



<p>1) <b><u>Which option is most appropriate for a patient with newly diagnosed hyperthyroidism in the first trimester of pregnancy?</u></b></p> <p>A. Methimazole          B. Propylthiouracil (PTU)          C. Radioactive iodine          D. Surgical removal of the thyroid</p>	B
<p>2) <b><u>A 29-year-old female has a TSH of 13.5 mIU/L (normal 0.5 to 4.7 mIU/L). Which agent is most appropriate to treat the TSH abnormality?</u></b></p> <p>A. Levothyroxine          B. Liothyronine          C. Liotrix          D. Propylthiouracil</p>	A
<p>3) <b><u>A patient was recently placed on levothyroxine. Which of her medications may affect the levothyroxine dosage requirements?</u></b></p> <p>A. Bromocriptine          B. Calcium carbonate          C. Metoprolol          D. Vitamin D</p>	B
<p>4) <b><u>A 65-year-old man with multinodular goiter is scheduled for a near-total thyroidectomy. Which of the following drugs will be administered for 10-14 d before surgery to reduce the vascularity of his thyroid gland?</u></b></p> <p>A. Levothyroxine          B. Liothyronine          C. Lugol's solution          D. Prednisone          E. Radioactive iodine</p>	C
<p>5) <b><u>When initiating T4 therapy for an elderly patient with longstanding hypothyroidism, it is important to begin with small doses to avoid which of the following?</u></b></p> <p>A. A flare-up of exophthalmos          B. Acute renal failure          C. Hemolysis          D. overstimulation of the heart          E. Seizures</p>	D



<p>6) <u>A 25-year-old woman presents with insomnia and fears she may have "something wrong with her heart." Lab tests confirm hyperthyroidism. Which of the following is a drug that produces a permanent reduction in thyroid activity?</u></p> <p>A. I131          B. Methimazole          C. Propylthiouracil          D. Thiocyanate          E. Thyroglobulin</p>	A
<p>7) <u>Though rare, a serious toxicity associated with the thioamides or PTU is which of the following?</u></p> <p>A. Agranulocytosis          B. Lupus erythematosus-like syndrome          C. Myopathy          D. Torsades de pointes arrhythmia          E. Thrombotic thrombocytic purpura (TP)</p>	A
<p>8) <u>Methimazole reduces serum concentration of T3 primarily by which of the following mechanisms?</u></p> <p>A. Accelerating the peripheral metabolism of T3          B. Inhibiting the proteolysis of thyroid- binding globulin          C. Inhibiting the secretion of TSH          D. Inhibiting the uptake of iodide by cells in the thyroid          E. Preventing the addition of iodine to tyrosine residues on Thyroglobulin</p>	E
<p>9) <u>A 56-year-old woman presented to the emergency department with tachycardia, shortness of breath, and chest pain. She had had shortness of breath and diarrhea for the last 2 d and was sweating and anxious. The diagnosis of thyroid storm was made. Which of the following is a drug that is a useful adjuvant in the treatment of thyroid storm?</u></p> <p>a) Propranolol.          b) Radioactive iodine.          c) Epinephrine.          d) Amiodarone          e) misoprostol</p>	A



<p><b>10) <u>A 30-year-old woman who was 1 month pregnant complained to her physician of swelling of the eyelids. Subsequent blood tests gave the following results: free thyroxine (T4) 3.3 ng/dL (normal 0.9-2.0 ng/dL), (TSH) &lt; 0.01 mU/L (normal 0.5-5.0 mU/L). Treatment with which of the following drugs would be appropriate for this patient?</u></b></p> <p>a) Radioactive iodine b) Potassium iodide c) Methyldopa d) Propylthiouracil e) Esmolol</p>	D
<p><b>11) <u>A 2-year-old boy was brought to the emergency department because of fever, irritability, and diarrhea. The mother reported that she found her levothyroxine bottle empty. Vital signs were heart rate 180 bpm, respirations 26/min. Laboratory test showed high T4 level. An appropriate emergency therapy was planned. Which of the following drugs should be administered to control hormone-related symptoms that could be rapidly lethal in this patient?</u></b></p> <p>A. Betamethasone B. Propranolol C. Levothyroxine D. Propylthiouracil E. Radioactive iodine</p>	B
<p><b>12) <u>A 33-year-old woman was admitted to the hospital because of anorexia, malaise, jaundice, and right upper quadrant abdominal pain for the past 2 days. The woman was diagnosed with hyperthyroidism 1 month ago and started an appropriate therapy. lab results showed high alanine amino transferase. Which of following drugs most likely caused the disorder?</u></b></p> <p>A. Methimazole B. Radioactive iodine C. Propylthiouracil D. Propranolol E. Potassium iodide</p>	C



