

Test – control on “Endocrine system pathology” problem

- 1. Addison’s disease is characteristic of the following :**
 1. muscle weakness up to adynamia
 2. hypotension
 3. edemas
 4. low ECFV and dehydration
 5. hypernatremia with potassium loss
- 2. Point to possible etiologic factors to diabetes mellitus type I:**
 1. viral infection
 2. HLA D-linked
 3. low level of insulin receptors
 4. overeating complicated by obese
 5. chemicals injuring endocrine pancreas
 6. low sensitivity of peripheral tissue to insulin
- 3. Etiologic agents of diabetes mellitus type II seem to be the following:**
 1. viral infection
 2. hereditary predisposition
 3. low level of insulin receptors
 4. overeating complicated by obese
 5. chemicals injuring endocrine pancreas
 6. low sensitivity of peripheral tissue to insulin
- 4. The following features characterize eosinophil adenoma of pituitary gland arisen in children:**
 1. gigantism
 2. hyperglycemia
 3. acromegaly
 4. negative nitrogen balance
 5. increased blood growth hormone
- 5. The following signs characterize eosinophil adenoma of pituitary gland arisen in the adults:**
 1. gigantism
 2. hyperglycemia
 3. acromegaly
 4. predisposition to diabetes mellitus
 5. negative nitrogen balance
 6. increased level of GH in the blood
- 6. The following features are characteristic of adenoma of adrenal cortex zona fasciculata:**
 1. eosinophilia
 2. arterial hypertension
 3. upper part of the body obese
 4. increased blood level cortisol
 5. osteoporosis
 6. predisposition to hypoglycemia
- 7. As for congenital adrenogenital syndrome in women the following characteristics are true:**
 1. excess production of androgens
 2. high stature
 3. virilism
 4. hirsutism
 5. high level of urine estrogens
 6. hypoplasia of breasts and uterine
- 8. In patient with Addison’s disease the following symptoms can be found:**
 1. muscle weakness up to adynamia
 2. skin hyperpigmentation
 3. high level of 17-ketosteroids in the blood
 4. cellular dehydration
 5. hypertension
 6. craving for salt
- 9. Hyperparathyroidism is characterized by:**
 1. decreased blood phosphates level
 2. decreased Ca^{++} blood level
 3. nephrolitiasis
 4. positive Chvostek’s and Trusseau’s symptoms
 5. bone decalcination
 6. decreased brain activity
- 10. Disturbances in endocrine functions associated with their abnormal central regulation are:**
 1. genetic abnormalities of their synthesis
 2. disturbances in “day-night” regime
 3. abnormal avidity of hormone to its transfer
 4. appearance of antibodies to hormone
 5. treatment with hormone overdose
 6. treatment with psychotropic drugs

11. Disturbances in endocrine function associated with proper gland pathology are:

1. hypothalamus injury
2. low avidity of hormone to its blood transfer
3. gland hypoplasia
4. genetic defect of hormone synthesis
5. treatment with hormone overdoses
6. decreased expression of receptors to hormone

12. Endocrine pathology related to disturbances in peripheral effect of hormonal activity are:

1. elaboration of antibodies against some hormones
2. abnormal link of hormone to carrying protein
3. low level of substrate to hormone synthesis
4. hypothalamic disturbances
5. treatment with hormone overdoses
6. decreased number of receptors to the hormone

13. Predisposition to symptomatic diabetes mellitus seems to be possible in case of the following endocrine pathology:

1. acromegaly
2. gigantism
3. mixedema
4. insuloma
5. Cushing's disease
6. Addison's disease

14. Hypercortisolism is characteristic of:

1. osteoporosis
2. "striae gravidarum" on the abdomen skin
3. "moon" face
4. hypotension
5. hypoglycemia
6. total obesity

15. Probability to immune response seems to be characteristic towards the following hormones :

1. parathyrin	4. ACTH
2. growth hormone	5. progesterone
3. insulin	6. cortisol

16. The following factors seem to be responsible for arterial hypertension associated with hypercortisolism:

1. direct vasoconstriction effect of glucocorticoids to blood resistive vessels
2. friendly action of glucocorticoids and catecholamines to resistive blood vessels
3. increased ECFV
4. activation of RAAS-system
5. loss of sodium by the kidneys

17. The most prominent features of Conn's syndrome are the following:

1. arterial hypertension
2. hypochloremic alkalosis
3. hyperglycemia provoking by strong emotions
4. hypernatremia with hypokalemia
5. thirst and polyuria
6. low muscle tone up to periodically paralysis

