**Thyroid disease lesson №4**

**1. TSH secretion is controlled by the following hormones:**
1. thyroxine
2. triiodothyronine
3. somatostatin
4. parathormone
5. thyroliberin

**2. Factors that increase the level of thyroxine binding globulin:**
1. hereditary
2. Pregnancy
3. androgen
4. estrogen
5. high doses of glucocorticoids

**3. Factors that reduce the level of thyroxine binding globulin:**
1. hereditary
2. pregnancy
3. androgen
4. estrogen
5. hypoproteinemia

**4. The overwhelming amount of T3 and T4 (75-80%) is in the serum transport protein with the following:**
1. thyroxine binding globulin
2. prealbumin thyroxine
3. thyroxine albumin

**5. T3 hormone is produced:**
1. in the thyroid gland
2. in serum T4 deiodination
3. deiodination of T4 in the liver
4. deiodination of T4 in the kidney

**6. Factors that violate conversion of T4 to T3:**
1. propylthiouracil
2. systemic diseases
3. pregnancy
4. old age
5. glucocorticoids

**7. The uptake of radioactive iodine by the thyroid gland increased by:**
1. Graves-Basedow disease
2. toxic adenoma of the thyroid gland
3. acute subacute thyroiditis
4. multinodular toxic goiter
5. thyrotoxic phase of autoimmune thyroiditis
6. TSH - secreting pituitary adenoma

**8. The uptake of radioactive iodine by the thyroid gland reduced when:**
1. acute phase of subacute thyroiditis

2. the treatment of thyroid hormones
3. toxic adenoma of the thyroid gland
4. hormone-metastatic thyroid cancer
5. T4 and T3 - secreting ovarian teratoma

**9. Markers of autoimmune thyroid lesions are:**
1. elevated levels of T4 and T3
2. autoantibodies to thyroglobulin
3. thyroid peroxidase
4. autoantibodies to T4 and T3
5. TSH receptor antibodies
6. thyroglobulin

**10. For primary hypothyroidism is characterized by:**
1. low levels of TSH
2. normal TSH levels
3. high levels of TSH

**11. Target organs for thyroid hormones are:**
1. bone
2. the brain
3. liver
4. kidneys
5. heart
6. pituitary

**12. The causes of primary hypothyroidism are:**
1. reduction of the mass of thyroid tissue
2. the treatment of hyperthyroidism I131
3. radiation therapy neck tumors
4. generalized resistance to thyroid hormone
5. antithyroid drugs
6. hypothyroid phase of subacute thyroiditis
7. severe iodine deficiency

**13. Causes of central hypothyroidism may include:**
1. hypopituitarism
2. encephalitis
3. tumors of the hypothalamus
4. isolated TSH deficiency
5. Treatment of hyperthyroidism I131

**14. The causes of peripheral hypothyroidism are:**
1. inactivation of circulating T4 and T3
2. inactivation of circulating TSH
3. lithium
4. a generalized resistance to thyroid hormone
5. partial peripheral resistance to thyroid hormone

**15. The most sensitive marker of primary hypothyroidism are:**
1. elevated TSH
2. reduced level of free T3

3. lower levels of free T4

**16. For what state is characterized by the following: after the removal of a single parathyroid adenoma which developed hypocalcemia in 3 months normocalcaemia changed?**
1. restoration and remineralization of the skeleton
2. random destruction of the other three parathyroid glands
3. Remove unaffected parathyroid
4. Unrecognized pseudohypoparathyreosis

**17. Which of the following hormones thyroid is best for daily use in hypothyroidism?**
1. thyroid extract
2. thyroglobulin
3. T4
4. T3
5. T4 and T3

**18. Which of the following states is the most common complication in the treatment of Graves' disease with radioactive iodine?**
1. thyrotoxic crisis
2. subacute thyroiditis
3. Thyroid Cancer
4. hypothyroidism
5. leukosis

**19. What kind of evidence can best differentiate syndrome of painless thyroiditis from Graves' disease?**
1. enlargement of the thyroid gland
2. low TSH
3. elevated levels of T4 in the blood
4. The low uptake of radioactive iodine
5. tenderness and pain in the thyroid gland

**20. Elevated levels of serum T4, low uptake of radioactive iodine characteristic:**
1. Graves-Basedow disease
2. Hypothyroidism
3. Pregnancy
4. thyrotoxic phase of subacute thyroiditis
5. nontoxic goiter

