1. A 50-year-old man with tuberculosis history presents for hyperpigmentation of the skin and marked asthenia. Indicate the most likely diagnosis.
2. A patient with diffuse toxic goiter may have the following complaints:
3. ACTH stimulation test is indicated for the diagnosis of the following adrenal pathologies:
4. Acute adrenal insufficiency is characterized by the following clinical manifestations:
5. Adiposogenital dystrophy can be determined by:
6. Advanced stages of acromegaly are characterized by the presence of:
7. Anti-tumor treatment of acromegaly does NOT include administration of:
8. At what GFR values is a patient transferred to renal replacement therapy?
9. At what time of day is ACTH and cortisol secretion maximal?
10. Bilateral suprarenalectomy is followed by:
11. Causes of secondary form of diabetes can be all of the following, EXCEPT:
12. Choose glycemic control targets in a middle aged man with T2DM, ischemic heart disease, and a history of myocardial infarction:
13. Choose glycemic control targets in a young man with a long history of T1DM, diabetic nephropathy and high risk of hypoglycemia:
14. Choose glycemic control targets in a young man with a short history of T1DM and no hypoglycemia risk:
15. Choose glycemic control targets in an elderly person with T2DM and severe angiopathy complications:
16. Compared to ketoacidosis coma, hyperosmolar hyperglycemic coma is characterized by:
17. Congenital adrenal hyperplasia is characterised by the following:
18. Conn syndrome (primary hyperaldosteronism) can be confirmed by performing:
19. Conn syndrome is characterized by the following manifestations:
20. Cushing's disease can be caused by the following factors, with one exception:
21. Define hypoglycemia:
22. Delayed bone age in a child can happen in the following situations, with an EXCEPTION:
23. Diabetic ketoacidosis is characterized by:
24. Diferencial diagnosis between toxic adenoma and Grave’s disease includes:
25. Differential diagnosis of adiposogenital syndrome must be done with:
26. Early diagnosis of diabetic nephropathy requires the following lab tests:
27. Efficiently treating pheochromocytoma includes the following:
28. Factors that trigger diabetic ketoacidosis are:
29. Factors that trigger hypoglycemia are:
30. Following surgical treatment of Cushing's disease the following complications may occur:
31. For differential diagnosis of primary and secondary hypothyroidism is necessary:
32. For hypothyroidism are characteristic the following disorders of the nervous system:
33. For hypothyroidism are characteristic:
34. For thyrotoxic adenoma are NOT characteristic:
35. Frohlich’s syndrome requires differential diagnosis with:
36. Galactorrhea may be present in the following situations, EXCEPT:

ADRENALS

1. Acute adrenal insufficiency is characterized by the following clinical manifestations:
2. The following statements about primary hyperaldosteronism are true:

3. The clinical picture of primary adrenal insufficiency includes the following manifestations:
4. What is the most common form of congenital adrenal hypertrophy?
5. Which of the following is specific for the virilizing and salt loss form of congenital adrenal hypertrophy:
6. Increased plasma cortisol may occur in the following cases:
7. Patient X, age 30, comes with elevated blood pressure values. The clinical exam reveals: centripetal obesity, acneiform eruptions, reddish-purple striae on the abdomen . Indicate the possible presumptive diagnoses:
8. Which of the following is true for a ectopic tumor secreting ACTH:
9. Hyperpigmentation in Addison's disease is caused by hypersecretion of:
10. Which adrenal pathologies are characterized by high blood pressure:
11. Patient X, age 30, comes to the doctor with the following symptoms: progressive asthenia, weight loss, heart palpitations, darkening of the skin, lack of appetite, lowering of blood pressure. What is the presumptive diagnosis?
12. What is the most common cause of primary chronic adrenal insufficiency?
13. Efficiently treating pheochromocytoma includes the following:
14. Hypoglycemia may occur in the following adrenal pathology:
15. Which of the following manifestations is specific to secondary hypercortisolism?
16. Pacient X, age 40, comes with elevated blood pressure values. Abdominal CT reveals a mass in the right adrenal gland. Indicate the possible presumptive diagnoses:
17. The following diagnostic methods are used for the differential diagnosis between Cushing's disease and Cushing's syndrome:
18. The clinical picture of primary adrenal insufficiency includes the following manifestations:
19. Suppression test with dexamethasone – Low dose - is indicated for the differential diagnosis between:
20. Which of the following statements is true for Cushing's Disease?
21. Hypercortisolism causes the following metabolic effects:
22. Hyperglycemia may occur in thefollowing adrenal pathologies:
23. Polyuro-polydipsic syndrome is characteristic for the following pathologies:
24. Which of the following statements are true for secondary adrenal insufficiency:
25. The clinical picture of secondary adrenal insufficiency includes the following manifestations:
26. The following statements about chronic primary cortico-adrenal insufficiency are true:
27. Which of the following manifestations is specific for Conn syndrome?
28. Congenital adrenal hyperplasia is characterised by the following:
29. Bilateral suprarenalectomy is followed by:
30. Which of the following statements are true for Cushing's disease:
31. Which test is recommended for the diagnosis of pheochromocytoma:
32. The following clinical manifestations are true for paroxism of pheocromocitoma:
33. Conn syndrome (primary hyperaldosteronism) can be confirmed by performing:
34. In Cushing's syndrome, unlike Cushing's disease, the following are present:
35. Which of the following statements are true for the pure virilizing form of congenital adrenal hypertrophy:
36. A 50-year-old man with tuberculosis history presents for hyperpigmentation of the skin and marked asthenia. Indicate the most likely diagnosis.
37. Which of the following therapies can be used in Cushing's syndrome:
38. Which investigation is used for the differential diagnosis between primary and secondary hyperaldosteronism:
39. ACTH stimulation test is indicated for the diagnosis of the following adrenal pathologies:
40. Surgical treatment is preffered in the following conditions of the adrenals:

41. What is the cause of secondary hypocorticism:
42. Which of the following conditions is characterised by hyperpigmentation of the skin?
43. Which of the following treatment options are true for Cushing's Disease:
44. Which of the following laboratory changes are characteristic for secondary adrenal insufficiency:
45. Which of the following investigations confirms the diagnosis of hypercorticism:
46. In which disease of the adrenals the treatment is drug administration:
47. Patient X aged 34 years presents with elevated blood pressure values associated with hypokalemia . What is the presumptive diagnosis?
48. The treatment of acute adrenal insufficiency may include:
49. Which of the following complaints are specific for secondary hypocorticism?
50. Treating secondary adrenocortical insufficiency includes the following:
51. Which of the following laboratory changes are characteristic for primary adrenal insufficiency:
52. The clinical manifestations of Cushing's syndrome are:
53. Patient X aged 34 complains of permanent elevated blood pressure values. He also mentions concurrent polyuria and polydipsia, muscle weakness . What is the presumptive diagnosis?
54. The following statements about a catecholamine paroxysm are true:
55. Treating primary adrenal insufficiency includes the following:
56. The increased level of ACTH can be registered in the following cases:
57. The following statements about Cushing's syndrome are true:
58. Which of the following is used in order to evaluate the efficiency of substitution treatment in primary hypocorticism:
59. Hyperkalemia is the characteristic laboratory finding for:
60. Which of the following clinical manifestations is characteristic of Cushing's disease?
61. Patient X, age 28, complains of elevated blood pressure episodes. The episodes occur 1-2 times a week and are accompanied by: headache, palpitations, tremor, sweating . What is the presumptive diagnosis?
62. Increased levels of cortisol can be recorded in the following:
63. What causes secondary hyperaldosteronism:
64. Conn syndrome is characterized by the following manifestations:
65. The catecholaminic paroxysm may be caused by the following:
66. Gonadal dysfunction may appear in the following adrenal conditions:
67. Following surgical treatment of Cushing's disease the following complications may occur:
68. Hyperpigmentation in Addison's disease has the following characteristics:
69. Hypercortisolism causes the following:
70. Which diagnostic methods are used to diagnose pheochromocytoma:

DIABETES MELLITUS

1. Which of the following situations will determine a patient with diabetes, treated with insulin, to reduce the dose?
2. What is the daily insulin requirement in a patient with type 1 diabetes in the presence of moderate ketoacidosis:
3. How often should HbA1c be assessed in a patient with type 1 diabetes?
4. What is the recommended daily protein intake in a person with stage 4 diabetic nephropathy?
5. Which laboratory test is used for early detection of diabetes in population at risk?