18. Complete pathogenetic chain of events leading to skin hyperpigmentation in the patient with Addison's disease:

1. increased synthesis and secretion of proopiomelanocortin by pituitary gland
2. low synthesis of cortisol by adrenal cortex
3. ACTH hypersecretion
4. accumulation of melanin in the skin
5. melanoderma

19. Hyperparathyroidism is characterized by:

1. tetania
2. osteomalacia
3. increased level of blood phosphates
4. increased Ca^{++} concentration in plasma
5. decreased plasma sodium

20. LATS –factor is present in serum of patient with:

1. hyperfunction of thyroid gland
2. hypofunction of thyroid gland

21. The following symptoms may be taken as the evidence of congenital adrenogenital syndrome in women:

1. virilism
2. high muscle tone
3. low voice
4. breasts and uterine hypoplasia
5. tall stature

22. Adrenal cortex pathology may reveal itself in form of:

1. adrenogenital syndrome
2. Simmond's disease
3. Cushing's disease
4. pheochromacytoma
5. Addison's disease
6. Conn's syndrome

23. The following symptoms characterize pituitary nanism (dwarfism):

1. increased blood GH
2. hyperlycemia
3. sexual infantilism
4. normal intellect
5. splanchnomicria
6. low TTH production by pituitary gland

24. Transpituitary pattern of hormonal regulation is working for the following glands:

1. sex glands
2. adrenal cortex
3. adrenal medulla
4. parathyroid glands
5. thyroid gland
6. endocrine pancreas

25. Isosexual syndrome in the boy is characterized by the following symptoms:

1. early accelerated growth
2. enlargement of external sex organs
3. estrogenism
4. hypoplasia of testes
5. early close of epyphises

26. Possible causes of hyperthyroidism are the following:

1. lack of thyroliberin production
2. excess of TTH
3. LATS-factor production
4. low expression of the T3 and T4-receptors on the periphery
5. weak avidity of T3 and T4 to the protein transfers

27. The symptoms of hypothyroidism are:

1. accelerated protein catabolism
2. bradycardia
3. high energetic base rate
4. systolic hypertension
5. cool dry skin
6. increased TTH secretion

28. Hypofunction of thyroid gland may be revealed in form of following pathology:

1. Grave's disease
2. Cushing's disease
3. endemic cretinism
4. mixedema
5. acromegaly

29. Severe hypothyroidism in the adults possesses by the following features:

1. gain in weight
2. low energetic base rate
3. high level of blood cholesterol
4. slow thinking
5. edematous skin
6. tachycardia

30. The possible causes of hypothyroidism are:

1. congenital deficiency of iodine peroxidase
2. lack of iodine in food
3. Grave's disease
4. Hashimoto's goiter
5. adenoma of thyroid gland
6. lack of T3 and T4-receptors in appropriate tissues

31. GH overproduction by pituitary gland may lead to:

1. Addison's disease
2. acromegaly
3. obesity
4. gigantism
5. Cushing's disease

32. GH overproduction increases:

1. glucose blood level
2. glycogenolysis
3. uptake of amino acids by tissue
4. somatomedin synthesis
5. lipolysis

33. Sensitivity of target cells to prolonged treatment with any hormone becomes:

1. increased
2. decreased
3. not changed

34. Partial hypofunction of anterior pituitary may be manifested in form of:

1. arterial hypertension
2. hyperglycemia
3. dwarfism
4. hypogonadism
5. hypothyroidism

35. Partial hyperfunction of anterior lobe of pituitary gland may reveal itself in form of:

1. early sex maturation
2. eunuchoidism
3. dwarfism
4. primary hyperthyroidism
5. Cushing's disease
6. galactorrhea

36. Acute adrenal insufficiency may reveal itself by the symptoms:

1. arterial hypotension
2. dehydration
3. hyponatremia
4. hyperkalemia
5. metabolic acidosis

37. Acute withdrawal of glucocorticoids after prolonged their uptake may be complicated by low secretion of:

1. parathyroid
2. catecholamines
3. ADH
4. ACTH
5. cortisol
6. aldosterone

38. Waterhouse-Friderichsen's syndrome is characterized by the triad of symptoms:

1. hypotension
2. multiple hemorrhagic purpura
3. disorientation in space and time
4. cramps
5. hyponatremia with hypokalemia
6. metabolic alkalosis

39. As a replacement therapy of acute adrenal insufficiency the following medicines must be used

1. insulin
2. catecholamines
3. glucocorticoids

40. Total chronic adrenal insufficiency symptoms seem to be the following:

1. hypovolemia
2. melanoderma
3. significant loss of weight
4. hyponatremia
5. hyperkalemia
6. overeating

41. Point to high probable causes of acute adrenal insufficiency:

1. as outcome of Addison's disease
2. septicemia
3. acute withdrawal of glucocorticoids after prolonged their uptake
4. stress
5. acute deficiency of insulin
6. pheochromocytoma

