Which of the following conditions and laboratory tests are inappropriately matched?

A. diabetes insipidus—urine 17-ketosteroids
B. Cushing’s syndrome—blood cortisol
C. Addison’s disease, blood ACTH
D. myxedema, blood TSH

All of the following are associated with hypersecretion of a hormone except:

A. Graves’ disease
B. Addison’s disease
C. Conn’s syndrome
D. Cushing’s syndrome

All of the following are related to hypofunctional states except:

A. Waterhouse-Friedericksen syndrome
B. myxedema
C. insulin-dependent diabetes mellitus (type 1)
D. Conn’s syndrome
E. Addison’s disease

The multiple endocrine neoplasia syndrome may include all of the following neoplasms except:

A. medullary carcinoma of thyroid
B. adrenal cortical carcinoma
C. pheochromocytoma
D. islet cell adenoma
E. pituitary adenoma

All of the following are included in the multiple endocrine neoplasia (MEN) syndromes except:

A. islet cell adenoma
B. pituitary adenoma
C. medullary thyroid carcinoma
D. pheochromocytoma
E. thyroid adenoma
All of the following are characteristic of multiple endocrine neoplasia (MEN) syndrome, Type II (Sipple’s syndrome) except:
A. medullary carcinoma of the thyroid
B. hyperparathyroidism
C. abnormal serum calcium
D. presence of peptic ulcers

Determination of 5-hydroxyindoleacetic acid (5-HIAA) in the urine may be helpful in the diagnosis of all of the following except:
A. tumors of the intestinal argentaffin cells
B. tumors of islet cell origin
C. certain bronchial neoplasms called carcinoid tumors
D. adrenal cortical tumors

Which of the following is least likely to be familial?
A. pheochromocytoma
B. islet cell tumor
C. parathyroid adenoma
D. pituitary adenoma
E. follicular carcinoma of the thyroid

Pathologic fractures most typically occur with which of the following:
A. pituitary adenoma
B. adrenal adenoma
C. thyroid adenoma
D. parathyroid adenoma
E. pheochromocytoma

Paroxysmal hypertension is most typically associated with:
A. pituitary adenoma
B. adrenal adenoma
C. thyroid adenoma
D. parathyroid adenoma
E. pheochromocytoma

The association of medullary carcinoma of the thyroid with pheochromocytoma with or without parathyroid hyperplasia or adenoma is called:
A. Conn’s syndrome
B. Cushing’s disease

**C. Sipple’s syndrome**

D. Waterhouse-Friderichsen syndrome

<table>
<thead>
<tr>
<th>Which of the following neoplasms is the most likely to be familial?</th>
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<tbody>
<tr>
<td>A. neuroblastoma of the adrenal medulla</td>
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<tr>
<td>B. papillary carcinoma of the thyroid</td>
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<tr>
<td><strong>C. medullary carcinoma of the thyroid</strong></td>
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<tr>
<td>D. adrenal cortical carcinoma</td>
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<td>E. thyroid adenoma</td>
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<table>
<thead>
<tr>
<th>The first endocrine target organ to be affected by panhypopituitarism is:</th>
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<tbody>
<tr>
<td>A. adrenal cortex</td>
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<tr>
<td>B. thyroid</td>
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<tr>
<td><strong>C. ovary</strong></td>
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<tr>
<td>D. parathyroid</td>
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<tr>
<td>E. islets of Langerhans</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Diabetes insipidus is associated with a lack of:</th>
</tr>
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<tbody>
<tr>
<td>A. glucocorticoids</td>
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<tr>
<td>B. insulin</td>
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<tr>
<td>C. thyroid hormone</td>
</tr>
<tr>
<td><strong>D. antidiuretic hormone</strong></td>
</tr>
<tr>
<td>E. growth hormone</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Acromegaly is characterized by an excess of:</th>
</tr>
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<tbody>
<tr>
<td>A. glucocorticoids</td>
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<tr>
<td>B. mineralocorticoids</td>
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<tr>
<td>C. thyroid hormone</td>
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<tr>
<td>D. antidiuretic hormone</td>
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<tr>
<td><strong>E. growth hormone</strong></td>
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<tr>
<th>The two most common causes of panhypopituitarism are:</th>
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<tbody>
<tr>
<td>A. trauma and developmental anomalies</td>
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<td>B. ischemia and trauma</td>
</tr>
<tr>
<td>C. hypersensitivity reactions and ischemia</td>
</tr>
<tr>
<td><strong>D. ischemia and neoplasms</strong></td>
</tr>
<tr>
<td>E. neoplasms and infections</td>
</tr>
</tbody>
</table>
Which of the following is the most common cause of Cushing’s syndrome?

A. exogenous corticosteroids
B. adrenal cortical carcinoma
C. oat cell carcinoma of the lung
D. basophilic adenoma of the pituitary

Panhypopituitarism may be a manifestation in all of the following conditions except:

A. Sheehan’s syndrome
B. chromophobe adenoma of the pituitary
C. craniopharyngioma
D. Zollinger-Ellison syndrome

A destructive lesion in which of the following areas generally results in diabetes insipidus?

