of balloon angioplasty?

INFLAMMATORY VASCULAR DISORDERS

23. What are the non-inflammatory vascular disorders?
24. What are the inflammatory vascular disorders?
25. What disorder has degenerative calcification of the Tunica m. of large/medium sized muscular arteries?
26. In Monkeberg, _____ calcification is often found in the _____ of _____ individuals.
27. With Monkeberg there is _____ of the lumen, and aside of not being able to _____, no clinic pres.
28. In what disorder is cyanosis of the digits common? What is the sequence of color change?
29. Raynaud's is due to _____ disruption leading to the exaggeration of _____.
30. RP may be primary or secondary, with rare cases showing _____, _____, or _____.
31. what refers to the inflammation of walls of vessels?
32. How may vasculitis be classified? What are the three classes?
33. Goodpasture syndrome often affects what arteries?



34. What yields the symptoms of vasculitis?
35. Most vasculitis are _____ or _____ responsive.
36. Takayasu involves the _____ that has _____ and is near obliteration in its _____.
37. Who tends to get Takayasu? What is a characterized by?
38. What is Polyarteritis nodosa?
39. Where is Polyarteritis nodosa most common?
40. In PAN, what does the patient present with?
41. What is PAN associated with?
42. One of the three phases of pan?
43. What are the possible complications involved with PAN?
44. Kawasaki is a disease of the _____ affecting _____ and producing a bright red _____.
45. What is Kawasaki disease associated with?
46. What do 20% of children with Kawasaki disease develop?
47. What is the most common form of vasculitis in adults, especially those over 50.
48. Temporal arthritis, which has both an acute and chronic form effects what arteries?
49. What artery involvement may lead to sudden permanent blindness due to retina death?
50. Temporal arteritis is most likely a _____ hypersensitivity due to its _____ nature.
51. Wegener's granulomatosis is a Type III hypersensitivity, with what three characteristics?
52. Wegener's granulomatosis presents with _____, and is treated with _____; otherwise its fatal.
53. What is Thromboangitis obliterans also known as?
54. Buerger's Disease is characterized by acute/chronic thrombosing of _____ with _____ formation.
55. Who is at most risk to develop Buerger's Disease. What may that individual also present with?

ANEURYSMS

56. What is an aneurysm? Where is it most commonly found?
57. What is a true aneurysm? Give the most common example/type.
58. What is a false aneurysm? Give the most common example/type.
59. What are the possible morphologies of aneurysm?
60. What is a Berry aneurysm?
61. What is a saccular aneurysm?
62. What is a fusiform aneurysm?
63. What is a dissecting aneurysm?
64. What is the difference between the two common types of dissecting aneurysm?
65. What is a false/pseudo-aneurysm?
66. What are the possible etiologies of aneurysms? What are the most common?
67. When are aneurysms often accidentally discovered?



68. What are the risk factors for atherosclerotic aneurysms?
69. What are the symptoms of an atherosclerotic aneurysm??
70. Where are atherosclerotic aneurysms of the most common and when is it diagnosed?
71. What is the chance of rupture for a 5cm aneurysm? 6cm? +7cm?