42. Primary aldosteronism is characterized by the following features:

1. arterial hypotension
2. periodically cramps
3. polyuria and polydipsia at the late stage of disease
4. muscle weakness
5. tachycardia
6. hyponatremia

43. Increased expression of beta-receptors in some tissue may lead to:

1. increased systolic arterial pressure
2. increased pulse pressure
3. tachycardia
4. exophthalmos
5. hyperglycemia
6. tremor and muscle weakness

44. Common features of Cushing's syndrome and Cushing's disease seem to be the following:

1. redistribution of fat deposition in use of upper part of the body
2. increased arterial pressure
3. skin hyperpigmentation in stretched area (abdomen)
4. the symptoms of virilism in women
5. hyperglycemia

45. The products of proopiomelanocortin (POMC) are the following:

1. ACTH
2. beta-endorphin
3. enkephalins
4. dynorphin
5. cortisol
6. P-substance

46. The following symptoms characterize ketoacidotic coma:

1. hyperglycemia
2. high plasma osmolality
3. increased pH of blood
4. accumulation of ketone bodies
5. cell dehydration
6. drop of fatty acids in the blood

47. Mechanisms are involved in diabetes mellitus type II development are:

1. diminished number of beta-cells in pancreas
2. low sensitivity of peripheral tissue to insulin
3. prolonged hyperglycemia
4. overeating
5. hereditary predisposition
6. energetic starvation of muscle tissue

48. Mechanisms of ketosis in diabetes mellitus type I include:

1. increased lipolysis
2. activation of tissue protein lipase
3. insufficiency of fatty acid metabolism in liver
4. decreased cycle Krebs' activity
5. energetic starvation of tissue

49. Absence of ketoacidotic coma in patient with diabetes mellitus type II may be explained by:

1. more fast development of this type of coma in comparison with osmolar one
2. partial preservation of insulin secretion
3. high level of insulin hormone antagonists
4. severe cell dehydration
5. severe acidosis

50. As for ketoacidotic diabetic coma the following symptoms are prominent:

1. hyperglycemia up to 55 mmol/L
2. blood pH is about 7.0
3. blood pH is about 7.35
4. osmolality of plasma is about 350 mosmol/kg
5. ketonemia 0.17 mmol/L
6. ketonemia 2.0 mmol/L

51. As for hyperosmolar diabetic coma the following symptoms are very specific:

1. hyperglycemia is about 55 mmol/L
2. pH is 7.0
3. pH is 7.35
4. plasma osmolality is about 350 mosmol/kg
5. ketonemia 0.17 mmol/L
6. ketonemia 2.0 mmol/L

Second level tests on “Endocrine pathology”

52. List the main pathogenetic lines of endocrine function disturbances:
1...2...3...
53. Transpituitary pathway of regulation is characteristic of the following endocrine glands:
1...2...3...
54. Parapituitary pathway of regulation is characteristic of the following endocrine glands:
1...2...3...
55. List contrainsular hormones:
1...2...3...4...
56. Call the causes of primary adrenocortical insufficiency:
1...2...3...
57. Which hormones deficiency are responsible for disturbances in water-salt imbalance in Addison’s disease?
1...2...3...
58. Which mechanisms are involved in hypotension in Addison’s disease?
1...2...3...4...
59. Hypoglycemia in chronic adrenal insufficiency seems to be associated with the following pathogenetic factors:
1...2...3...
60. List the mechanisms of such symptom as hyperglycemia in hypercortisolism:
1...2...3...
61. Call the most wide-spread causes of acute adrenocortical insufficiency:
1...2...3...
62. The most wide-spread causes of primary hyperthyroidism belong to:
1...2...3...
63. List pathogenetic bases of hyperparathyroidism in form of fibrous osteodystrophia:
64. The most characteristic features of diabetes mellitus type II are:
1...2...3...4...5..6...
65. The most characteristic features of IDDM are:
1...2...3...4...5...6...
66. List acute complications of diabetes mellitus
1...2...3...
67. List late chronic complications of diabetes mellitus
1...2...3...4...
68. Which hormones increase lipolysis
1...2...3...
69. Therapy of acute adrenal insufficiency includes:
1...2...3...
70. Waterhouse- Friderichsen’s syndrome reveals itself by the symptoms:
1...2...3...
71. The most often causes of Waterhouse –Friderichsen’s syndrome are
1...2...3...
72. Positive Chvostek’s and Trusseau’s symptoms are revealed in following diseases:
1...2...
73. Simmond’s disease is characteristic of lack the following hormones:
1...2...3...4...
74. What pathogenetic factor can explain a short stature of pigmies in Africa?