A. mamillo-thalamic tract
B. adenohypophysis
C. subthalamic fasciculus
D. supraoptic and paraventricular hypothalamic nuclei

Simmond’s disease (hypophyseal cachexia):

A. causes acute pituitary insufficiency
B. occurs mainly in postpartum females
C. usually produces diabetes insipidus
D. may produce gigantism
E. produces atrophy of thyroid, adrenals and gonads

Causes of inappropriate ADH secretion include:

A. hypothalamic glioma
B. tuberculous meningitis
C. intracerebral hemorrhage
D. oat cell carcinoma
E. all of the above

All of the following may be manifestations of Sheehan’s syndrome except:

A. hyperpigmentation of skin
B. oligomenorrhea
C. loss of axillary and pubic hair
D. hypothyroidism
E. atrophy of breasts and genitalia

Causes of panhypopituitarism include all of the following except:
A. massive postpartum hemorrhage
B. thrombosis of common carotid artery
C. disseminated intravascular coagulation (DIC)
D. craniopharyngioma
E. septic shock

Which of the following is least likely to be a manifestation of postpubertal panhypopituitarism?
A. gonadal failure
B. hypoparathyroidism
C. hypotension
D. cold intolerance
E. atrophy of gonads, thyroid and adrenals

Hypopituitarism is most frequently associated with:
A. metastatic breast cancer
B. trauma following automobile accidents
C. craniopharyngioma
D. postpartum hemorrhagic shock
E. cavernous sinus thrombosis

A 25-year-old, previously healthy man sustained multiple injuries and fractures in a motorcycle accident. After recovery from his injuries he developed increased output of light colored urine and progressively severe thirst. The most likely diagnosis is:
A. diabetes mellitus secondary to trauma to the pancreas
B. diabetes insipidus secondary to trauma to the posterior pituitary
C. diabetes mellitus secondary to trauma to the anterior pituitary
D. inappropriate secretion of antidiuretic hormone

A middle-aged man with complaints of decreasing vision and headaches is found to have an enlarged sella on X-ray examination of his skull. Angiography demonstrated only lateral shift of the proximal portions of the anterior cerebral arteries. No other complaints and no other findings were present. The most likely location of his lesion and its nature are:
A. left olfactory groove meningioma
B. aneurysm of left carotid artery in the cavernous sinus
A 15-year-old boy with no sexual maturation is found to have papilledema, an enlarged sella and fine calcifications above the sella on skull x-ray. The most likely diagnosis is:
A. meningioma
B. adenoma of pituitary
C. cystic astrocytoma
D. craniopharyngioma
E. tuberculous meningitis

Which of the following is not a feature of acromegaly?
A. generalized visceromegaly
B. elevated serum calcium
C. progressive acral enlargement
D. diabetes mellitus

Compression of the optic chiasm with hemianopsia, headaches, and decreased libido in an otherwise normal 52-year-old man most likely result from a:
A. retinoblastoma
B. pituitary adenoma secreting growth hormone
C. pituitary adenoma secreting ACTH
D. non-functional pituitary adenoma
E. glioma of the optic nerve

The most common cause for acromegaly is:
A. failure of the epiphyseal plates to close
B. hyperplasia of the zona reticularis of the adrenal cortex
C. eosinophilic granulomata in bones
D. precocious puberty
E. adenoma of the pituitary

Conn’s syndrome is associated primarily with an excess of:
A. glucocorticoids
B. mineralocorticoids
C. thyroid hormone
D. antidiuretic hormone
E. growth hormone
The most specific test for Cushing’s syndrome is:
A. decreased urinary free cortisol
B. increased diurnal variation of plasma cortisol
C. **increased urinary free cortisol**
D. decreased urinary 17-OH corticosteroids

Characteristics of primary hyperaldosteronism (adult form) include all of the following except:
A. edema
B. increased circulatory volume
C. hypokalemia
D. adrenocortical adenoma
E. muscle weakness

Patients with Addison’s disease (primary chronic adrenal cortical insufficiency) exhibit all of the following except:
A. melanin pigmentation of skin and mucous membranes
B. hypotension with low serum sodium and plasma volume
C. increased secretion of ACTH
D. **excessive urinary loss of potassium**

Most uncomplicated Addison’s disease is currently the result of:
A. tuberculosis of the adrenal
B. histoplasmosis of the adrenal
C. **idiopathic atrophy of the adrenal**
D. inborn errors of metabolism affecting the adrenal
E. pituitary infarction

All of the following are causes of Addison’s disease except:
A. adrenal cortical carcinoma
B. autoimmune adrenalitis
C. tuberculosis
D. fungal infection
E. amyloidosis

Of the following, the most common cause of Addison’s syndrome is:
A. adrenal metastases
B. tuberculosis
C. autoimmune adrenalitis
D. histoplasmosis

**Cushing’s syndrome is now most commonly due to:**
A. ACTH secreting carcinoma of the lung
B. adrenal cortical carcinoma
C. **exogenous steroids**
D. adenoma of pituitary