**21. Elevated levels of serum T4, increased uptake of radioactive iodine characteristic:**
1. Graves-Basedow disease
2. Hypothyroidism
3. Pregnancy
4. subacute thyroiditis
5. nontoxic goiter

**22. Thyrotoxicosis looking down lowering of the upper eyelid behind the movement of the eyeballs. What do you call this a symptom?**
1. Symptom dalrymple
2. Symptom Graefe
3. Symptom Shtellvaga

**23. Edema and fibrosis of the extraocular muscles in Graves' ophthalmopathy lead to:**
1. Restricted mobility of the eyeball
2. diplopia
3. Exophthalmos

**24. Autoimmune eye disease can occur in the following diseases:**
1. Graves-Basedow disease
2. toxic thyroid adenoma
3. autoimmune thyroiditis
4. subacute thyroiditis
5. as a distinct disease

**25. Most specific autoantibodies to Graves-Basedow disease are:**
1. microsomal antibodies to antigens
2. Antibodies to thyroid peroxidase
3. antibodies to the TSH receptor
4. antibodies to thyroglobulin

**26. Thyroid scintigraphy in patients with nodular goiter and hyperthyroidism are performed to find out:**
1. whether hyperfunctioning autonomous node, which collects all the radioactive iodine and inhibits the function of normal thyroid tissue
2. whether there are multiple nodes that accumulate iodine
3. whether the nodes are palpable cold (hyperfunctioning tissue located between nodes)
4. benign or malignant is the node

**27. The main differential diagnostic features of autoimmune thyroiditis and Graves-Basedow disease:**
1. the absorption of radioactive iodine by the thyroid gland in autoimmune thyroiditis is lowered, and at Graves-Basedow disease increased
2. thyroperoxidase antibodies are detected in 85% of patients with autoimmune thyroiditis and not more than 30% of patients with Graves-Basedow disease
3. Thyroid autoantibodies are found mostly in Graves-Basedow disease
4. palpation of the thyroid in Graves-Basedow yuldezni painless, in AIT - pain, radiating to the occipital and submandibular region

**28. Antithyroid drug that inhibits the synthesis of thyroid hormones, and also inhibits the peripheral conversion of T4 to T3**
1. tiamazol
2. propylthiouracil
3. Propranolol
4. potassium iodide

**29. According to the WHO classification grade 2 goiter is characterized by:**
1. visual enlargement of the thyroid gland
2. an increase in thyroid palpation
3. crop, changing the configuration of the neck
4. thyroid is not defined when viewed from the neck
5. each share is 1 phalanx of the thumb patient.

**30. The half-life of T4 hormone in serum**:

1.1-1,5 day
2. 1 week
3. 1 month

**31. Antithyroid drugs (propylthiouracil, tiamazol) inhibit the synthesis of thyroid hormones by inhibiting:**
1. iodidperoksidazu
2. deiodinazu

**32. Half-life of the hormone in the blood serum T3**:
1. 1-1.5 days
2. 1 Week
3. 1 month

**33. How long can I take thyreostatics?**
1. is not more than 2 months
2 no more than 1.5-2 years
3. for life

**34. Beta-blockers in thyrotoxicosis:**
1. normalize thyroid function
2. normalize the function of the thyroid gland, but only eliminate symptoms such as tachycardia, sweating, anxiety, tremor

**35. Hypoparathyroidism is characterized by these signs:**
1. reduction of serum calcium
2. an increase in serum phosphorus
3. decrease in urinary calcium excretion
4. increase in phosphorus excretion by the kidneys
5. increased serum calcium.

**36. Marker of medullary thyroid cancer is increasing in serum:**
1. thyroglobulin
2. calcitonin
3. T3
4. T4

**37. Thyroglobulin level more informative indicator:**
1. preoperative condition of patients with differentiated thyroid cancer
2. post-operative condition of patients with differentiated thyroid cancer

**38. Often are malignant:**
1. "cold" nodules in the thyroid gland
2. "Hot" nodules in the thyroid gland

**39. Malignancy is often:**
1. a single node in the thyroid gland
2. node for multinodular goiter

**40 The methods of treatment of Graves' disease, Graves are:**
1. drug therapy
2. treatment with radioactive iodine

3. chemotherapy
4. surgery

**41. When receiving thyreostatics may develop the following adverse reactions:**
1. granulocytopenia
2. skin rash
3. liver
4. kidney

**42. The mechanism of action of radioactive iodine in Graves-Basedow disease is caused by:**
1. the effects on the cells of follicular epithelium with their replacement by connective tissue
2. impact on the autoimmune process in the thyroid gland
3. blocking of iodine into the thyroid gland
4. inhibition of conversion of thyroxine to triiodothyronine
5. blocking TSH

**43. Which isotope of iodine is used to treat hyperthyroidism?**
1. I123
2. I131
3. I132

**44. Hormonal signs of subclinical primary hypothyroidism**
1. TSH-N; T4 - reduced; T3 - reduced
2. TSH - increased, T4 - lowered, T3 - reduced
3. TSH - increased, T4-N; T3 - N

**45. Enter the pathogenetic mechanism of the disease Graves-Basedow:**
1. autoimmune products stimulating TSH receptor antibodies
2. inflammatory thyroiditis, presumably viral
3. overproduction of thyroid hormone autonomous follicular adenoma
4. overproduction of thyroid hormone multiple follicular adenomas

**46. Enter the pathogenetic mechanism of toxic multinodular goitre**
1. autoimmune products stimulating TSH receptor antibodies
2. inflammatory thyroiditis, presumably viral
3. overproduction of thyroid hormone autonomous follicular adenoma
4. overproduction of thyroid hormone multiple follicular adenomas

**47. Enter the pathogenetic mechanism of subacute tiroidita**
1. autoimmune products stimulating TSH receptor antibodies
2. inflammatory thyroiditis, presumably viral
3. overproduction of thyroid hormone autonomous follicular adenoma
4. overproduction of thyroid hormone multiple follicular adenomas

**48. Enter the pathogenetic mechanism of thyrotoxic adenoma**
1. autoimmune products stimulating TSH receptor antibodies
2. inflammatory thyroiditis, presumably viral
3. overproduction of thyroid hormone autonomous follicular adenoma
4. overproduction of thyroid hormone multiple follicular adenomas

**49. The syndrome of resistance to thyroid hormone may be the following features,**

**except:**
1. clinical signs of hypothyroidism
2. increased concentration of hormones T3 and T4
3. normal or elevated serum TSH
4. decreased level of TSH

**50. In patients with autoimmune tiroiditom may be a risk to the following diseases except:**
1. pernicious anemia
2. systemic lupus erythematosus
3. idiopathic thrombocytopenic purpura
4. craniopharyngioma

**51. The worst form of thyroid cancer:**
1. pappilyarny
2. follicular
3. low-grade
4. medullary

**52. The main stimulator of secretion of T4 and T3 is:**
1. thyroliberin
2. TSH
3. serum T3 and T4 in serum
4. level of serum thyroxine binding globulin

**53. Place of education thyroliberin is:**
1. The nucleus of the hypothalamus
2. adenohypophysis
3. posterior lobe of the pituitary 3 of 10

**54. How does an excess of thyroid hormones on TSH secretion?**
1. stimulate
2. inhibit

**55. Elevated levels of thyroxine-binding globulin resulting in:**
1. increase the total T4 and total T3
2. only increase total T4
3. increase of free T4 and free T3
4. increased only free T4
5. decrease in total T4 and total T3

**56. What amount of T4 is secreted per day thyroid?**
1.10-20 mg
2. 80-90 mg
3.190-200 mg

**57. Which of the following processes take place during the formation of the hormone T3?**
1. deiodination of T4 in the liver
2. synthesis of T3 thyroid
3. T3 formation of rT3

**58. Which of the thyroid hormone has the highest hormonal activity?**
1. T4 free
2. T3 free
3. Reverse T3

**59. The most accurate functional state of the thyroid gland reflects:**
1. level of total T3 and total testosterone
2. the level of free T3 and free T4

**60 What is a laboratory method is the most sensitive for the determination of serum TSH?**
1. enzyme-linked immunosorbent assay (ELISA)
2. radioimmunoassay (RIA)

**61. Markers of thyroid cancer may include:**
1. thyroglobulin
2. autoantibodies to thyroglobulin
3. Thyroid-stimulating antibodies
4. calcitonin

**62. What definition equivalent to "hidden hypothyroidism?"**
1. a condition in which clinical signs of mild hypothyroidism, decreased total T4, and TSH levels increased
2. a condition in which clinical signs of hypothyroidism are weak or absent, the normal total T4, TSH is also a normal
3. The condition in which clinical signs of hypothyroidism are weak or absent, total T4 is normal and elevated TSH

**63. For secondary hypothyroidism is most typical:**
1. low levels of TSH
2. normal TSH levels
3. high levels of TSH

**64. Increased total T4 without clinical hyperthyroidism may be in the following conditions:**
1. geniralizovannaya resistance to thyroid hormone
2. the excess of thyroxine binding globulin
3. increased binding of thyroid hormones albumin
4. deficiency of iodine in the thyroid gland