<p><b>13) Which of the following is the treatment of choice for hypothyroidism?</b></p> <p>A. Iodide.          B. Levothyroxine.          C. Liothyronine.          D. Liotrix.          E. Propylthiouracil.</p>	B
<p><b>14) A 33-year-old woman presents to her primary care physician with tachycardia, heat intolerance, tremor, and unintentional weight loss. A thyroid scan shows multiple regions of thyroid taking up excess iodine. She is prescribed with a drug that will decrease synthesis of thyroid hormones and decrease the peripheral conversion of T4 to T3. Which drug is this?</b></p> <p>(A) Lanreotide          (B) Levothyroxine          (C) Methimazole          (D) Octreotide          (E) Propylthiouracil</p>	E
<p><b>15) A 44-year-old woman with a long history of diarrhea, sweating, and weight loss is thought to have hyperthyroidism. This condition can be worsened with which of the following treatments?</b></p> <p>(A) Iodide          (B) Methimazole          (C) Propylthiouracil          (D) Surgical removal of the thyroid gland          (E) Triiodothyronine</p>	E
<p><b>16) Which of the following statements is accurate regarding drug management of hyperthyroidism?</b></p> <p>A. The actions of thyroid peroxidase are inhibited by I131          B. Propylthiouracil inhibits the conversion of thyroxine to triiodothyronine          C. Methimazole is unable to cross the placental barrier          D. Iodide salts can be used for long-term management          E. The iodination of tyrosyl residues to form MIT and DIT are inhibited by beta blockers</p>	B



<p><b>17) <u>Tri iodothyronine differs from thyroxine in that:</u></b></p> <p>A. It is more avidly bound to plasma proteins          B. It has a shorter plasma half life          C. It is less potent          D. It has a longer latency of action.</p>	B
<p><b>18) <u>Lugol's iodine is used in hyperthyroidism:</u></b></p> <p>A. As long term definitive monotherapy          B. Preoperatively for 10-15 days          C. Postoperatively for 10-15 days          D. As adjuvant to carbimazole for long term therapy</p>	B
<p><b>19) <u>A 60-year-old male presents with severe hyperthyroidism and multinodular goiter. It was decided to treat him with 131I. The most appropriate course of treatment would be:</u></b></p> <p>a) Immediate 131I dosing with no other drug before or after          b) Propranolol for 1 week followed by 131 I.          c) Propranolol + methimazole till severe thyrotoxicosis is controlled-1 week gap 131I resume methimazole after 1 week for 2-3 months          d) Propranolol + Lugol's jodine for 2 weeks 131I —continue Lugol's iodine for 2-3 months</p>	C
<p><b>20) <u>40 years old man presented to emergency with fever, restlessness &amp; confusion. On examination severe tachycardia, BP 170/110 and ECG showed atrial fibrillation. Which of the followings is lifesaving drug should be giving immediately to him?</u></b></p> <p>a) Carbimazole          b) Radioactive iodine          c) Propranolol          d) Liothyronine          e) Insulin</p>	C
<p><b>21) <u>The most important drawback of radioactive iodine treatment Grave's disease is:</u></b></p> <p>A. Subsequent hypothyroidism in many patients          B. Marked side effect for 1-2 weeks after treatment          C. High cost          D. Permanent cure cannot be achieved</p>	A



<p><b><u>22) A 27-year-old woman underwent near total thyroidectomy. She was started on levothyroxine. What hormone is produced in the peripheral tissues when levothyroxine is administered?</u></b></p> <p>A. Methimazole B. T3 C. T4 D. TSH E. FSH</p>	B
<p><b><u>23) Which of the following is a sign or symptom that would be expected to occur in the event of chronic overdose with exogenous T4?</u></b></p> <p>A. Bradycardia B. Dry, puffy skin C. Large tongue and drooping of the eyelids D. Lethargy, sleepiness E. Weight loss</p>	E
<p><b><u>24) Which of the following drugs inhibit 5'-deiodinase?</u></b></p> <p>a. Radioactive iodine b. Lugol's iodine c. Propylthiouracil d. Methimazole</p>	C
<p><b><u>25) The most reliable guide to adjust thyroxine dose in hypothyroidism:</u></b></p> <p>A. Pulse rate B. Body weight C. Serum thyroxine level D. Serum TSH level</p>	D
<p><b><u>26) The antithyroid drug with the most rapid onset of antithyroid action is:</u></b></p> <p>a. Sodium iodide b. Propylthiouracil c. I131 d. Methimazole</p>	A



