

Endocrine Quiz 2

1. Growth Hormone
 - a. Is stimulated by GHRF
 - b. Production is inhibited by somatostatin
 - c. Secretion bursts occur at night
2. ACTH
 - a. Primarily affects the adrenal glands to produce cortisol
3. TSH
 - a. Secretion is stimulated by TRH
4. The most common cause of acquired hypopituitarism
 - a. Neoplastic Lesions
5. The distinction between hypothalamic and pituitary causes of hypopituitarism is not that important for establishing the correct diagnosis.
 - a. False
6. With improved procedures for testing the hypothalamic pituitary axis, it is apparent that hypothalamic causes of hypopituitarism are less common than previously appreciated.
 - a. False
7. The diagnosis of hypopituitarism rests upon
 - a. Direct hormone assay
8. Pituitary apoplexy is usually caused by
 - a. Hemorrhage into a tumor
9. The most common pituitary adenoma produces
 - a. Prolactin
10. Acromegaly – Increased GH
11. Dwarfism – Decreased GH
12. Cushing's Disease – Elevated ACTH
13. Cushing's Syndrome – Decreased ACTH
14. Primary adrenal cortical insufficiency
 - a. Addison's Disease
15. 80% Addison Auto Immune Disease of adrenal gland
16. Most common clinical adrenal cortical insufficiency?
 - a. Weakness, weight loss, anorexia
17. Chronic Adrenal Cortical Insufficiency
 - a. Addison's
18. Cushing's occur in females
 - a. 20-40 yrs.
19. ____ of patients have pituitary adenoma
 - a. 90%
20. Which would exclude diagnosis of Cushing's
 - a. Normal 24 hour urine free cortisol level
21. Most Common clinical feature of Addison's Dx?
 - a. Weakness, fatigue, weight loss and anorexia
22. ...
23. Most common cause of Addison's Dx
 - a. Auto Immune
24. Cushing's Dx results from excess
 - a. Cortisol
25. Cushing's is more common in
 - a. Females 20-40 yo due to excess A
26. Common clinical presentation of Cushing's Dx
 - a. Central Obesity
27. Most cases of Adrenal primary Co.... insufficiency is due to Auto Immune destruction manifestation 90%
 - a. True
28. Salt craving is most common in Adrenal Cortical insufficiency
 - a. False
29. ~Diagnosis of Addison's cannot be confirmed by clinical lab testing.
 - a. False
30. Cushing's Dx results from excess cortisol
 - a. True
31. Most patients with Cushing's would have pituitary adenoma
 - a. True
32. Hyperpigment, polyuria, edema, are common clinical features of Cushing's
 - a. True
33. 24 hour cortisol is the best test for Cushing's
 - a. True
34. Hallmark of Primary Aldosteronism w/ hypokalemia
 - a. True
35. Most common aldosteronism is bilateral adrenal hyperplasia
 - a. False – adrenal cortical hyperplasia would be true, or adrenal cortical adenoma is the primary cause of Aldosteronism
36. The diagnosis of Primary Aldosteronism?
 - a. Hypercalcemia K Hypertension
37. Sign and Symptoms of Aldosteronism
 - a. ...
38. Plasma levels aldosteronism secondary are appropriately increased
39. The most common Addison
 - a. Weakness and Fatigue
40. Increased serum ACTH and Cortisol AM
 - a. Primary adrenal Cortical Insufficiency
41. Cushing's Dx is the result of
 - a. Adrenal Tumor
42. Single most common sign of Cushing's
 - a. Cortisol free urine levels
43. Cushing's is a result of
 - a. Aldosterone Adenoma
44. Normal upper limit 17 ketosteroids in _____ is about
 - a. 20mg per day

