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Q 8 ENDOCRINE DISEASE

32
Thyroid carcinoma of
 ① lymphomatous type usually presents as a single 'hot' thyroid nodule
 ② anaplastic type is usually cured by local radiotherapy
 ③ follicular type is best treated by ¹³¹I radioiodine therapy alone
 ④ papillary type should be treated with total thyroidectomy
 ⑤ medullary type secretes calcitonin causing severe hypocalcaemia

33
The serum calcium concentration is typically increased in
 ① hypoalbuminaemia
 ② pyloric stenosis
 ③ carcinomatosis
 ④ hypoparathyroidism
 ⑤ chronic sarcoidosis

34
Typical clinical features of primary hyperparathyroidism include
 ① recurrent acute pancreatitis and renal colic due to calculi
 ② hyperplasia of all the parathyroid glands on histology
 ③ osteitis fibrosa on bone X-rays at presentation
 ④ the complications of pseudo-gout and hypertension
 ⑤ renal tubular acidosis and nephrogenic diabetes insipidus

35
Typical biochemical findings in primary hyperparathyroidism include
 ① increased serum calcium and phosphate concentrations
 ② decreased serum 1,25-dihydroxy-cholecalciferol concentration
 ③ hypercalciuria and hyperphosphaturia
 ④ increased serum alkaline phosphatase with bony involvement
 ⑤ increased serum calcium and PTH concentrations

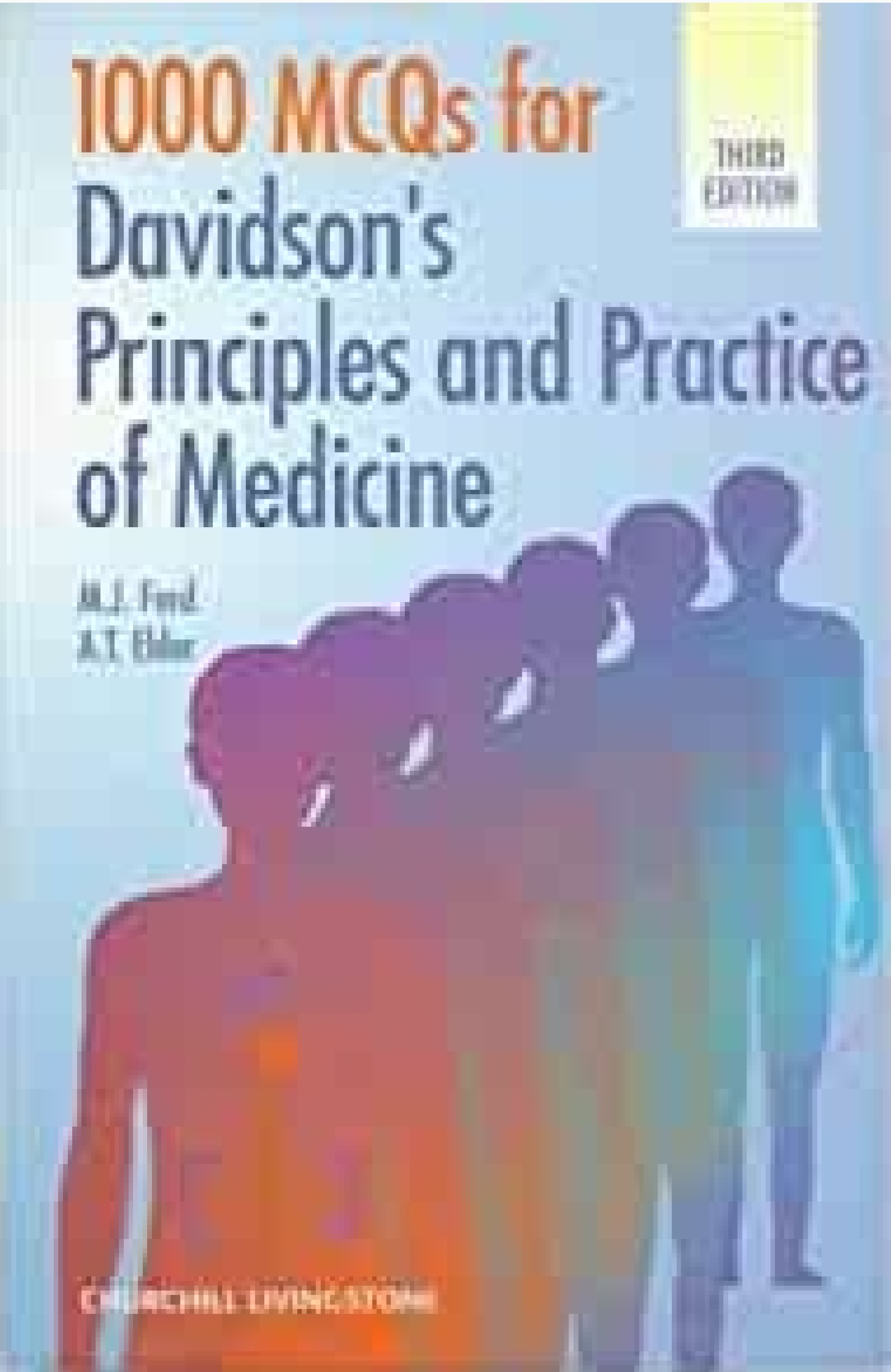
36
Features of secondary hyperparathyroidism include
 ① calcification of the basal ganglia
 ② complication of chronic renal failure
 ③ parathyroid enlargement is often palpable
 ④ development of parathyroid adenomas
 ⑤ complication of gluten enteropathy