6. What is the suspected diagnosis in a 65y.o. smoker with a 10-year history of T2DM, with constantly elevated HbA1c values between 9-10%, who complains of lower limb pain after physical exertion (100 m walk), intermittent claudication ceasing after stopping physical exertion?
7. What is the diagnosis in a 40 y.o. patient, BMI – 24 kg/m2, fasting blood glucose level 9.5 mmol/l and HbA1c – 9%?
8. Which skin lesions are found in diabetes?
9. Factors that trigger hypoglycemia are:
10. The following are complications of diabetes, EXCEPT:
11. Hypoglycemic coma is characterized by:
12. Which treatment options are used in T2DM?
13. Microalbuminuria in diabetic nephropathy is defined as:
14. The following complications can occur following treatment of ketoacidosis coma, EXCEPT:
15. Choose glycemic control targets in an elderly person with T2DM and severe angiopathy complications:
16. Which laboratory markers require mandatory monitoring in the treatment of ketoacidosis coma?
17. Which of the following skin lesions, found in people with diabetes, is caused by the autoimmune process?
18. What are the main cardiac involvement lesions in diabetes?
19. Proliferative diabetic retinopathy is characterized by:
20. The main mechanism of action of sulphonylurea derivatives is:
21. Which of the following action curves corresponds to fast acting human insulin?
22. What is the mandatory triad for diagnosing ketoacidosis?
23. At what GFR values is a patient transferred to renal replacement therapy?
24. Which symptoms do patients with ketoacidosis coma develop?
25. Which laboratory markers require mandatory monitoring in the treatment of ketoacidosis coma?
26. What are the mandatory investigations in a patient with new onset T2DM?
27. Which complications are caused by acute hyperglycemia?
28. Which of the following antidiabetic drugs is NOT a sulphonylurea class drug:
29. What is the diagnosis in a person with a 15-year history of T1DM, peripheral edema, increased BP values, GFR – 30 ml/min and proteinuria 1.2 g/24 hours?
30. What treatment methods can be used in Charcot foot management?
31. Which changes are specific for diabetic microangiopathy?
32. What is the diagnosis in a 67 y.o. patient, BMI – 38 kg/m2, fasting blood glucose 5.5 mmol/l, 2-hour blood glucose on OGTT – 8.4 mmol/l and HbA1c – 6.2%?
33. Which laboratory tests require frequent monitoring in the treatment of ketoacidosis coma:
34. Genetic predisposition of T1DM is indicated by the following HLA antigens:
35. Which effects are specific for sulfonylureas:
36. Which statements regarding metformin's mechanism of action are true?
37. Which stage of Mogensen diabetic nephropathy meets the following conditions: GFR 60-90 ml/min, microalbuminuria, mild hypertension?
38. Compared to ketoacidosis coma, hyperosmolar hyperglycemic coma is characterized by:
39. Which parameters are part of the ketoacidosis triad?
40. Choose glycemic control targets in a young man with a short history of T1DM and no hypoglycemia risk:
41. Which clinical manifestations can be found in lactacidotic coma?
42. Which oral antidiabetic drugs stimulate insulin secretion?

43. Treatment with ONLY fast acting insulin will be indicated in the following conditions, EXCEPT:
44. Which major clinical signs are specific for diabetes?
45. What is the daily insulin requirement in a patient with new onset type 1 diabetes, in the absence of ketoacidosis:
46. Which skin lesions are specific for type 2 diabetes?
47. What are the indications for insulin therapy:
48. Of all cases of DM, type 2 diabetes represents:
49. What is the diagnosis in a 42 y.o. patient, BMI – 29 kg/m2, fasting blood glucose 6.5 mmol/l and HbA1c – 5.9%?
50. Which of the following is NOT a sign of proteinuria stage of diabetic nephropathy?
51. What are the effects of Repaglinide?
52. Which drugs are used for neuropathic pain in diabetic neuropathy?
53. What are the mechanisms of action of alpha-glucosidase inhibitors:
54 Which of these actions is necessary to perform if a patient with type 1 DM develops a fever-associated condition?
55. Which statements regarding diabetes patients' diet are true?
56. Which changes can be found in lactacidotic coma?
57. What are the emergency measures in a hypoglycemic coma?
58. Which signs are specific for Mauriac syndrome?
59. Which of the following skin lesions, found in people with diabetes, is caused by the autoimmune process?
60. Which of the following values imply impaired fasting glucose?
61. Which value of HbA1c is a criterion for the diagnosis of diabetes?
62. Which laboratory marker indicates long-term blood sugar level?
63. Which of the following statements is NOT characteristic of gestational diabetes?
64. Rehydration therapy in diabetic ketoacidosis will start with:
65. Which therapeutic measures are recommended in case of lactacidotic coma:
66. Which acute diabetic complication is due to consequences of inadequate hypoglycemic treatment?
67. Diabetic ketoacidosis is characterized by:
68. The main components of diabetic ketoacidosis treatment are:
69. Which antidiabetic drugs do NOT have a high hypoglycemia risk?
70. Which parameters are part of the ketoacidosis triad?
71. What is the target blood pressure value in patients with diabetes without renal complications?
72. When is administration of biguanides class drugs contraindicated in a patient with type 2 DM?
73. The following gastrointestinal changes can be found in ketoacidosis coma, EXCEPT:
74. Lipoid necrobiosis is characterized by:
75. What emergency actions are to be taken in an unconscious patient with type 1 diabetes, with cold, moist, pale skin, HR – 100 bpm, BP 140/80mmHg?
76. Which metabolic disorders are specific for both ketoacidosis and hyperosmolar hyperglycemic coma?
77. Which clinical signs are specific for hypoglycemia states?
78. In which category of people can one suspect type 2 diabetes mellitus?
79. Which of the following statements is true for C-Peptide?
80. Causes of secondary form of diabetes can be all of the following, EXCEPT:
81. Early diagnosis of diabetic nephropathy requires the following lab tests:

82. What clinical signs suggest a hypoglycemic coma in an unconscious patient?
83. Which antidiabetic drugs stimulate the glucose-dependent secretion of insulin?
84. Which of the following blood glucose levels are within reference range?
85. Which statements regarding metformin's mechanism of action are true?
86. Screening of chronic complications in people with type 2 diabetes has to be performed:
87. Which laboratory markers require mandatory monitoring in the treatment of ketoacidosis coma?
88. Which of the following skin lesions, found in people with diabetes, is caused by the autoimmune process?
89. Hypoglycemic coma in diabetes mellitus can develop as a result of:
90. Which hormones are secreted in Langerhans islets?
91. Name the main pathogenetic elements of ketoacidosis?
92. Define hypoglycemia:
93. What is the diagnosis in a 62 y.o. patient, BMI – 32 kg/m2, fasting blood glucose 6.8 mmol/l, 2-hour blood glucose on OGTT – 7.4 mmol/l and HbA1c – 6.2%?
94. Which type of DM is suitable for treatment by diet therapy only?
95. What are the principles of basal – bolus insulin therapy?
96. What is the optimal distribution of macronutrients in a diabetic patient's diet:
97. What effects does insulin have?
98. Which of the following complications CANNOT occur after insulin administration?
99. Which insulins have the fastest hypoglycemic effect?
100. Which blood glucose levels correspond to normal values?
101. What adverse effects can occur upon administration of biguanides?
102. Which counterregulatory hormones respond first to low blood glucose levels?
103. Which stage of Mogensen diabetic nephropathy meets the following conditions: GFR < 60 ml/min, macroalbuminuria, moderate hypertension?
104. Which factors can lead to a hyperosmolar hyperglycemic coma?
105. Which signs pertain to catecholamine discharge in a hypoglycemic coma?
106. What symptoms suggest nocturnal hypoglycemia?
107. Choose glycemic control targets in a middle aged man with T2DM, ischemic heart disease, and a history of myocardial infarction:
108. Which clinical manifestations suggest gastrointestinal autonomic neuropathy in a person with a > 10-year history of T1DM?
109. When is administration of sodium bicarbonate in diabetic ketoacidosis indicated?
110. Choose glycemic control targets in a young man with a long history of T1DM, diabetic nephropathy and high risk of hypoglycemia:
111. Which clinical manifestations are NOT specific for autonomic cardiovascular neuropathy?
112. What is the target blood pressure value in patients with diabetes without renal complications?
113. What are the clinical types of autonomic diabetic neuropathy?
114. Immunological markers that can be found in type 1 diabetes:
115. What is the diagnosis in a 65 y.o. patient with a 10-year history of T2DM, constantly elevated HbA1c values between 9-10%, who complains of symmetrical, burning and tingling lower limb pain at rest (especially during the nighttime) that ceases on physical exertion; physical exam revealing tactile and vibrational sensitivity impairment?
116. Which cells are part of Langerhans islets?
117. Which effects are specific for thiazolidinediones?
118. What are the adverse effects of alpha glucosidase inhibitors:
119. Which conditions may lead to the development of lactacidotic coma?