45. Primary Aldosteronism
 - a. Hypokalemia
 - b. Alkalosis
 - c. Neuro Irritability
 - d. Polydipsia
46. Familial periodic Paralysis presents with
 - a. Flaccid paralysis during test
47. With secondary Aldosteronism simultaneously
 - a. Cirrhosis of Liver w/ ascites
48. Case study: 5 hour 1120 test for cortical insufficiency, 800mL of urine output, serum Na/K ratio 2/4, and cardiac output kidneys are normal. Would you include Addison's in the differential?
 - a. YES
49. Freely circulating Cortisol has equal biological capabilities as protein bound cortisol.
 - a. False
50. The adrenal glands are same in shape and positioned at the same level in the Vertebral column
 - a. False, one is higher than the other
51. Secondary Adrenal Cortical insufficiency is characterized by low levels of _____
 - a. Both 17 ketosterols and cortisol
52. Acute adrenal insufficiency can be a temporary adrenal exhaust or a permanent condition
 - a. True
53. In the US 80% of Addison's Dx is due to
 - a. Autoimmune destruction of the adrenal glands
54. What percent of the adrenal cortices must be destroyed before the signs and symptoms of Addison's Dx are usually apparent
 - a. 50%
55. The most common clinical findings associated with chronic primary adrenocortical insufficiency are
 - a. Weakness, Weight Loss, Anorexia
56. Cushing's Dx most often
 - a. Occurs in females between 20 and 40 yo
57. 90% of Cushing's Dx patients have
 - a. Adrenal Adenoma
58. Which of the following would exclude a Dx of Cushing's Syndrome
 - a.
59. Primary Aldosteronism is also known as
 - a. Conn's
60. A Dx of primary aldosteronism is suggested by
 - a. Hypokalemia
61. The S&S of aldosteronism may be produced by the ingestion of
 - a. Licorice
62. The plasma levels associated with secondary aldosteronism are
 - a. Appropriately increased
63. Today, the most common clinical presentation of a pituitary tumor relates to
 - a. Growth defects
64. All of the following may be found in Acromegaly except
 - a. Visceromegaly
 - b. Thyroid enlargement
 - c. Soft Tissue atrophy or hypoplasia*
 - d. Prognathism
65. Elevated GH levels that are not suppressed by hyperglycemia suggest the presence of a functional hypopituitary tumor
 - a. True
66. ...
67. Cushing's Dx
 - a. Is the result of an adrenal tumor
 - b. Is the result of a pituitary tumor**
 - c. Is the same as Cushing's syndrome
68. All of the following are consistent with Cushing's except
 - a. Central obesity
 - b. Postural hypotension***
 - c. Amenorrhea
 - d. Increased skin pigmentation
69. The most common form of pituitary hyperfunction involves the overproduction of
 - a. Prolactin***
 - b. GH
 - c. ACTH
 - d. TSR
70. Hypersecretion of prolactin is often associated with infertility
 - a. True
71. Most functional tumors of the pituitary involve the overproduction of two or more hormones
 - a. False
72. An elevated plasma cortisol level and a normal to low plasma ACTH level are suggestive of Cushing's Dx
 - a. False
73. The best test to document Cushing's is a urinary free cortisol level
 - a. True
74. The most common cause of hypopituitarism is:
 - a. Tumor***
 - b. Infection
 - c. Ischemia
 - d. Autoimmune

75. The most important factor in determining the Dx states associated with hypopituitarism is:
- The patients age
 - The rapidity of onset
 - The extent of hormone secretion impairment
 - All of the Above** there is no single most important factor
76. Hypopituitarism
- May be life threatening
 - May be undetected for many years
 - Both***
 - Neither
77. Cold Intolerance, hypothermia – ACTH
78. Bradycardia, mental slowing – TSH
79. Amenorrhea, breast atrophy – LH/FSH
80. Total of partial growth impairment – GH
81. Absence of lactation – Prolactin
82. Follicle Stimulating Hormone (FSH)
- Is synthesized by gonadotrophic cells
 - Acts on the Sertolli cells in males
 - Acts on the granuloa cells in females
 - All of the above***
 - None of the above
83. Lutenizing Hormone(LH)
- Is synthesized by gonadotrophic cells
 - Acts on Leydig cells in males
 - Aids in follicular rupture in females
 - All of the above***
 - None of the above
84. The primary target of ACTH action is the
- Adrenals***
 - Brain
 - Colon
 - Duodenum
85. The Highest plasma levels of ACTH are normally found:
- In the morning***
 - At noon
 - In the evening
 - At midnight
86. Infections of the pituitary are very common causes of pituitary disease
- False
87. Congenital abnormalities of the hypothalamus are often associated with maldevelopment of midline structures such as cleft palate
- True
88. Lymphocytic hypophysitis most often occurs in
- Children
 - Post partum females***
 - Males
 - Equal in all of the above
89. ...
90. The most common cause of hypopituitarism is
- Tumor***
 - Infection
 - Ischemia
 - Autoimmune
91. The most common cause of hormone excess syndrome is:
- Tissue hypersensitivity
 - Hyperfunction of the gland due to tumors**
 - Autoimmune
 - Iatrogenic
92. Endocrine pathology may be the result of
- An abnormal endocrine gland
 - Target tissue response defect
 - Abnormal hormone transport
 - All of the Above***
 - None of the above
93. ACTH production is stimulated by
- TRH
 - CRF***
 - GRF
 - Cortisol
 - None of the above
94. ACTH has been shown to
- Stimulate lipolysis cells
 - Stimulate insulin secretion
 - Stimulate growth hormone secretion
 - All of the above***
 - None of the above
95. Growth hormone
- Is synthesized by lactotrophic cells
 - Secretion is stimulated by GHRF
 - Has been shown to decrease lipolysis and inhibit insulin production
 - All of the above***
 - None of the above
96. Prolactin
- Is synthesized by somatotrophic cells
 - Is stimulated by high levels of estrogen
 - Synthesis is stimulated by dopamine
 - All of the above
 - None of the above
97. Thyrotropin (TSH)
- Is synthesized by thyrotrophic cells
 - Stimulates the production of thyroid hormones
 - Is stimulated by TRH
 - All of the Above***