37
Causes of hypercalcaemia include
 ① bone metastases
 ② carcinomas secreting PTH-like peptides
 ③ severe Addison's disease
 ④ severe hypothyroidism
 ⑤ chronic sarcoidosis

38
The clinical features of hypoparathyroidism include
 ① carpopedal and laryngeal spasm
 ② fungal infection of the finger nails
 ③ abdominal pain and constipation
 ④ peripheral paraesthesiae and psychosis
 ⑤ cataracts and epilepsy

39
Causes of hypoparathyroidism include
 ① autoimmune disease often also involving other endocrine glands
 ② Di George syndrome with congenital thymic aplasia
 ③ subtotal thyroidectomy for thyrotoxicosis
 ④ medullary carcinoma of the thyroid gland
 ⑤ metastatic disease within the thyroid gland

40
The typical features of pseudohypoparathyroidism include
 ① impaired coupling of adeny cyclase with the renal PTH receptor
 ② decreased serum PTH and calcitonin concentrations
 ③ decreased serum calcium and phosphate concentrations
 ④ family history of short stature and growth retardation
 ⑤ good response to parenteral PTH



24
Typical features of klebsiella pneumonia include

- Ⓐ upper lobe collapse on chest X-ray
- Ⓑ severe systemic disturbance and high mortality
- Ⓒ copious chocolate-coloured sputum
- Ⓓ organisms resistant to chloramphenicol and gentamicin
- Ⓔ occurrence in previously healthy individuals

25
Recognised features of mycoplasmal pneumonia include

- Ⓐ institutional outbreaks in young adults
- Ⓑ haemolytic anaemia and cold agglutinins in the serum
- Ⓒ fever and malaise preceding respiratory symptoms by several days
- Ⓓ inconspicuous physical signs in the chest
- Ⓔ response to tetracycline or erythromycin therapy

26
Typical features of legionella pneumonia include

- Ⓐ oro-faecal spread of infection
- Ⓑ vomiting and diarrhoea
- Ⓒ hyponatraemia and confusion
- Ⓓ inconspicuous physical signs in the chest
- Ⓔ response to rifampicin and/or erythromycin therapy

27
A non-pneumococcal pneumonia should be suspected if the clinical features include

- Ⓐ respiratory symptoms preceding systemic upset by several days
- Ⓑ chest signs less dramatic than the chest X-ray appearances
- Ⓒ the development of a pleural effusion
- Ⓓ the absence of a neutrophil leucocytosis
- Ⓔ palpable splenomegaly and proteinuria

28
Pneumonia in the immunocompromised is best treated with the following drug regimes

- Ⓐ *Pneumocystis carinii*—co-trimoxazole
- Ⓑ *Pseudomonas aeruginosa*—azlocillin or ciprofloxacin
- Ⓒ cytomegalovirus—ganciclovir
- Ⓓ herpes simplex—acyclovir
- Ⓔ respiratory syncytial virus—tribavirin

29
The following statements about aspiration pneumonias are true

- Ⓐ bronchiectasis is a recognised complication
- Ⓑ chest X-ray abnormalities are typically bilateral
- Ⓒ lobar collapse predisposes to the development of lung abscess
- Ⓓ systemic upset is usually marked
- Ⓔ adult respiratory distress syndrome may be a complication

30
The clinical features of suppurative pneumonia and lung abscess include

- Ⓐ prior pulmonary infarction
- Ⓑ the presence of an inhaled foreign body
- Ⓒ rigors and pleuritic chest pain
- Ⓓ bronchial breathing if there is an underlying bronchial carcinoma
- Ⓔ radiological features of cavitation

31
Post-primary tuberculosis in the UK is associated with

- Ⓐ occurrence in childhood rather than old age
- Ⓑ an increased prevalence in diabetic patients
- Ⓒ human rather than bovine strains of mycobacteria
- Ⓓ alcohol abuse and malnutrition
- Ⓔ airborne reinfection rather than reactivation of infection

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