120. Which statements are specific for type 2 diabetes mellitus?
121. What is the optimal distribution of macronutrients in a diabetic patient's diet:
122. Which lab findings confirm DM diagnosis?
123. Which of the following statements regarding dawn phenomenon is NOT true?
124. What are the adverse effects of sulfonylureas?
125. Which complications are NOT part of chronic diabetes complications?
126. Which therapeutic option is used in the treatment of hyperosmolar hyperglycemic coma:
127. The standard oral glucose tolerance test is performed with:
128. Which of the following action curves corresponds to ultra-fast insulin analogues?
129. Which categories of patients are at increased risk for diabetes?
130. What is the diagnosis in a 62 y.o. patient, BMI – 36 kg/m2, fasting blood glucose 6.8 mmol/l, 2-hour blood glucose on OGTT – 10.4 mmol/l and HbA1c – 6.3%?
131. What is the diagnosis in a 60 y.o. patient, BMI – 40 kg/m2, fasting blood glucose 7.5 mmol/l, 2-hour blood glucose on OGTT – 12 mmol/l and HbA1c – 7.2%?
132. Which of the following statements represents the etiopathogenetic mechanism in type 1 DM?
133. Which hormones have counterregulatory effects?
134. Which clinical type is NOT included in diabetes mellitus classification?
135. Which metabolic changes occur in insulin deficiency?
136. Which of the following CANNOT cause ketoacidosis?
137. Treatment of hyperosmolar hyperglycemic coma includes:
138. What is the diagnosis in a 50 y.o. patient, BMI – 30 kg/m2, fasting blood glucose 7.5 mmol/l and HbA1c – 7%?
139. Treatment of hyperosmolar hyperglycemic coma includes:
140. What are the side effects of thiazolidinediones?
141. The most common liver disorder in diabetes is:
142. Which of the following treatment options is specific for type 1 diabetes?
143. What are the features of atherosclerosis in diabetic patients?
144. Which investigations are recommended in a 65y.o. smoker with a 10-year history of T2DM, with constantly elevated HbA1c values between 9-10%, who complains of lower limb pain after physical exertion (100 m walk), intermittent claudication ceasing after stopping physical exertion?
145. Which persons are at increased risk of developing type 2 diabetes?
146. What additional lab tests are needed to establish the type of diabetes in a 40 y.o. patient, BMI – 24 kg/m2, fasting blood glucose level 9.5 mmol/l, HbA1c – 9%?
147. Which statements are specific for type 1 diabetes?
148. Which insulins are administered intravenously, in case of metabolic emergencies?
149. Which statements are specific for metformin?
150. Which drug decreases insulin resistance?
151. Which parameters are part of the ketoacidosis triad?
152. Which of the following skin lesions, found in people with diabetes, is caused by insulin resistance syndrome?
153. Which investigations are recommended in a 65 y.o. patient with a 10-year history of T2DM, with constantly elevated HbA1c values between 9-10%, who complains of symmetrical, burning and tingling lower limb pain at rest (especially during the nighttime) that ceases on physical exertion?
154. What will treatment changes be in a 50 y.o. patient with a 5-year history of T2DM treated with Metformin 850 mg BID, with no diabetic complications, BMI – 42 kg/m2, HbA1c – 7.9%, fasting blood glucose 9-10 mmol/l, postprandial blood glucose 11 mmol/l?

155. Which laboratory marker indicates long-term blood sugar level?
156. How does a diabetic patient monitor the efficacy of hypoglycemic treatment on a daily basis:
157. What is the diagnosis in a 60 y.o. patient, BMI – 39 kg/m2, fasting blood glucose 6.5 mmol/l, 2-hour blood glucose on OGTT – 12.4 mmol/l and HbA1c – 6.8%?
158. Name insulin independent tissues:
159. Which insulin therapy regimen is preferred in people with type 1 diabetes?
160. Which osteoarticular changes can be seen in people with diabetes?
161. What is the diagnosis in a 24 y.o. patient at 25 weeks gestation, fasting blood glucose 6.5 mmol/l, 1-hour blood glucose on OGTT – 11 mmol/l and 2-hour blood glucose 10 mmol/l?
162. Unlike ketoacidotic coma, hyperosmolar hyperglycemic coma is accompanied by:
163. Factors that trigger diabetic ketoacidosis are:
164. What are the required examinations for symmetrical peripheral sensitive neuropathy screening?
165. Which of the following hypotensive drugs is the first line of treatment in patients with DM and arterial hypertension?
166. What are the features of AMI in patients with diabetes?
167. Which of the following antidiabetic drugs stimulates insulin secretion?
168. Which type of obesity is most often associated with type 2 diabetes?
169. What are the breathing patterns of a ketoacidosis patient?
170. Secondary diabetes can be induced by:
171. The following conditions can cause hypoglycemia, EXCEPT:
172. What statements are specific for Somogyi phenomenon?
173. What are the evolution stages of Charcot foot?
174. Which are the effects of insulin?
175. Which of the following statements is NOT true for neuropathic diabetic foot?
176. Which hypoglycemic treatment is indicated in case of acute myocardial infarction in a patient with type 2 DM and blood glucose level above 16 mmol/l, treated priorly with sulphonylureas:
177. Which of the following hypoglycemic drugs regulates postprandial blood glucose?
178. Which laboratory tests are enough to diagnose DM?
179. Which effects are specific for incretin mimetics:
180. Which effects are specific for thiazolidinediones?
181. What proportion do carbohydrates have in the diet of a patient with diabetes?
182. Which signs are part of the neuroglycopenic disorders in a hypoglycemic coma?
183. Which of the following are insulin analogues?
184. Which alternate glucose metabolism pathways are involved in the pathogenesis of microvascular complications?
185. Which syndromes are present in hyperosmolar hyperglycemic coma?
186. What are the diagnostic criteria for diabetes?
187. Which effects are specific for sodium-glucose cotransporter-2 inhibitors (SGLT2)?
188. Which risk factors for chronic DM complications are not modifiable with treatment?
189. Which female categories are at increased risk for T2DM?
1. Which of the following effect is specific for FSH?
2. The testosterone affects the following effects, Except:
3. The complications after I131 therapy are:
4. The diagnosis of diffuse thyrotoxic goiter is based on:
5. In the Graves-Basedow disease, the important particularities in pathogenesis are:
6. Which features are specific for craniopharyngioma disease?