**Cushing’s syndrome may be associated with all of the following except:**
A. flat glucose tolerance test
B. obesity
C. hypertension
D. osteoporosis
E. muscle weakness

**Cushing’s syndrome may be caused by all of the following except:**
A. adenoma of adrenal
B. hyperplasia of adrenal
C. carcinoma of adrenal cortex
D. **pituitary infarct cortex**

**The syndrome of adrenal hyperfunction characterized by sodium retention, potassium loss and moderate hypertension is:**
A. Cushing’s syndrome
B. **Conn’s syndrome**
C. Sheehan’s syndrome
D. Addison’s disease

**The most common cause of adrenocortical insufficiency is:**
A. Waterhouse-Friderichsen syndrome
B. **abrupt withdrawal of adrenocorticosteroid therapy**
C. metastatic carcinoma
D. panhypopituitarism
E. tuberculosis

**Primary hyperaldosteronism (Conn’s syndrome) is associated with:**
A. hyponatremia
B. hypotension
C. elevation of plasma renin levels
D. hypokalemia

A patient with Addison’s disease is likely to exhibit all of the following except:
A. hyperpigmentation of skin
B. hypotension
C. tuberculosis of adrenal gland
D. moon facies

Physical signs of a patient with Addison’s disease include all of the following except:
A. hyperpigmentation of skin
B. hypotension
C. muscle weakness
D. abdominal striae

Adrenocortical insufficiency results from all of the following except:
A. bilateral adrenal hemorrhage following meningococcemia
B. disseminated tuberculosis
C. postpartum pituitary hemorrhage
D. pheochromocytoma
E. idiopathic atrophy

Addison’s disease includes all of the following except:
A. hypoglycemia
B. hyperpigmentation
C. hypotension
D. hypernatremia
E. hypovolemia

Cushing’s disease is distinguished from Cushing’s syndrome by the presence of:
A. adrenal cortical hyperplasia
B. a “buffalo hump”
C. a pituitary neoplasm
D. diabetic glucose tolerance curve
E. hirsuitism

Typical laboratory findings in primary hyperaldosteronism include all of the following except:
A. high plasma sodium

**B. high plasma potassium**

C. low urine specific gravity

D. increased urinary aldosterone

The most common cause of Waterhouse-Friderichsen syndrome is:

A. severe postpartum hemorrhage

B. severe sodium depletion

**C. meningococcemia**

D. adenocortical adenoma

E. allergy to penicillin

Complications of long-term high-dose corticosteroid therapy include:

A. fractures secondary to osteoporosis

B. acne

C. increased susceptibility to infections

D. increased susceptibility to malignancy

**E. all of the above**

Which of the following diseases or syndromes is caused by a deficiency of enzymes required for the synthesis of adrenal steroids?

A. Conn’s syndrome

B. Addison’s disease

C. Cushing’s syndrome

D. adrenogenital syndrome

A 28-year-old woman has a “butterfly lesion” on her face for which she has received steroid therapy. She complains of a gain in weight with swelling of the face and abdomen, and that collars of her blouses have become tight. On examination, there are reddish-purple striae on the abdominal wall. The most likely diagnosis is:

A. adenoma of the adrenal

B. basophil adenoma of the pituitary

C. chromophobe adenoma of the pituitary

D. nodular hyperplasia of the adrenal cortex

**E. administration of excess steroid**

Which of the following is most commonly associated with primary hyperaldosteronism?

A. adrenal cortical carcinoma
B. bilateral adrenal hyperplasia of cortex
C. metastatic carcinoma to the adrenal
D. normal adrenal histology
E. unilateral adrenal adenoma

Addison’s disease is characterized by all one of the following except:
A. elevated plasma ACTH
B. hypertension
C. low 8 am plasma cortisol levels
D. no increase in cortisol with ACTH administration
E. skin hyperpigmentation

Which of the following occurs with the highest frequency in association with pheochromocytomas?
A. medullary carcinoma of the thyroid
B. adrenal cortical adenoma
C. hepatoma
D. osteosarcoma

The most frequent adrenal lesion producing primary hyperaldosteronism is:
A. single unilateral adenoma
B. multiple unilateral adenomas
C. bilateral adenomas
D. carcinoma
E. hyperplasia

Which of the following most commonly results from a functioning neoplasm of the adrenal cortex?
A. Cushing’s syndrome
B. Conn’s syndrome
C. adrenogenital syndrome
D. Cushing’s disease
E. Addison’s disease

All of the following correctly characterize pheochromocytomas except:
A. usually benign despite pleomorphism
B. secretion of metabolites serves as a major method of diagnosis
C. may be familial
D. may be extra-adrenal in origin
**E. rosette formation is useful in microscopic diagnosis**

**The most common neoplasm found in the adrenal gland is:**

- A. metastatic cancer
- B. myelolipoma
- C. cortical carcinoma
- D. pheochromocytoma
- E. neuroblastoma

**Both neuroblastoma and pheochromocytoma are usually associated with:**

- A. catecholamine secretion
- B. paroxysmal hypertension
- C. rosette formation microscopically
- D. differentiation to a ganglioneuroblastoma

**Pheochromocytomas are:**

- A. typically solitary, intra-adrenal, non-functional, non-malignant neoplasms of the paraganglion tissues
- B. multiple in about 10% of patients, extra-adrenal in 10% of patients, and at times clearly familial and uncommonly malignant
- C. always associated with hypertension, typically large (100+ grams), focally hemorrhagic, and often (25% of patients) found in the organ of Zuckerkandl
- D. typically microscopically pleomorphic, solitary, often familial neoplasms of young people (10—25 years).