<p><b>27) <u>The following thyroid inhibitor does not produce goiter when given in over dose:</u></b></p> <p>A. Propyl thiouracil          B. Carbimazole          C. Radioactive iodine          D. Sodium thiocyanate</p>	C
<p><b>28) <u>Agents that can be used to treat thyrotoxicosis don't include:</u></b></p> <p>a) Methimazole          b) Potassium iodide          c) Propylthiouracil          d) Radioactive iodine          e) Thyroglobulin</p>	E
<p><b>29) <u>Which patient is most likely to be recommended for thyroidectomy as a treatment for Graves' disease?</u></b></p> <p>A) A patient with a small goiter and mild symptoms          B) A patient with moderate Graves' eye disease          C) A patient with a very large gland causing compressive symptoms          D) A patient allergic to propranolol          E) A patient with transient hypothyroidism</p>	C
<p><b>30) <u>Which of the following is a contraindication for radioactive iodine (I131) therapy in Graves' disease?</u></b></p> <p>A) Mild hypertension          B) Pregnancy or breastfeeding          C) Asymptomatic thyroid nodules          D) Age &gt;60 years          E) History of allergic reactions to iodine</p>	B
<p><b>31) <u>What is the first-line therapy for hyperthyroidism due to Graves' disease in most cases?</u></b></p> <p>A) Radioactive iodine (I131)          B) Subtotal thyroidectomy          C) Antithyroid drugs (thioamides)          D) Propranolol alone          E) Corticosteroids</p>	C



<p><b>32) Which patient population with Graves' disease should avoid RAI therapy?</b></p> <p>A. Those with mild eye disease          B. Those with moderate to severe eye disease          C. Patients over 50 years old          D. Patients allergic to thioamides          E. Patients with transient hyperthyroidism</p>	B
<p><b>33) What is the route of administration for radioactive iodine (I-131)?</b></p> <p>A. Intravenous          B. Intramuscular          C. Subcutaneous          D. Oral          E. Inhalational</p>	D
<p><b>34) Over what period does RAI typically restore euthyroidism after administration?</b></p> <p>A. 1–2 days          B. 1–2 weeks          C. 4–8 weeks          D. 3–6 months          E. 1 year</p>	C
<p><b>35) Why should nonradioactive iodide (KI) be avoided before RAI administration?</b></p> <p>A. It causes severe nausea          B. It competes with I-131 for thyroid uptake          C. It increases radiation toxicity          D. It worsens Graves' ophthalmopathy          E. It induces hypothyroidism rapidly</p>	B
<p><b>36) When is potassium iodide (KI) typically administered in patients receiving RAI therapy?</b></p> <p>A. Before RAI to enhance thyroid uptake          B. Concurrently with RAI to reduce side effects          C. After RAI to limit radioactive hormone release          D. Continuously throughout treatment          E. Only in cases of thyroid storm</p>	C



<p><b>37) <u>How long before radioactive iodine (RAI) therapy should thioamide drugs be discontinued?</u></b></p> <p>A. 1 day          B. 3–7 days          C. 10–14 days          D. 1 month          E. Continued until RAI administration</p>	B
<p><b>38) <u>A 25-year-old woman has been treated with thyroxine for hypothyroidism. She has become pregnant. She complains now of being constantly fatigued. The proper course of action would be to</u></b></p> <p>a) do nothing, fatigue is normal during pregnancy.          b) increase the iodine in her diet.          c) measure her serum TSH, free T3 and free T4 levels during the first trimester and adjust her thyroxine dose based on the result.          d) double her dose of thyroxine.          e) decrease the dose of thyroxine as the need for thyroid replacement therapy decreases during pregnancy</p>	C
<p><b>39) <u>Two months after starting treatment for hyperthyroidism with methimazole, your patient returns to your clinic complaining of chronic cough and sore throat that will not go away. You recognize that because your patient is being treated with a thioamide, What condition should you be looking for that could be confirmed by ordering a blood test?</u></b></p> <p>a) Anemia          b) angioedema          c) eosinophilia          d) leukopenia          e) thrombocythemia</p>	D
<p><b>40) <u>Effects of iodide salts given in large doses don't include:</u></b></p> <p>a) Decreased size of thyroid gland          b) Decreased vascularity of thyroid gland          c) Decreased iodination of tyrosine          d) Increased uptake of I131</p>	D



**41) A 23-year-old woman presents to her primary care physician with an enlarging neck mass and weight loss. The large mass is seen in the midline of the neck. She has lost 15 lb over the past month, feels like her heart is racing, and is always hot. The patient is diagnosed with Graves' disease and started on propylthiouracil. Which of the following is a side effect of propylthiouracil?**

A

- (A) Agranulocytosis
- (B) Arrhythmias
- (C) Diabetes
- (D) Hypertension
- (E) Tachycardia