7. Anti-tumor treatment of acromegaly does NOT include administration of:
8. The following affirmations on Graves' ophthalmopathy are true:
9. Which features are specific for diabetes insipidus?
10. What are the features of diabetes mellitus in acromegaly?
11. Subacute thyroiditis IS NOT characterized by:
12. Which disorders are characterized by late closure of growth cartilages?
13. Which of the following statements about pure pituitary dwarfism is true?
14. The following statements are correct in endocrine ophthalmopathy:
15. Which of the following therapeutic methods is recommended in the treatment of Sheehan's syndrome?
16. Which therapeutic options are used for the treatment of Simmonds syndrome?
17. Which clinical manifestations are found in Sheehan syndrome?
18. Secondary hypothyroidism may be conditioned by:
19. Which drugs are used in the treatment of acromegaly?
20. Which complaints can be found in acromegaly?
21. Iodine deficiency DOES NOT cause:
22. The following statements regarding pure pituitary dwarfism are true with one EXCEPTION:
23. Which statements are specific for Nelson syndrome?
24. The following sign is characteristic for secondary hypothyroidism:
25. Thyrotoxic crisis is manifested by the following signs:
26. Which substances can cause galactorrhea?
27. Which of the following statements about ADH and oxytocin is NOT true?
28. The following signs describe Nelson syndrome, EXCEPT one:
29. Which of the following drugs can be used in adiposo-genital syndrome treatment?
30. Which of the following clinical manifestations can be present in adiposogenital syndrome?
31. Which of the following effects are determined by ACTH?
32. Treatment of neurogenic diabetes insipidus can include any of the following, with the exception of:
33. Water restriction test sample in diabetes insipidus leads to:
34. Hypothyroidism is a condition characterized by:
35. The following affirmations on subacute thyroiditis are true:
36. Which effects are induced by the luteinizing hormone?
37. Grave’s disease is characterized by the following endocrine disorders:
38. Thyrotoxicosis in subacute thyroiditis is determined by:
39. Which of the following statements about pure pituitary dwarfism is NOT true?
40. Which actions are specific for prolactin?
41. Typical for diffuse toxic goitre is:
42. Which drugs can cause galactorrhea?
43. Polyuria-polydipsia syndrome can be found in the following conditions:
44. At what time of day is ACTH and cortisol secretion maximal?
45. The following statements regarding craniopharyngioma are true:
46. The following arrhythmias you can find in thyrotoxicosis:
47. The following statements regarding the origin of diabetes insipidus are true, with one Exception:
48. A patient with diffuse toxic goiter may have the following complaints:
49. Thyroid hormones in physiological doses stimulates the following processes:
50. Which of the following are synonyms of hyperprolactinemia syndrome?
51. Treatment of Cushing's disease can include the following drugs, EXCEPT:
52. Which of the following manifestations is NOT characteristic for Simmonds disease?