**Which is/are true of adrenal cortical carcinoma?**

- A. usually produces steroids
- B. rare neoplasm
- C. often invades blood vessels
- D. appears yellow grossly
- E. all of the above

**Which is/are true of pheochromocytoma?**

- A. may be inherited as a dominant trait
- B. hypertension is the most common initial manifestation
- C. may secrete norepinephrine
- D. may be seen in conjunction with medullary carcinoma of the thyroid
- E. all of the above
All of the following have been associated with pheochromocytomas except:
A. neurofibromatosis
B. mucocutaneous neuromas
C. von-Hippel-Lindau disease
D. medullary thyroid carcinoma
E. Addison’s disease

Features that commonly characterize both neuroblastoma and pheochromocytoma include:
A. typically present with hypertension
B. benign biologic behavior
C. peak incidence in children
D. may secrete catecholamines

Which of the following best describes the biologic behavior of adrenocortical carcinoma?
A. rarely produce steroids; high propensity for hematogenous metastases
B. commonly produce steroids; high propensity for hematogenous metastases
C. rarely produce steroids; usually do not metastasize
D. commonly produce steroids; usually do not metastasize
E. commonly produce steroids; metastasize only by direct extension

Characteristics of neuroblastomas of the adrenal gland include each of the following except:
A. composed of large epitheloid cells with vesicular nuclei
B. occur most frequently in children
C. contain membrane bound granules by electron microscopy
D. occur most commonly in males
E. secrete vanillylmandelic acid

Truncal obesity, easy bruising and osteoporosis are associated with:
A. craniopharyngioma
B. adrenal adenoma
C. thyroid adenoma
D. parathyroid adenoma
E. pheochromocytoma

Changes in the thyroid gland in response to excess TSH stimulation include all of the following except:
A. loss of colloid
B. increased iodine uptake
C. decreased height of follicular lining cells
D. colloidal scalloping
E. increased thyroid hormone secretion

Hypothyroidism is manifested by the following laboratory changes:
A. increased cholesterol and normal T3 uptake
B. decreased cholesterol and decreased T3 uptake
C. increased radioactive iodine uptake and decreased T3 uptake
D. decreased radioactive iodine uptake and decreased T3 uptake
E. increased free T3 and decreased T4 by column chromatography

An 18-year-old pregnant woman with a diffuse goiter is found to have an elevated total T4 in the third trimester of pregnancy. The best test to determine the presence of thyrotoxicosis in her situation is:
A. a T3 suppression test
B. resin T3 uptake
C. radioactive iodine uptake
D. serum level of thyroid stimulating hormone
E. thyrotropin-releasing hormone test

All of the following are recognized complications or are associated with hyperthyroidism except:
A. exophthalmos
B. congestive heart failure
C. a bruit over the thyroid gland
D. increased incidence of hyperparathyroidism

High serum cholesterol is associated with:
A. hyperthyroidism
B. hypothyroidism
C. Cushing’s syndrome
D. Addison’s disease

**Cretinism can be associated with all of the following except:**
A. hypothyroidism
B. decreased free thyroxine
C. goiter
D. antithyroid antibodies

**Patients with Hashimoto’s thyroiditis usually have:**
A. hypothyroidism
B. abscesses in the thyroid tissue
C. normal response to TSH administration
D. circulating antithyroglobulin antibodies

**The microscopic appearance of the thyroid gland following effective treatment of Graves’ disease consists of:**
A. papillary protrusions into the follicle
B. small follicles with high cuboidal epithelium and moderate scalloping of colloid
C. large follicles with flattened epithelium and abundant colloid
D. Increased vascularization
E. sheets of Hurthle cells

**Features of primary hyperthyroidism include:**
A. exophthalmos
B. higher incidence in women
C. diffuse enlargement of the thyroid gland
D. autoimmune pathogenesis
E. all of the above

**Diffuse hyperplastic goiter (Graves’ disease) may produce which of the following cardiac changes:**
A. left sided valvular insufficiency
B. a typical “thrush breast” heart
C. a non-bacterial endocarditis
D. a hypertrophied and dilated heart
E. an atrophic flabby heart

**All of the following are associated with Graves’ disease except:**
A. elevation of body temperature
B. increased heart rate
C. intolerance to heat
D. marked weight loss
E. atrophy of lymphoid tissue