**65. To euthyroidism is typical:**
1. T4 - is reduced, TSH - increased
2. T4 - normal, TSH - normal
3. T4 - is reduced, TSH - is reduced

**66. For subclinical hyperthyroidism is characterized by:**
1. free T4 and free T3 in the upper limit of normal, TSH - reduced
2. free T4 and free T3 - elevated TSH - reduced
3. free T4 and free T3 - elevated TSH - increased

**67. TSH secretion suppressing hormones listed below, except:**
1. T3, T4

2. glucocorticoids
3. somatostatin
4. thyroliberin

**68. What is the "phenomenon of iodine-Basedow"?**
1. iodine-induced hypothyroidism
2. caused by iodine hyperthyroidism

**69. What is the "phenomenon of the Wolff-Chaikoff"?**
1. hypothyroidism caused by iodine
2. iodine-induced thyrotoxicosis

**70. Estrogen can cause:**
1. increasing the concentration of thyroxine-binding globulin
2. lowering the concentration of thyroxine-binding globulin

**71. Androgens can cause:**
1. increased concentration of thyroxine binding globulin
2. decrease in the concentration of thyroxine-binding globulin

**72. When the concentration of thyroxine-binding globulin:**
1. Levels of total and free T4 and T3 increase
2. levels of total T3 and T4 increase, levels of free T3 and T4 are not changed

**73. Stimulator of secretion of thyroid hormones in Graves' disease, Graves is:**
1. anti-TSH receptor
2. autonomous secretion of thyroid hormones
3. thyroid-stimulating hormone
4. chorionic gonadotropin

**74. Stimulator of secretion of thyroid hormone TSH-secreting pituitary adenoma is:**
1. TSH receptor antibodies
2. autonomous secretion of thyroid hormones
3. thyroid-stimulating hormone
4. chorionic gonadotropin

**75. Stimulator of secretion of thyroid hormone choriocarcinoma is:**
1. TSH receptor antibodies
2. autonomous secretion
3. thyroid-stimulating hormone
4. human chorionic gonadotropin

**76. Stimulator of secretion of thyroid hormones in a toxic adenoma of the thyroid gland is:**
1. TSH receptor antibodies
2. autonomous secretion of thyroid hormones
3. thyroid-stimulating hormone
4. chorionic gonadotropin

**77. Acute thyroiditis may be caused by all of the above agents, except:**
1. Streptococcus pyogenes
2. Staphylococcus aureus

3. Coxsackie
4. Escherichia coli
5. Streptococcus pneumoniae

**78. Infection in acute thyroiditis in the thyroid gland can enter the following ways:**
1. hematogenous way
2. lymphogenous way
3. autoimmune mechanism
4. a direct hit by the agent in breast tissue trauma

**79. What clinical signs characteristic of acute thyroiditis?**
1. pain in the front of the neck
2. swelling of the front of the neck
3. irradiation of the pain in the ear or jaw
4. feeling of sand in the eyes of
5. increase in body temperature

**80. Complication of acute thyroiditis can be:**
1. hypothyroidism
2. in the thyroid gland abscess
3. cystic disease of the thyroid gland

**81. Synonymous with the term "acute thyroiditis" are:**
1. granulomatous thyroiditis
2. acute bacterial thyroiditis
3. viral thyroiditis
4. suppurative thyroiditis
5. pyogenic thyroiditis

**82. For acute thyroiditis is characterized by the following laboratory parameters, except:**
1. leukocytosis with a shift to the left leukocyte
2. thyroid hormone levels normal, rarely - increased total T4
3. ESR> 50 mmchas

**83. Acute thyroiditis is conducted:**
1. antibiotics
2. glucocorticoids
3. thyroid hormone

**84. Synonymous with the term "subacute thyroiditis" are:**
1. granulomatous thyroiditis
2. De Quervain's thyroiditis
3. viral thyroiditis
4. giant cell thyroiditis
5. Hashimoto's thyroiditis

**85. Subacute thyroiditis may be caused by the following pathogens, except:**
1. adenoidal pharyngeal conjunctival virus
2. E. coli
3. coxsackievirus
4. mumps virus

5. influenza virus
6. ECHO - viruses

**86. Is there a genetic predisposition to subacute thyroiditis?**
1. yes
2. no

**87. For prodromal period of subacute thyroiditis is characterized by:**
1. low-grade fever
2. a general malaise
3. weight loss
4. constipation
5. myalgia