DISEASES OF BLOOD VESSELS

72. What is endothelial activation?
73. What may damage or act upon endothelium?
74. Endothelial activation is essentially inflammation, what may endothelial cells do when activated?
75. Endothelial activation may lead to what none EC events?
76. Endothelial activation accounts for what pathological condition?
77. What are the three patterns of Arteriosclerosis? What do they affect? La la do da. Filling space so that the lines fit with the answer key! Look a rabid squirrel!
78. What are the six subtypes of AS lesion in order of progression? Which are clinically silent?
79. What sex is at greater risk for atherosclerosis?
80. What are the new risk factors for atherosclerosis?
81. What is a fatty streak?
82. What is a raised subintimal plaque of necrotic tissues/substances?
83. What is monoclonal hypothesis of atherosclerosis pathogenesis?
84. What is the hemodynamic hypothesis of atherosclerosis pathogenesis?
85. What is the infective hypothesis of atherosclerosis pathogenesis?
86. What hypothesis of atherosclerosis pathogenesis unifies the others?
87. Response to injury hypothesis involves what four components?
88. _____ & _____ migrate into the tunica intima with fat involvement, thus creating _____ cells.
89. The lumen is largely reduced because of _____; not just the surface plaqueing.
90. _____, _____, and _____ increase with endothelial dysfunction/activation.
91. What cause the increased permeability?
92. In a catch 22, macrophages recognize damaged LDLs, but then damage more LDLs via _____.
93. The macrophages also release _____ & _____, thus attracting more _____.
94. What 2 growth factors appear w/ the smooth m. that should not be there and result in vascularization?
95. What are the resulting lesions of atherosclerosis?
96. The clinical manifestations of atherosclerosis are _____, _____, _____, and _____.
97. What is a key feature of the central necrotic core?

HEMODYNAMIC DISORDERS

98. What plays a major role in noninflammatory edema? Inflammatory?



99. What are the four general causes of noninflammatory edema?
100. What is a local cause increased hydrostatic pressure?
101. What is the generalized cause of increased hydrostatic pressure?
102. Plasma oncotic pressure lowers due to a _____.
103. what causes lymphatic obstruction?
104. _____, _____, & _____ may lead to a loss of serum albumin.
105. What causes us to retain salt and water?
106. What are the three clinical presentations of edema?
107. What are the three subtypes of subcutaneous edema?
108. What is dependent edema?
109. What is peritoneal edema?
110. Anacarca is due to _____, is _____ severe than dependent edema and effects _____ tissues.
111. Peri-orbital and pitting edema, are examples of what type of subcutaneous edema?
112. Pulmonary edema is due to _____, or _____.
113. Describe the alveoli involved in pulmonary edema.
114. What are the symptoms of pulmonary edema?
115. Localized or diffuse brain edema may cause _____ and lead to a _____ at the _____.
116. Hyperemia is a(n) _____ process that causes (↑/↓) blood flow _____ tissue.
117. What mediates Hyperemia? Does it lead to edema?
118. Congestion is a(n) _____ process that causes (↑/↓) blood flow _____ tissue.
119. What often occurs in affected tissues of congestion?
120. Is congestion localized or systemic?
121. Chronic passive congestion of the lungs is often due to _____; _____ cells will be seen.
122. Chronic passive congestion of the liver is often due to _____; this is known as _____.
123. What can cause a hemorrhage?
124. Hemotoma & ecchymosis both refer to _____. So what is the difference?
125. According to the book a pupura is a small hematoma, but what is it according to Arar?

HEMOSTASIS & THROMBOSIS

126. What are the key players in vascular hemostasis?
127. What does an intact endothelium secrete to prevent platelet aggregation?
128. In addition to secretions, how does endothelium (EC) prevent platelet aggregation?
129. EC synthesizes a _____ that activates _____, thus degrading thrombin.
130. What is the fibronolytic property of intact EC?
131. What does plasmin do?
132. What are the four Pro-thrombotic properties of a damaged endothelium?



133. What is von Willebrand's factor for? What is the glycoprotein tissue factor for?
134. The "bricks" of a thrombus, _____, secrete what 5 things to improve activation?
135. When does a temporary platelet plug become definitive?
136. _____ activates the coagulation system, while _____ is its end product.
137. A thrombus is an aggregation of ____, ____, and ____ within the _____ vascular system.
138. What are the pre-disposing factors of an arterial thrombi?
139. What may injure the endothelium?
140. What may cause increased coagulability of blood?
141. What are the three most common sites of arterial thrombi infarct resulting in death?
142. Why may stasis and or turbulence lead to an arterial thrombi?
143. What is the most common cause of death in the US?
144. What is a red thrombi and where is it most common?
145. _____ Is the most common clinical manifestation of venous thrombi.
146. What are the clinical manifestations of deep leg thrombosis?
147. What is pain of the foot and ankle known as in regards to deep leg thrombi?
148. What are the five possible fates of a thrombus?
149. What is the most common type of embolus?
150. What is the most common preventable death in hospitalized patients?
151. Systemic emboli are _____ in origin.
152. Give an order the site of lodgment of a systemic emboli.
153. What is an area of ischemic necrosis within a tissue or organ?
154. What are the three determining factors of infarction?
155. What is the morphology of an infarct?
156. What type of exudate and necrosis is associated with an infarct?
157. What is hypo perfusion of tissues? Give three examples.
158. With what type of infarct will you see hemorrhage of local tissues?
159. What three things will cause cardiogenic shock?
160. What three things will cause hypovolemic shock?
161. What causes septic shock?
162. How does myocardial infarct induce cardiogenic shock?
163. How does cardiac tamponade induce cardiogenic shock?
164. How do extensive burns yield hypovolemic shock?
165. Endotoxins stimulate the release of what cytokines?
166. What occurs during the nonprogressive stage of shock?
167. What occurs during the progressive stage of shock?
168. What occurs during the irreversible stage of shock?



MALIGNANT LYMPHOMAS

169. What is a lymphoma?
170. What are the general features of all lymphomas? Do lymphomas require symptomology?
171. Non-Hodgkin's lymphoma presents w/ lymphadenopathy, yet the nodes are _____ to touch.
172. Where does non-Hodgkin lymphoma potentially spread?
173. In NHL, _____ dissemination has occurred at the time of diagnosis.
174. What are the four types of adult non-Hodgkin lymphoma? Which is the most common?
175. Follicular lymphoma is _____ of _____-cell origin, and _____ metastasizes to organs.
176. Although follicular lymphoma is _____, it is very difficult to cure. Thus 30% progress to _____.
177. Describe small lymphocytic lymphoma.
178. Knowing that small lymphocytic lymphoma often spills into the blood, what is disease identical to?
179. Large B-cell lymphoma is very _____ & _____. However if treated, it has a _____ remission rate.
180. Because of its diffuse presentation, Large B-cell lymphoma is often confused with _____.
181. What structures are involved in large B-cell lymphoma?
182. What primary bone lymphoma effects older individuals the most? What bone are effected in order?
183. In MM, malignant _____ secrete an antibody called _____ and involves what OAF?
184. In MM, what protein is secreted thus causes only one type of Ig production, the IgG?
185. What is the clinical presentation of Multiple Myeloma? What is the prognosis?
186. What are the childhood lymphoma?
187. Lymphoblastic lymphoma is _____ & _____ progressive with what histological feature?
188. 50 to 70% of the time. What may block breathing in lymphoblastic lymphoma?
189. African Burkitt's often presents in what structure, and has what histological presentation?
190. Which form of Burkitt lymphoma is associated with the Epstein-Barr virus?
191. Although successfully treated with chemo, non-treatment of Burkitt may result in what 3 presentations?
192. What is the most common malignancy in young adults?
193. Because of the treatment of Hodgkin's lymphoma, what are patients at risk for?
194. What location(s) does Hodgkin's lymphoma usually arise from? What would thus be the first symptom?
195. What large cell of unknown origin is necessary but not sufficient for Hodgkin diagnosis?
196. The spread of Hodgkin's disease is very predictable. Map the spread in order.
197. What are the clinical stages of lymphoma?
198. What are the three variants of Hodgkin's lymphoma? What is the most *common* form? Least common?
199. In lymphocyte predominate HL, what cells infiltrates and is thus non-neoplastic?
200. LP HL spreads in a _____ pattern with few _____; the patient rarely loses weight and has a _____ prognosis.
201. What is histologically seen in Mixed cellularity Hodgkins?
202. What distinct morphological and clinical presentations are seen in nodular sclerosis HL?