**Signs of cretinism are as follows except:**
A. not immediately detectable at birth
B. associated with irreversible mental retardation in advanced cases
C. dwarfism is present
D. TSH levels are low

**Deficiency of thyroid hormone in the adult is associated with:**
A. cretinism
B. acromegaly
C. exophthalmos
D. myxedema
E. osteitis fibrosis cystic

**Signs and symptoms of myxedema include all of the following except:**
A. slow mental processes
B. weakness
C. intolerance of cold
D. atrophy of the tongue
E. coarsening of hair and facial features

**The most common cause of a midline cyst of the neck is:**
A. a degenerating lipoma
B. cystic degeneration of thyroid adenoma
C. thyroglossal duct cyst
D. branchial cleft cyst
E. sebaceous cyst

**Hashimoto's thyroiditis is characterized by all of the following except:**
A. Hurthle cell changes
B. interstitial fibrosis
C. lymphoid follicle formation
D. presence of thyroid antibody in the serum
The histologic appearance of the thyroid gland in untreated Graves’ disease consists of:
A. epithelial hyperplasia
B. lymphocytic infiltrates
C. increased vascularity
D. small amount of colloid
E. all of the above

Features of BOTH Hashimoto’s and granulomatous thyroiditis include:
A. female predominance
B. persistent elevation of antithyroid antibodies
C. lymphocytic infiltration of thyroid
D. hyperthyroidism

Possible pathogenic factors in the development of cretinism include each of the following except:
A. agenesis of the thyroid
B. maternal iodine deficiency
C. nonfunctional thyroid adenoma
D. metabolic error in synthesis of thyroid hormone

Multinodular goiters may assume clinical importance for all of the following reasons except:
A. cosmetic disfigurement
B. development of hyperfunctional focus with thyrotoxicosis
C. airway compression
D. rapid increase in size
E. undergo cancerous transformation

A patient with primary diffuse hyperplasia of the thyroid is likely to have:
A. pale complexion, cold intolerance and mental lethargy
B. nervousness, increased appetite and heat intolerance
C. dry, wrinkled skin, hypogonadism and fatigability
D. pigmented skin, weakness and hypotension

Complications of hyperthyroidism include all of the following except:
A. bradycardia
B. hyperpyrexia
C. hypertension
D. dehydration
E. cardiac arrhythmia

Thyroglobulin antibodies are most likely to be present in patients with:
A. Graves’ disease
B. myxedema
C. Hashimoto’s disease
D. cretinism
E. T3 thyrotoxicosis

An adult patient in the United States with diffuse colloid goiter due to iodine deficiency is most likely to have:
A. marked hyperthyroidism
B. myxedema
C. progressive exophthalmos
D. normal thyroid function
E. predisposition for cancer

Iodine deficiency is a cause of:
A. colloid-storage goiter
B. Riedel’s struma
C. Hashimoto’s disease
D. exophthalmic goiter

Clinical features of a thyroglossal duct cyst include each of the following except:
A. usually present as soft mass
B. fixed and nonmovable
C. occur in anterior midline of neck
D. may communicate to skin via sinus tract
E. rare site of malignancy

Each of the following applies to Hashimoto’s thyroiditis except:
A. prolonged inflammatory disease
B. considered to represent an autoimmune disease
C. typical lesions are granulomata
D. decreased thyroxine formation results in focal hyperplasia
E. the patient may be hypothyroid, euthyroid or hyperthyroid

Which of the following findings are common to Hashimoto’s disease?
A. decreased thyroxine formation results in focal hyperplasia
B. prolonged inflammatory process
C. classified as an autoimmune disease
D. functional status of the patient may be euthyroid, hypothyroid or hyperthyroid

E. all of the above

Complications associated with Graves’ disease include each of the following except:
A. loss of vision
B. cardiac arrhythmia
C. hyperpyrexia
D. severe tachycardia
E. atrophy of lymphoid tissue

Which of the following best describes the histologic appearance of the thyroid gland in nodular goiter?
A. diffuse epithelial hyperplasia
B. uniform appearance with large colloid-filled follicles
C. large lymphoid aggregates and foci of follicular germinal cancer
D. encapsulated nodules of papillary structures
E. variable follicle size, fibrous scars, evidence of hemorrhage

Which of the following statements best describes the histologic changes in the thyroid gland in Graves’ disease:
A. increase in epithelial cells, vascularity, lymphoid tissue, and colloid
B. increase in epithelial cells, vascularity, and lymphoid tissue; decreased colloid
C. decrease in epithelial cells and colloid; increased vascularity and lymphoid tissue
D. decrease in epithelial cells and lymphoid tissue; increased vascularity and colloid
E. decrease in epithelial cells, vascularity, lymphoid tissue and colloid

Each of the following is likely to be increased in untreated hyperthyroidism except:
A. size of the thyroid
B. amount of colloid in the thyroid follicles
C. height of the follicular epithelium
D. vascularity of the thyroid
E. iodine uptake

Hyperthyroidism is characteristically associated with:
A. Hashimoto’s disease
B. Graves’ disease
C. Riedel’s thyroiditis
D. medullary carcinoma of the thyroid

The most common type of goiter is characteristically:
A. due to iodine toxicity
B. malignant
C. associated with hyperthyroidism
D. more common in women

Exophthalmos is characteristically associated with:
A. Hashimoto’s disease
B. Graves’ disease
C. Riedel’s thyroiditis
D. colloid goiter

A 36-year-old woman noticed a painful enlargement of the thyroid gland approximately three weeks after an upper respiratory infection. The history is most suggestive of which of the following findings on biopsy of the thyroid?
A. papillary structures with psammoma bodies
B. severe infiltration with plasma cells and lymphocytic cells
C. multiple granulomata with foreign body giant cells
D. small follicles invading capsular blood vessels
E. diffuse parenchymal fibrosis

Each of the following applies to Hashimoto’s disease except:
A. antibodies are organ specific
B. family members may have autoantibodies to intrinsic factor, thyroglobulin, and thyroid cell microsomes
C. antigen-antibody-complement complexes in basement membranes cause widespread tissue damage
D. thyroid parenchyma shows variable destruction and lymphoid cell infiltration

Pain and tenderness in the neck with fever is most characteristic of:
A. Hashimoto’s thyroiditis
B. Riedel’s struma
C. chronic non-specific thyroiditis
D. granulomatous thyroiditis
E. metastatic follicular carcinoma
The five-year survival for surgically treated papillary carcinoma of the thyroid is:

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<tr>
<th>Option</th>
<th>Percentage</th>
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<td>A.</td>
<td>less than 10%</td>
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<td>B.</td>
<td>10 to 30%</td>
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<td>C.</td>
<td>30 to 45%</td>
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<td>D.</td>
<td>45 to 60%</td>
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<td>E.</td>
<td>greater than 60%</td>
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Which of the following thyroid carcinomas has the best prognosis?

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The most common thyroid cancer is:

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Patients with giant cell carcinoma of the thyroid generally survive:

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Characteristics of medullary carcinoma of the thyroid include all of the following except:

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Each of the following is true of thyroid cancer except:

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Characteristics of papillary carcinoma of the thyroid include all of the following except:
A. metastasized late and commonly pursues an indolent course
B. most common malignancy of the thyroid gland
C. found more commonly in young people than anaplastic carcinoma of the thyroid
D. amyloid material commonly found mixed with the neoplastic cells

The best 10-year-survival rate is associated with which of the following thyroid carcinomas?
A. medullary
B. large cell undifferentiated
C. small cell undifferentiated
D. follicular
E. papillary

Medullary carcinoma of the thyroid is associated with each of the following except:
A. increased calcitonin secretion
B. familial occurrence
C. other endocrine lesions
D. amyloid deposition
E. rapidly fatal course

Medullary carcinoma of the thyroid is characterized by each of the following except:
A. sometimes familial
B. amyloidosis
C. origin from C-cells of the APUD system
D. a negative calcium challenge test
E. association with phenochromocytomas

Which one of the following thyroid neoplasms has the highest survival rate?
A. lymphoma
B. follicular carcinoma
C. papillary carcinoma
D. anaplastic carcinoma
E. medullary carcinoma
A surgeon explores a thyroid because of a “cold” nodule of the left upper pole of the thyroid. The nodule is firm, non-encapsulated, and granular. There is an enlarged, hard lymph node in the adjacent internal jugular chain. The most likely diagnosis is:

A. anaplastic carcinoma
B. follicular adenoma
C. follicular carcinoma
D. lymphoma
E. papillary carcinoma

The uncompensated action of calcitonin would result in:

A. metastatic calcification
B. hypocalcemia
C. exophthalmos
D. dystrophic calcification
E. pathologic fractures

Calcitonin has all of the following characteristics except:

A. is secreted by C cells in the thyroid gland
B. acts by inhibiting urinary excretion of calcium
C. is secreted by most medullary thyroid carcinoma
D. promotes osteoclastic activity

Osteomalacia and kidney stones are characteristically associated with:

A. gigantism
B. pheochromocytoma
C. acromegaly
D. hyperparathyroidism
E. inappropriate ADH secretion

The most common cause of primary hyperparathyroidism is:

A. parathyroid hyperplasia
B. multiple endocrine syndromes I and II
C. parathyroid adenoma
D. parathyroid carcinoma
E. thyroidectomy

Primary hyperparathyroidism is associated with all of the following except:

A. decreased alkaline phosphatase activity in serum
The chemical findings of primary uncomplicated hyperparathyroidism include elevation of all of the following except:

A. calcium in serum
B. calcium in urine
C. phosphorous in urine
D. phosphorous in serum

The most common cause of hypoparathyroidism is:

A. high phosphate diet in infancy
B. aplasia of parathyroids
C. accidental surgical removal of parathyroids at the time of thyroidectomy
D. sarcoidosis
E. calcitonin-secreting tumor

Excessive bone resorption is associated with all of the following except:

A. hypersecretion of parahormone
B. hypersecretion of calcitonin
C. chronic renal diseases
D. vitamin D deficiency

Clinical findings associated with hyperparathyroidism include all of the following except:

A. peptic ulcer
B. pathologic fractures
C. acute pancreatitis
D. hypotension

There is an established association between hyperparathyroidism and all of the following conditions except:

A. demineralization of bone
B. metastatic calcification
C. chronic renal failure
D. tetany

Causes of hyperparathyroidism include all of the following except:
A. parathyroid adenoma
B. squamous cell carcinoma
C. parathyroid hyperplasia
D. medullary carcinoma of the thyroid

Clinical manifestations of hypoparathyroidism include all of the following except:
A. seizures
B. cataract formation
C. carpopedal spasm
D. peptic ulcers

The most common cause of hypoparathyroidism is:
A. irradiation
B. autoimmune disorder
C. atrophy
D. carcinoma
E. thyroidectomy

Features of secondary hyperparathyroidism include all of the following except:
A. persistent hypercalcemia
B. higher incidence than primary type
C. bony resorption
D. parathyroid hyperplasia

Clinical manifestations of hypoparathyroidism include:
A. pathologic fracture
B. cataracts
C. renal failure
D. peptic ulcer

All of the following statements about hyperparathyroidism are true except:
A. secondary is more common than primary
B. secondary is usually associated with hyperplasia
C. primary is usually associated with adenoma
D. it is always associated with bone resorption

Causes of secondary hyperparathyroidism include all of the following except:
A. chronic renal failure
B. vitamin D deficiency
C. intestinal malabsorption
D. parathyroid adenoma

Causes of primary hyperparathyroidism include:
A. parathyroid adenoma
B. parathyroid carcinoma
C. chief cell hyperplasia
D. water-clear cell hyperplasia
E. all of the above

Secondary hyperparathyroidism is caused by each of the following except:
A. calcium losing diseases
B. excessive calcium intake
C. renal insufficiency
D. vitamin D resistance

The pathogenesis of secondary hyperparathyroidism is associated with which of the following?
A. resistance to vitamin D
B. chronic hypocalcemia
C. malabsorption syndromes
D. renal insufficiency
E. all of the above

Each of the following is associated with hyperparathyroidism except:
A. medullary carcinoma of the thyroid
B. peptic ulcers
C. renal stones
D. adrenal carcinoma
E. islet cell adenomas of the pancreas

Which is/are associated with primary hyperparathyroidism?
A. elevated alkaline phosphatase activity in serum
B. depressed phosphate in serum
C. nephrolithiasis
D. osteitis fibrosa cystica
Findings in secondary hyperparathyroidism usually include:
A. elevated serum creatinine
B. elevated serum phosphorus
C. hyperplasia of parathyroids
D. bone resorption
E. all of the above

The initial clinical manifestation of functional parathyroid adenomas is usually:
A. spontaneous fracture
B. pain in the neck
C. nephrolithiasis
D. subcutaneous calcinosis
E. uremia

The uncompensated action of parathyroid hormone would produce all of the following except:
A. hypercalcemia
B. decreased absorption of vitamin D in the intestine
C. hypophosphatemia
D. mild hyperchloremia

The predominant cell type in most adenomas of the parathyroid is:
A. oxyphil cells
B. fat cells
C. clear cells
D. chief cells
E. transitional cells

Pheochromocytomas of the adrenal medulla may lead to:
A. hypertension
B. attacks of anxiety
C. cardiomyopathy
D. all of the above

An additional crisis in a patient with Cushing’s syndrome is most frequently caused by:
A. acute infarction of an adrenal cortical adenoma
B. increased oral intake of cortisone
C. an eosinophilic pituitary adenoma
D. metastatic liver disease due to adrenal cortical carcinoma  
E. acute necrosis in a neuroblastoma

**Diffuse bilateral adrenal cortical hyperplasia can be associated with all of the following except:**  
A. oat cell carcinoma of lung  
B. pituitary adenoma  
C. inborn error of production of corticosteroids  
**D. functioning adrenal cortical adenoma**

**Acute infarction of the pituitary (Sheehan’s Syndrome) leads to:**  
A. bilateral adrenal cortical hyperplasia  
B. papillary hyperplasia of the thyroid  
C. excess milk production  
**D. adrenal cortical atrophy**

**Nodular goiter of the thyroid can:**  
A. be due to an iodide deficient diet  
B. Cause hyperthyroidism  
C. be associated with elevated thyroid stimulating hormone (T.S.H.)  
D. lead to difficulty swallowing  
**E. all of the above**

**Hypercalcemia can be associated with all of the following conditions except:**  
A. parathyroid adenoma  
B. oat cell carcinoma of the lung  
C. metastases to bone  
**D. vitamin D deficiency**

**Causes of primary hyperparathyroidism include all of the following except:**  
A. parathyroid adenoma  
B. parathyroid carcinoma  
C. parathyroid hyperplasia  
**D. oat cell carcinoma of lung**

**Beta cell (islet cell) adenomas of the pancreas may lead to all of the following except:**  
A. marked obesity  
B. fainting spells  
C. hypoglycemia
A 50-year-old female presented with a solitary nodule in her thyroid gland. The thyroid gland generally was of normal size. A dose of radioactive iodine was administered and the nodule was found to be hot. The uptake of radioactive iodine in the nodule correlates with:

A. *well differentiated thyroid tissue*
B. undifferentiated thyroid tissue
C. euthyroidism
D. hypothyroidism

A parathyroid adenoma may cause all of the following except:

A. *osteomalacia*
B. renal calculi
C. elevated levels of serum calcium
D. tetanus

**Addison’s disease is associated with all of the following conditions except:***

A. Sheehan’s syndrome
B. tuberculosis
C. autoimmune disorder
D. *diabetes mellitus*

Parathyroid adenoma is associated with all of the following except:

A. may cause hypercalcemia
B. may cause osteomalacia
C. may cause peptic ulcer disease
D. may lead to elevated thyrotrophic hormone levels

A 40-year-old female was found to have a solitary nodule in the left side of her neck. A biopsy revealed thyroid tissue within the lymph node. The most likely diagnosis is:

A. Hashimoto’s disease, thyroid
B. *papillary carcinoma of the thyroid*
C. congenital aberrant thyroid tissue
D. metaplasia of lymph node tissue
E. Grave’s disease, thyroid

**Cushing’s Syndrome can be associated with:**

A. adrenal cortical carcinoma
B. adrenal cortical adenoma
C. oral intake of steroids
D. pituitary adenoma composed of basophil cells
A 40-year-old female was found to have a solitary nodule in the left side of her neck. A biopsy revealed thyroid tissue within a lymph node. The lymph node is least likely to contain:
A. thyroid follicles
B. psammoma bodies
C. papillary formations of the thyroid epithelium
D. mitotic figures
E. multinucleated giant cells

Excessive production of corticosteroids can occur in patients with all the conditions listed except:
A. basophilic adenoma of pituitary
B. oat cell carcinoma of the lung
C. adrenal cortical carcinoma
D. neuroblastoma

Pituitary adenoma may cause:
A. galactorrhea
B. Cushing’s disease
C. amenorrhea
D. giantism
E. all of the above

Islet cell adenomas can be associated with all of the following except:
A. pituitary adenomas
B. parathyroid adenomas
C. adrenal cortical adenoma
D. pheochromocytoma

Islet cell adenomas are associated with all except:
A. confusion and coma after fasting
B. low blood sugar levels
C. severe polyphagia (over eating)
D. severe weight loss
E. increased blood insulin levels

All of the following often are malignant neoplasms in children except:
A. neuroblastoma
B. pheochromocytoma
Which of the following thyroid tumors may lead to elevated calcitonin levels?
A. follicular adenoma
B. papillary carcinoma
C. follicular carcinoma
D. medullary carcinoma

A 48-year-old massively obese female complained of fainting spells between meals that were relieved by eating ice cream. The histologic features of the patient’s slides is most likely to include:
A. insulin granules in tumor cells by immunohistochemistry
B. psammoma bodies
C. tumor giant cells
D. amyloid deposition causing islet cell atrophy
E. Cal-Exner bodies

A 50-year-old male presented with a history of recurrent gastric ulcers and multiple renal stones. The most likely histologic finding is:
A. pheochromocytoma
B. adrenal cortical adenoma
C. pituitary adenoma
D. parathyroid adenoma
E. thyroid adenoma

Islet cell tumors can produce all of the following except:
A. insulin
B. glucagon
C. gastrin
D. estrogen

Uniform painless enlargement of the thyroid gland is noted in:
A. Grave’s disease
B. Riedel’s thyroiditis
C. subacute granulomatous thyroiditis
D. long standing goiter

A non-functioning pituitary adenoma causes pituitary insufficiency because of:
A. infiltration of the neoplasic cells
B. amyloidosis of the pituitary
C. pressure atrophy
D. chronic inflammation
E. acute inflammation

Hyperfunction of the thyroid gland is associated with the following except:
A. elevated basal metabolic rate
B. depressed T3–T4 levels
C. diffuse hyperplasia of the follicular epithelium
D. thyroid adenoma
E. hyperplasia, in an adenomatous goiter

Conn’s Syndrome is caused by a tumor:
A. arising in the pituitary
B. arising in the adrenal cortex
C. arising in the adrenal medulla
D. arising in the pancreas
E. arising in the thyroid

Diffuse bilateral adrenal cortical hyperplasia can be associated with all of the following except:
A. malignant neoplasm producing ACTH
B. faulty biosynthesis of cortisol, an inborn error
C. basophilic adenomas of the pituitary
D. eosinophilic adenomas of the pituitary

A 50-year-old male presented with a history of recurrent gastric ulcers and multiple renal stones. The most important test to obtain to confirm the diagnosis is:
A. serum calcium level
B. T(4) level in blood
C. fasting blood sugar level
D. serum aldosterone level
E. long acting thyroid stimulator