**88. Which disease is characterized by pain in the thyroid gland, irradiruyuschaya the ear or jaw?**
1. Hashimoto's thyroiditis
2. Riedel's thyroiditis
3. subacute thyroiditis
4. acute thyroiditis
5. Graves-Basedow disease
6. Thyroid Cancer

**89. What laboratory are relevant for the clinical stage of subacute thyroiditis?**
1. leukocytosis with a shift to the left leukocyte
2. the normal number of white blood cells or lightweight leukocytosis
3. increased ESR
4. often elevated levels of T4 and T3
5. Easy normochromic anemia
6. ESR is within normal limits

**90. In thyrotoxic phase of subacute thyroiditis, the uptake of radioactive iodine by the thyroid gland:**
1. reduced
2. within the normal range
3. increased

**91. Pain syndrome in acute subacute thyroiditis stopped by appointment:**
1. Aspirin
2. prednisolone
3. Atenolol
4. propylthiouracil
5. levothyroxine

**92. To eliminate the symptoms of hyperthyroidism in the acute phase of subacute thyroiditis, preference is given to:**
1.tireostatikam
2. Beta - blockers
3. glucocorticoids

**93. Can after subacute thyroiditis develop transient hypothyroidism?**
1. yes
2. no

**94. Does having a characteristic of exophthalmos and pretibial myxedema for subacute thyroiditis?**
1. yes
2. no

**95. Which produces thyroid stimulating hormone (TSH)?**
1. hypothalamus
2. anterior pituitary
3. posterior lobe of the pituitary
4. epiphysis
5. thyroid

**96. For hyperparathyroidism is characterized by bank transfer to:**
1. increasing the activity of alkaline phosphatase
2. elevated blood calcium
3. increased calcium excretion by the kidneys
4. elevated blood phosphorus

**97. How have the effect of thyroid hormones on the secretion of growth hormone?**
1. stimulating
2. retarding
3. no

**98. What are endocrine diseases in which a combination of increased risk with autoimmune thyroiditis**
1. Type 1 diabetes
2. Type 2 diabetes
3. Graves-Basedow disease
4. idiopathic atrophy of the adrenal
5. autoimmune hypophysitis
6. pituitary basophilia
7. pheochromocytoma

**99. What non endocrine diseases in which a combination of increased risk with autoimmune thyroiditis**
1. Vitiligo
2. systemic lupus erythematosus
3. rheumatoid arthritis
4. osteochondrosis of the cervical spine
5. CHD
6. generalized myasthenia
7. immune thrombocytopenic purpura

**100. There are the following stages of subacute thyroiditis:**
1. early (thyrotoxic)
2. Transitional (euthyroid)
3. interim (temporary stage hypothyroidism)
4. replacement (normalization function)
5. no steps
6. recurrence of subacute thyroiditis

**101. Hashimoto's thyroiditis is:**
1. systemic autoimmune disease
2. organ-autoimmune disease
3. mixed autoimmune disease
4. Immunocompromised
5. immunoproliferativnym disease

**102. Feature of the functional activity of thyrotoxic adenoma is:**
1. the secretion of thyroxine is autonomous, independent of TSH secretion
2. thyroxine secretion independent of TSH secretion
3. triiodothyronine secretion depends on the secretion of TSH
4. adenoma does not inhibit production of TSH
5. reduced function of the rest of the thyroid gland does not occur

**103. Postpartum thyroiditis usually occurs:**
1. in the first days after birth
2. in the first 6 weeks - 6 months after birth
3. 6-12 months after birth

**104. For what disease is characterized by: a very dense iron fixed in the neck, reduced by the inclusion of the isotope scintigram, subclinical hypothyroidism, the lack of anti-thyroid antibodies:**
1. acute thyroiditis
2. subacute thyroiditis
3. chronic autoimmune thyroiditis
4. chronic fibrous thyroiditis (Riedel's thyroiditis)
5. postpartum thyroiditis

**105. In adults, hypothyroidism is most often:**
1. primary
2. secondary
3. peripheral

**106. For the nervous system in hypothyroidism is characterized by:**
1. paresthesia
2. slow tendon reflexes
3. bradycardia
4. pericardial effusion
5. depression
6. inhibition

**107. For lesions of the cardiovascular system in hypothyroidism is characterized by:**
1. bradycardia
2. increase in cardiac output
3. voiceless heart tones
4. decreased cardiac output
5. pericardial effusion
6. high-wave amplitude on the ECG

**108. What do you call a symptom loss outer third of the eyebrows with hypothyroidism?**
1. Symptom Mobius
2. Symptom Graefe

3. Symptom Hertog
4. Symptom dalrymple
5. Symptom Shtellvaga

**109. When the condition of the patient's skin is dry, cold, yellowish, not going into the folds of the elbows and flaky?**
1. in euthyroid
2. hypothyroidism
3. thyrotoxicosis

**110. What is sexual dysfunction common in women with hypothyroidism?**
1. scanty menstruation or termination due to weakening of the secretion of hormones gonodotropnyh
2. menorrhagia, often in the background of anovulatory cycles
3. hyperprolactinemia leading to galactorrhea and amenorrhea
4. isolated delayed menarche in girls

**111. Thyroid hormones in the blood are associated with:**
1. thyroxine binding globulin and prealbumin
2. transkortinom
3. transferrin
4. methionine

**112. Hypothyroidism detected hyperlipidaemia with increased:**
1. cholesterol
2. phospholipids
3. triglycerides

**113. Can there be an increase in the size of the sella with primary hypothyroidism?**
1. yes, due to hyperplasia of thyroid-stimulating cells of the adenohypophysis
2. No, because the increase in sella can occur only if a pituitary tumor in patients with secondary hypothyroidism

**114. Criteria for the diagnosis of secondary hypothyroidism**:
1. free T4 at the lower limit of normal or below normal
2. CNS disease
3. clinical signs of hypothyroidism
4. low basal TSH

**115. Is there a need to conduct a test with tireoliberinom to confirm the diagnosis of primary hypothyroidism in patients with high basal TSH levels?**
1. yes
2. no

**116. Indications for the test with tireoliberinom:**
1. to estimate the reserve of TSH secretion
2. to assess the degree of suppression of TSH secretion in thyrotoxicosis
3. to identify hypopituitarism
4. to assess the secretion of prolactin
5. to assess the secretion of FSH and LH

**117. In primary hypothyroidism, TSH secretion by thyroliberin:**

1. Save
2. no
3. greatly reduced

**118. In secondary hypothyroidism (hypopituitarism or isolated TSH deficiency):**
1. Save
2. no
3. greatly reduced the secretory response to thyroliberin

**119. When autonomous hyperthyroidism TSH secretion by thyroliberin**
1. Save
2. no
3. is greatly reduced

**120. To determine the true functional status of the thyroid gland in patients receiving thyroid hormone is necessary to cancel them before the definition of T4 and TSH:**
1. at least 10 days prior to the study
2. for 1 month prior to the study
3. up to 1 day before the study

**121. When fibrous thyroiditis (Riedel's struma) scintigraphy incorporation of isotope in the thyroid gland:**
1. usual
2. reduced
3. increased

**122. The prevalence of hypothyroidism in the population is:**
1. 1%
2. 0.025%
3. 4%

**123. The pathogenesis of primary hypothyroidism due to:**
1. The decrease in the mass of the glandular tissue of the thyroid gland with a decrease in thyroid hormone synthesis
2. decrease in TSH secretion
3. reduced synthesis thyroliberin
4. increase in weight of the glandular tissue of the thyroid gland
5. reduced secretion thyroliberin.

**124. Hypothyroidism after administration replacement therapy full therapeutic effect (eutiroz) can be expected in:**
1. 1 week
2. 2 months
3. 6 months

**125. The starting material for the synthesis of thyroid hormones is:**
1. phenylalanine
2. tyrosine
3. Wallin
4. leucine
5. hydroxyproline

**126. Autoimmune thyroiditis most common antibodies to:**
1. thyroglobulin
2. peroxidase
3. TSH receptor
4. retrobulbar tissue
5. islet cells of the pancreas

**127. Low doses of levothyroxine in elderly patients with hypothyroidism due to the risk:**
1. increased tremor of the hands
2. exacerbation of coronary artery disease
3. increased intestinal motility and increased stool
4. of insomnia

**128. Elevated levels of calcitonin, a marker:**
1. toxic adenoma of the thyroid gland
2. papillary
3. follicular cancer
4. medullary thyroid cancer
5. Lymphoma

**129. When it is better to carry out heart surgery on a patient with severe coronary artery disease and untreated hypothyroidism?**
1. prior to treatment with thyroid hormones
2. after treatment with thyroid hormones

**130. For hypothyroid coma is characterized by:**
1. hypothermia
2. myxedema
3. arterial hypertension
4. bradycardia
5. hypocapnia
6. stupor

**131. Hypothyroid coma at the intensive therapy begins with an introduction:**
1. The inside of levothyroxine
2. intravenous levothyroxine
3. triiodothyronine inside

**132. The most common cause of hyperthyroidism is:**
1. toxic thyroid adenoma
2. Graves-Basedow disease
3. multinodular toxic goiter
4. TSH - secreting pituitary adenoma
5. overdose of thyroid hormone

**133. For the nervous system in hyperthyroidism is characterized by:**
1. lethargy
2. increased
3. hyperreflexia
4. paresthesia
5. sweating
6. tremor

**134. For lesions of the cardiovascular system in hyperthyroidism is characterized by:**
1. tachycardia
2. atrial fibrillation
3. dullness of heart sounds
4. increase in cardiac output
5. pericardial effusion

**135. What is the name of ocular symptom of hyperthyroidism, when viewed from directly visible sclera strip between the upper eyelid and iris?**
1. symptom dalrymple
2. symptom Shtellvaga
3. Graefe symptom

**136. What is the name of ocular symptom of hyperthyroidism, when looking down lowering of the upper eyelid behind the movement of the eyeball?**
1. symptom dalrymple
2. symptom Shtellvaga
3. symptom Graefe

**137. Hyperthyroidism in subacute thyroiditis is associated with:**
1. hyperthyroidism
2. the destruction of the thyroid gland

**138. Hyperthyroidism in elderly patients frequently manifested:**
1. congestive heart failure
2. apathetic state;
3. the presence of "masks" of thyrotoxicosis
4. manifestation of the disease of heart rhythm disorders
5. muscle weakness

**139. What is characteristic symptom Shtelvaga?**
1. Slow flashing
2. advanced eye slits
3. when looking directly visible sclera strip between the upper eyelid and iris
4. looking down lowering of the upper eyelid remains from the movement of the eyeball

**140. Autoimmune eye disease may be associated with:**
1. acute thyroiditis
2. subacute thyroiditis
3. autoimmune thyroiditis
4. Graves-Basedow disease
5. toxic adenoma of the thyroid gland
6. as a distinct disease

**141. Genesis of autoimmune markers of hyperthyroidism are:**
1. thyrotoxic myopathy
2. pretibial myxedema
3. onycholysis
4. exophthalmos
5. tachycardia
6. tremor

**142. The severity of hyperthyroidism in Graves 'disease, caused by Graves' antibody titer:**
1. thyroglobulin
2. Thyroid
3. thyroid peroxidase

**143. The uptake of radioactive iodine by the thyroid gland in Graves' disease, Basedow:**
1. reduced
2. increased

**144. For Graves-Basedow disease is characterized by:**
1. total and free T3, total and free T4, TSH - increased
2. total and free T3, total and free T4, TSH - reduced
3. total and free T3, free T4 and total - increased, TSH - is reduced
4. total and free T3, total and free T4 - reduced TSH - increased

**145. Subacute thyroiditis - a disease**
1. viral
2. bacterial etiology

**146. For subacute thyroiditis is characterized by:**
1. pain in the thyroid gland
2. dense and tenderness thyroid
3. increased ESR
4. lack of high titers of anti-thyroid antibodies
5. the uptake of radioactive iodine by the thyroid gland significantly increased

**147. The most reliable indicator of remission of Graves' disease, Graves - is:**
1. normal levels of free T3 and T4
2. normal TSH levels
3. normal level of antibodies to thyroid peroxidase
4. normal level of antibodies to thyroglobulin
5. normal levels of TSH receptor antibodies

**148. To eliminate the symptoms of hyperthyroidism in thyrotoxic phase of subacute thyroiditis is preferable to designate:**
1. thyrostatics
2. beta-blockers

**149. Hypothyroidism is most common outcome of any thyroiditis?**
1. acute purulent
2. subacute
3. acute purulent
4. autoimmune

**150. ESR levels above 50 mm / h is typical for any thyroiditis?**
1. acute purulent
2. subacute
3. autoimmune

**151. The main regulator of calcium and phosphorus in the body are:**

1. parathyroid hormone
2. STH
3. Vitamin D
4. calcitonin

**152. Parathyroid hormone is synthesized:**
1. thyroid
2. The parathyroid glands
3. pituitary

**153. Principal regulator of PTH secretion rate is:**
1. Mg concentration in the blood
2. the concentration of Ca in the blood
3. concentration of IGF-1 in blood
4. concentration of IGF-2 in the blood

**154. Physiological action of parathyroid hormone in the body:**
1. stimulates bone resorption
2. inhibits bone resorption
3. increases the excretion of calcium in the kidneys
4. reduces the excretion of calcium in the kidneys
5. increases the absorption of calcium in the small intestine
6. reduces the absorption of calcium in the small intestine

**155. Calcitonin is secreted**
1. in the A-cells of the thyroid gland
2. B-cells of the thyroid gland
3. in the C-cells of the thyroid gland

**156. Physiological effect of calcitonin in the body:**
1. stimulates bone resorption
2. inhibits bone resorption
3. increases the excretion of calcium in the kidneys
4. reduces the excretion of calcium in the kidneys
5. increases the absorption of calcium in the small intestine
6. reduces the absorption of calcium in the small intestine

**157. When medullary thyroid calcitonin levels in the blood**
1. increases
2. reduced

**158. In primary hyperparathyroidism observed:**
1. hypercalcemia
2. hypocalcemia

**159. Primary hyperparathyroidism may be caused by**
1. parathyroid adenoma
2. adenoma of the thyroid gland
3. hyperplasia of the parathyroid glands
4. thyroid hyperplasia

**160. Characterized by a urolithiasis in patients with primary hyperparathyroidism?**

1. yes
2. no

**161. Normokaltsiemicheskogo hyperparathyroidism causes may be:**
1. violation of the tubular reabsorption of calcium in renal failure
2. Violation of calcium absorption in the intestine
3. cholelithiasis

**162. Radical method of treatment for primary hyperparathyroidism is:**
1. drug
2. surgical

**163. Complications of parathyroidectomy may be:**
1. transient hypocalcemia
2. persistent hypoparathyroidism
3. persistent hypothyroidism
4. damage to the recurrent laryngeal nerve

**164. Hand muscles cramp after 2-3 minutes after clamping shoulder harness or tonometer cuff - is:**
1. Symptom Trousseau
2. symptom Chvostek

**165. Spasm of the facial muscles when tapped in the output of the facial nerve in front of the external auditory canal - is**
1. Trousseau sign
2. symptom chvostek

**166. Hypocalcemia can lead to the following reasons except:**
1. parathyroid disease, leading to a deficiency of parathyroid hormone
2. diseases of the parathyroid glands, resulting in excessive production of parathyroid hormone
3. resistance of target tissues to parathyroid hormone
4. suppression of the synthesis and secretion of parathyroid hormone, including medicines
5. increased capture of calcium bone

**167. For the treatment of hypocalcemia are used:**
1. calcium supplements
2. vitamin D
3. Diuretics

**168. What is called tertiary hyperparathyroidism?**
1. secondary hyperthyroidism and hyperplasia of the parathyroid glands during prolonged hypocalcemia and hyperphosphatemia
2. autonomously functioning parathyroid adenoma, developed against the background of a long-lived secondary hyperparathyroidism

**169. For hypoparathyroidism typical:**
1. increased neuromuscular conductivity
2. Reduced neuromuscular conductivity

**170. Cataracts can Bat complication**

1. Hyperparathyroidism
2. hypoparathyroidism

**171. Been proved in the treatment of subacute thyroiditis antibiotics?**
1. yes
2. no

**172. The positive effect of treatment with antibiotics, usually observed at:**
1. acute suppurative thyroiditis
2. acute purulent thyroiditis
3. subacute thyroiditis

**173. The most effective treatment for subacute thyroiditis is:**
1. Nonsteroidal anti-inflammatory drugs
2. glucocorticoids
3. Beta-blockers

**174. Acute purulent thyroiditis may result from:**
1. getting into the thyroid gland of a bacterial infection
2. getting into the thyroid gland virus infection
3. acute hemorrhage into a cyst of the thyroid gland
4. after the exposure of the thyroid gland J131

**175. Shows whether the treatment of acute suppurative thyroiditis antibiotics?**
1. yes
2. no

**176. Can after suffering subacute thyroiditis develop persistent hypothyroidism?**
1. never
2. very rare
3. often

**177. Whether the development is characterized by the autoimmune eye disease with subacute thyroiditis**
1. yes
2. no

**178. Pain in the thyroid gland is characteristic:**
1. acute thyroiditis
2. subacute thyroiditis
3. autoimmune thyroiditis

**179. ESR> 50 mm / h with a normal number of white blood cells in the general analysis of blood characteristic:**
1. acute suppurative thyroiditis
2. subacute thyroiditis

**180. For acute suppurative thyroiditis is characterized by loss:**
1. one lobe of the thyroid gland
2. two lobes of the thyroid gland