53. Which mechanism is responsible for endocrine system regulation?
54. Primary hypothyroidism IS NOT conditioned by:
55. Which of the following processes is characteristic for the follicular phase of the menstrual cycle?
56. Which syndromes can be found in Cushing's Disease?
57. Which processes are inhibited by hyperprolactinemia?
58. In the Graves-Basedow disease, in which case we can opt for treatment with I131:
59. What is the preferred therapeutic option in a patient with acromegaly and severe chiasmal syndrome?
60. Which clinical manifestation is NOT characteristic of acromegaly?
61. Which clinical signs can be found in Sheehan syndrome?
62. The goiter IS NOT characteristic for:
63. The following signs ARE NOT characteristic for Grave's disease:
64. Which statement about the biological effect of GH is true?
65. Which clinical manifestations can be found in Cushing's Disease?
66. Which of the following statements is characteristic to cryptorchidism?
67. Which of the following relations is responsible for regulation of hormone secretion by long loop feedback mechanism?
68. Frohlich's syndrome requires differential diagnosis with:
69. Which dimensions correspond to a normal size sella turcica (Turkish saddle) in adults?
70. Which lab markers are specific for Cushing's disease?
71. Which of the following hormones is most commonly secreted by hormonally-active pituitary adenomas?
72. Differential diagnosis of adiposogenital syndrome must be done with:
73. Which of the following conditions lead to diabetes insipidus onset?
74. Treatment with thyroid hormones do not cause:
75. Which of the following is found in neurogenic diabetes insipidus?
76. Which evolution stages are specific for pituitary tumors?
77. What is the impact of iodine deficiency on public health?
78. Which of the following clinical manifestations can be found in Cushing's Disease?
79. Which of the following manifestations is NOT characteristic for Sheehan's syndrome?
80. Subacute thyroiditis may be caused by:
81. Which statements regarding Cushing's disease are true?
82. Which water restriction test result confirms diabetes insipidus diagnosis?
83. Which clinical sign is NOT characteristic of acromegaly?
84. Which of the following features are specific for acromegaly?
85. The following metabolic disorders can be found in Cushing's disease:
86. Which of the following effects can be caused by pituitary adenoma suprasellar invasion?
87. Which of the following cases will exclude the diagnosis of thyrotoxic adenoma:
88. Skin features in Cushing's disease:
89. The indications for surgical treatment in diffuse thyrotoxic goiter are:
90. Which changes occur in prolactinoma?
91. Which therapy options can be used in the treatment of acromegaly?
92. Which of the following manifestations is caused by ACTH deficiency from pituitary insufficiency?
93. For thyrotoxic adenoma are NOT characteristic:
94. The following metabolic disorders can occur in Cushing's disease, EXCEPT:
95. The following statements regarding Sheehan's syndrome are true, with one EXCEPTION:
96. Grave's disease is characterized by:

97. Delayed bone age in a child can happen in the following situations, with an EXCEPTION:
98. Which conditions are specific for Cushing's disease obesity?
99. Diferencial diagnosis between toxic adenoma and Grave's disease includes:
100. In the Graves-Basedow disease, the cause of goiter is:
101. The morfo-functional unit of the thyroid gland is:
102. Treatment of hyperprolactinaemia syndrome includes the following therapeutic methods, EXCEPT:
103. For differential diagnosis of primary and secondary hypothyroidism is necessary:
104. For hypothyroidism are characteristic the following disorders of the nervous system:
105. What of the following statements on substitution treatment in hypothyroidism IS true?
106. Which of the following signs can be found in Nelson's syndrome?
107. Which clinical manifestations are specific for pituitary dwarfism:
108. Medium In toxic diffuse goiter takes place:
109. The vasopressin test helps in differential diagnosis of the following disorders:
110. Which of the following hormones is predominantly secreted by pituitary eosinophilic cells?
111. Which hormone deficiency in hypopituitarism causes hypoglycemia?
112. Which statements regarding Sheehan syndrome are true?
113. Which of the following substances makes ovulation and pregnancy possible in a young woman with Sheehan syndrome?
114. Which releasing hormones are synthesized in the endocrine hypothalamus?
115. In primary hypothyroidism is determined:
116. Which of the following conditions determines Sheehan's syndrome etiology?
117. Which of the following signs is NOT characteristic of Cushing's disease?
118. Upon coloration, the following cells are distinguished in the adenohypophysis:
119. Which of the following statements regarding Cushing's disease is false?
120. Which factors stimulate prolactin release?
121. The next affirmations about the treatment with anti-thyroid drugs (propylthiouracil, methimazole) ara true, EXEPT:
122. Which markers confirm Cushing's disease diagnosis?
123. Which drugs can be used in the treatment of adiposogenital syndrome?
124. Which of the following effects are determined by FSH?
125. Prolactin may be increased in the following situations, EXCEPT:
126. Which statements regarding Cushing's disease are true?
127. Which of the following are specific for acromegaly?
128. Which markers are of diagnostic value in diabetes insipidus?
129. In hypothyroidism prevails:
130. Which clinical signs are found in acromegaly?
131. In secondary hypothyroidism IS NOT determined:
132. Which of the following statements on thyrotoxic adenoma are true?
133. Which of the following disorders can be found in craniopharyngioma?
134. Which of the following statements about Cushing's disease is false?
135. The treatment of subacute thyroiditis includes:
136. Which of the following are specific for adiposogenital dystrophy?
137. The scan image of thyroid gland in toxic adenoma is characterized by:
138. The toxic adenoma is:
139. One can suspect a non-functioning pituitary adenoma in all of the following situations, EXCEPT one:
140. Which of the following conditions can cause galactorrhea?
141. Galactorrhea may be present in the following situations, EXCEPT:

142. Which changes ca be found in Sheehan syndrome?
143. Which of the following are specific for empty sella syndrome?
144. Which of the following changes is found in diabetes insipidus?
145. What are prolactinoma treatment options?
146. Myxedema coma can be recognized by:
147. The following symptoms DOES NOT occur in hypothyroidism:
148. Plasma ACTH level decreases in the following situations, with an EXCEPTION:
149. Which clinical manifestations are found in Simmonds disease?
150. There are following metabolic disorders in hypothyroidism:
151. The treatment of thyrotoxic crisis includes:
152. Which diagnostic tools are informative in the diagnosis of acromegaly?
153. Grave's disease is characterized by:
154. Cushing's disease can be caused by the following factors, with one exception:
155. Primary empty sella syndrome can be associated with the following signs, EXCEPT one:
156. Which of the following hormones are secreted by pituitary basophilic cells?
157. The following statements regarding isolated pituitary syndrome are true, EXCEPT:
158. Which of the following inhibits growth hormone secretion?
159. Adiposogenital dystrophy can be determined by:
160. For hypothyroidism are characteristic:
161. Which of the following features are specific for Cushing's Disease?
162. Which of the following statements regarding acquired nephrogenic diabetes insipidus is true?
163. Which of the following GH excess effects are dependent on somatomedins?
164. Hypothyroidism is characterized by the following clinical signs, except:
165. Where is vasopressin and oxytocin synthesized?
166. The following hypothalamic inhibitory hormones exist:
167. The following can be complications of acromegaly, with an EXCEPTION:
168. What is the treatment of choice in a patient with non-functioning pituitary adenoma with suprasellar invasion and bitemporal hemianopsia?
169. Which of the following statements regarding craniopharyngioma is NOT true?
170. Which of the following statements characterizes acromegaly?
171. Which drugs are used in the treatment of adenohypophyseal insufficiency:
172. The following sign is characteristic for primary hypothyroidism:
173. Which conditions can lead to diabetes insipidus?
174. Which endocrine disorders can be found in acromegaly?
175. Primary hypothyroidism is characterized by the following symptoms:
176. Grave's disease is characterized by:
177. Which of the following statements on endemic goiter IS FALSE?
178. Which factors stimulate GH secretion?
179. The skin in thyrotoxicosis is characterized as:
180. Thyrotoxicosis is characterized by an increase in:
181. Which of the following statements regarding amenorrhea – galactorrhea syndrome is NOT true?
182. In the pathophysiology of the Grave,s disease may be involved:
183. The ethiopathogenetic treatment of pituitary dwarfism may include the following, with one Exception:
184. Which clinical signs can be found in hyperprolactinemia syndrome?
185. Which of the following statements are found in hypothyroid dwarfism?
186. Which clinical signs can be found in adiposogenital syndrome?

187. The following symptoms are characteristic for primary hypothyroidism, except:
188. Advanced stages of acromegaly are characterized by the presence of:
189. Which of the following pituitary tumors are predominantly non-functioning?
190. Which hormones will be used as substitution therapy of panhypopituitarism in a 55-year-old woman?
191. Which of the following statements regarding Parhon syndrome is true?
192. Which statements regarding craniopharyngioma are true?
193. Which of the following treatment options is recommended in Nelson syndrome management?
194. Which of the following statements regarding Hashimoto's thyroiditis IS NOT true:
195 Which therapeutic associations can be used to treat Sheehan syndrome in a 25-year-old woman?
196. The normal function of thyroid gland is ensured by:
197. The metabolic effects of estrogens are: