endo - patho

mini - test bank

Ebaa al-zubi

disease of pituitary gland

Almost all pituitary adenomas are (benign/malignant) _____.

Bleeding into a pituitary adenoma or pituitary mass leading to necrosis of pituitary tissue is known as _____.

Prolactinoma in males typically presents as (increased/decreased) _____ libido and headache.

Prolactinoma can cause amenorrhea due to suppression of _____ hormone.

Prolactinoma is the most common pathological cause of _____.

The equivalent of acromegaly seen in adults, is _____ seen in children.

Treatment for prolactinoma is dopamine (agonists/antagonists) _____ and/or transsphenoidal resection.

As patients with gigantism have increased growth hormone levels, they can theoretically present with (hypo/hyper) _____glycemia.

Gigantism is a (childhood/adults) _____ disorder.

Pituitary apoplexy is the_____ of the pituitary gland.

Pituitary apoplexy usually presents with symptoms such as _____.

Sheehan syndrome is caused by hypoperfusion of the _____ following postpartum bleeding.

ANS :
benign
apoplexy
decreased
gonadotropin hormones
galactorrhea
gigantism
agonists
hyper
childhood
sudden hemorrhage
hemorrhage & hypopituitarism
anterior pituitary

PANCREAS

Diabetes mellitus type (1/2) _____ is primarily associated with hyperosmolar non-ketotic hyperglycemia.

Type 2 diabetes is associated with (high/low) _____ serum insulin.

A _____ state is much more common in type 2 diabetes than in type 1 diabetes, and it causes increased plasma osmolarity due to extreme dehydration and concentration of the blood.

Diabetes mellitus type 1 (is/is not) _____ associated with obesity.

Diabetes mellitus type 1 has association with _____ and HLA-DR4.

Diabetes mellitus type (1/2) _____ results from autoimmune destruction of beta-cells in the pancreatic islets.

The beta-cell in the pancreatic islets of a patient with diabetes mellitus type 2 have _____ deposits.

Diabetes mellitus type 2 has a relatively (strong/weak) _____ genetic predisposition.

ANS :
2
high
hyperosmolar hyperglycemia
is not
HLA-D3
1
amyloid
strong

disease of adrenal gland

Patients with congenital adrenal hyperplasia who have a deficiency in the enzyme _____ are typically hypertensive as they have increased concentrations of 11-deoxycorticosterone.

In the developing world, Addison disease is commonly caused by infectious etiologies, most frequently _____.

Addison disease is a chronic form of _____ insufficiency.

Waterhouse-Friderichsen Syndrome is an acute form of primary _____ characterized by hemorrhagic necrosis of the adrenal glands.

_____ is the bacterial species most commonly associated with Waterhouse-Friderichsen syndrome.

Renin levels are (increased/decreased) _____ in primary hyperaldosteronism.

_____ hyperaldosteronism is seen in patients with renovascular hypertension, juxtaglomerular cell tumors (renin-producing), and edema (eg, cirrhosis, heart failure, nephrotic syndrome).

_____ syndrome is characterized by an increased secretion of aldosterone from the adrenal cortex.

Renin levels are (increased/decreased) _____ in secondary hyperaldosteronism, due to activation of the renin-angiotensin-aldosterone system.

Elevated blood pressure, decreased plasma renin and elevated aldosterone are features of (primary/secondary) _____ hyperaldosteronism.

Adrenocortical carcinoma can cause an adrenocorticotropin (dependent/independent) _____ Cushing syndrome.

The administration of exogenous corticosteroids that causes Cushing syndrome results in (increased/decreased) _____ adrenocorticotropic hormone, which in turn causes bilateral adrenal atrophy.

Conn's syndrome is characterized by high aldosterone and (high/low) _____ renin.

Conn syndrome is a cause of (primary/secondary) _____ hyperaldosteronism.

ANS :
21-hydroxylase
TB
primary adrenal
adrenal failure
Neisseria meningitidis
decreased
secondary
conn
increased
primary
independent
decreased
low
primary

parathyroid

Most common cause of primary hyperparathyroidism is _____ which is a benign tumor.

_____ hyperparathyroidism in chronic renal disease will have low calcium, elevated phosphate, and low vitamin D.

In _____ hyperparathyroidism, parts of the parathyroid gland start making parathyroid hormone independently of blood calcium levels as a result of chronic kidney disease.

(Primary/Secondary) _____ and tertiary hyperparathyroidism are associated with hypercalcemia.

ANS :
adenoma
secondary
teritry
primary

Thyroid gland

Hyperthyroidism (increases/decreases) _____ basal metabolic rate.

Serum thyroid-stimulating hormone levels are (increased/decreased) _____ in primary hyperthyroidism.

In Graves' disease, a radioactive iodine scan shows (diffuse/local) _____ uptake.

Thyroid stimulating hormone levels are (increased/decreased) _____ in Graves' disease.

A toxic multinodular goiter commonly causes (hyperthyroidism/hypothyroidism) _____.

Toxic multinodular goiter can start with a deficiency in dietary _____

In fine needle aspiration biopsies, Hashimoto thyroiditis is characterized by the presence of _____ cells in conjunction with lymphocytes.

Patients with Hashimoto thyroiditis may present with (hypothyroidism/hyperthyroidism) _____ early in the course of the disease.

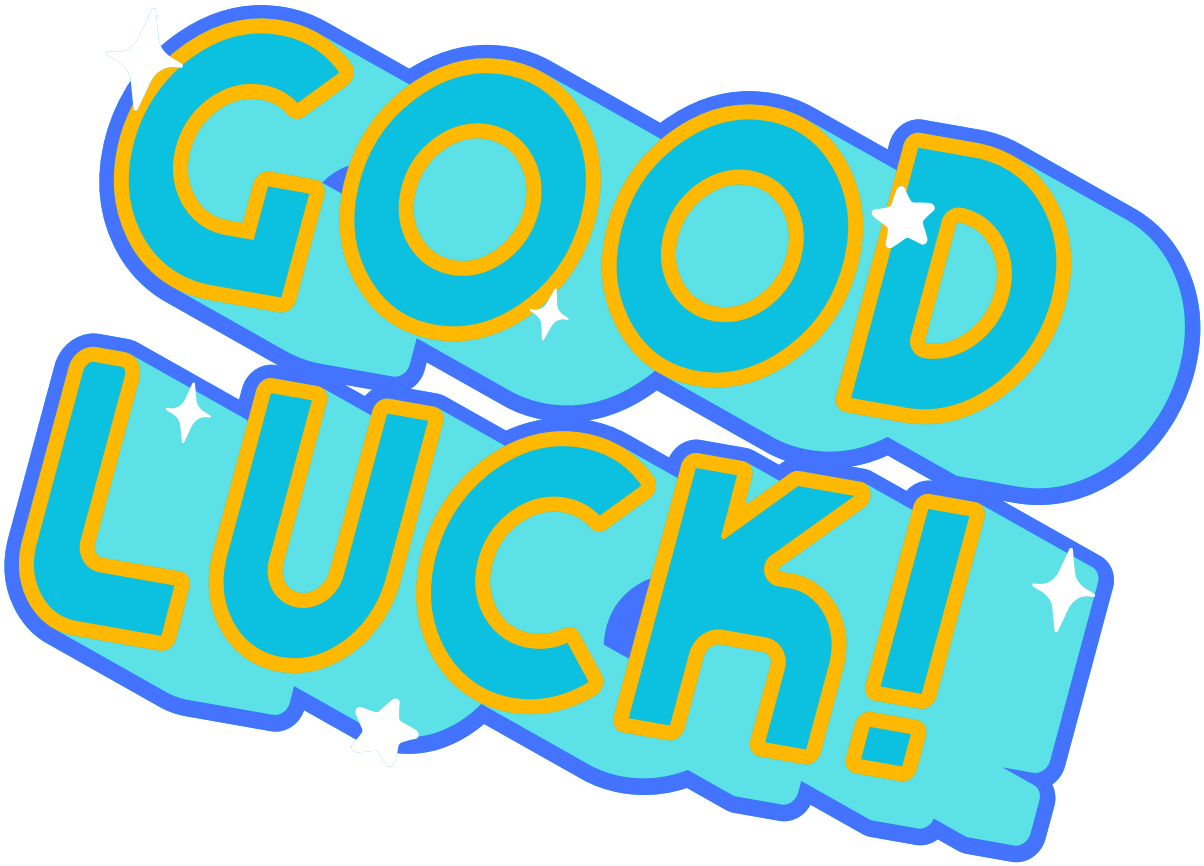
ANS :
increase
decreased
diffuse
decreased
hyperthyroidism
iodine
Hurthle cells
hyperthyroidism

Subacute granulomatous thyroiditis is typically triggered by _____.

Another name for subacute granulomatous thyroiditis is _____ thyroiditis.

In Riedel's thyroiditis, _____ replaces thyroid tissue, leading to a firm thyroid.

Early symptoms of postpartum thyroiditis usually include a painless goiter and (hyper/hypothyroidism) _____.



upper respiratory tract viral infection.
De Quervain's
<u>fibrous tissue</u>
hyperthyroiism