

# PHYSIO ENDOCRINE

2<sup>ND</sup> YEAR

MCQ adrenal cortex



+

Dr/M.M

## Written

1. Enumerate function and regulation of aldosterone ?
2. Def Conn's syndrome ?
3. Mention anti-inflammatory effect of cortisol ?
4. Mention 5 functions of cortisol ?
5. Mention role of cortisol in stress ?
6. Def Cushing syndrome ?
7. Give a short note on mechanism and regulation of cortisol secretion ?
8. Mention 4 symptoms of Cushing syndrome ?
9. Mention 4 symptoms of Addison's disease ?
10. Def Virilism with 4 manifestations ?

## MCQ

<p>1. Conn's syndrome Manifestations include</p> <ul style="list-style-type: none"><li>a) Hyperkalemia</li><li>b) hyperkalemic nephropathy</li><li>c) Hyponatremia</li><li>d) Hyponatremia</li><li>e) Metabolic acidosis</li></ul>	<b>C</b>
<p>2. Cortisol regulates the secretion of corticotrophin releasing hormone from the hypothalamus through which of the following?</p> <ul style="list-style-type: none"><li>a) Long loop positive feedback.</li><li>b) Long loop negative feedback</li><li>c) Short loop positive feedback.</li><li>d) Short loop negative feedback.</li><li>e) Ultra-short loop feedback.</li></ul>	<b>B</b>

<p><b>3. Which of the following is the only organ in which Cortisol increases the protein synthesis</b></p> <p>a) The blood</p> <p>b) The kidney</p> <p>c) The liver.</p> <p>d) The muscles.</p> <p>e) The skin</p>	<p><b>C</b></p>
<p><b>4. Which of the following is considered as one of Addison disease manifestations?</b></p> <p>a) Hyponatremia</p> <p>b) Hypervolemia</p> <p>c) Hypokalemia</p> <p>d) Increase basal metabolic rate</p> <p>e) Metabolic acidosis</p>	<p><b>E</b></p>
<p><b>5. Cushing syndrome is:</b></p> <p>a) Due to hypersecretion of aldosterone.</p> <p>b) Due to hypersecretion of thyroid hormone.</p> <p>c) Characterized by an increase in protein synthesis.</p> <p>d) Characterized by hyperglycemia.</p> <p>e) Characterized by lymphocytosis.</p>	<p><b>D</b></p>
<p><b>6. Cushing syndrome is characterized by all the following except:</b></p> <p>a) Hyperglycemia.</p> <p>b) Hyperkalemia.</p> <p>c) Hypertension and edema.</p> <p>d) Purplish abdominal stria.</p> <p>e) Muscle wasting and weakness.</p>	<p><b>B</b></p>

<p><b>7. Cortisol has a permissive effect to:</b></p> <ul style="list-style-type: none"> <li>a) Catecholamines</li> <li>b) GH.</li> <li>c) somatomedins</li> <li>d) Insulin</li> <li>e) thyroxin</li> </ul>	<b>A</b>
<p><b>8. As regard the effect of steroid hormones on protein metabolism, steroid causes:</b></p> <ul style="list-style-type: none"> <li>a) Muscle wasting and weakness.</li> <li>b) bones become stronger due to increased protein content</li> <li>c) formation of collagenous tissues</li> <li>d) Promotion of healing of wounds.</li> <li>e) Decrease Subcutaneous hemorrhage</li> </ul>	<b>A</b>
<p><b>9. Addison disease Manifestations include:</b></p> <ul style="list-style-type: none"> <li>a) Hypokalemia</li> <li>b) Metabolic acidosis</li> <li>c) Hyponatremia</li> <li>d) Hypervolemia</li> <li>e) Increase BMR</li> </ul>	<b>B</b>
<p><b>10. AS regard metabolic action of cortisol:</b></p> <ul style="list-style-type: none"> <li>a) It inhibits gluconeogenesis</li> <li>b) it increases rate of glucose utilization</li> <li>c) Steroid decreases plasma amino acids level.</li> <li>d) It increases the capillary permeability.</li> <li>e) It has lipolytic effect.</li> </ul>	<b>E</b>

<p><b>11. Disorders of the Adrenocortical Function include:</b></p> <ul style="list-style-type: none"> <li>a) Acromegaly:</li> <li>b) Addison's disease</li> <li>c) Myxoedema</li> <li>d) Acromegaly</li> <li>e) Cretinism</li> </ul>	<b>B</b>
<p><b>12. ONE of the following not a Manifestation of cushing:</b></p> <ul style="list-style-type: none"> <li>a) Hypertension</li> <li>b) Osteoporosis</li> <li>c) purplish striae</li> <li>d) Muscle wasting.</li> <li>e) Hypoglycemia</li> </ul>	<b>E</b>
<p><b>13. Which of the following are associated with adrenocortical hypofunction?</b></p> <ul style="list-style-type: none"> <li>a) Hyperglycemia.</li> <li>b) High BMR.</li> <li>c) Redistribution of body fat.</li> <li>d) Increased muscle bulk.</li> <li>e) Dark pigmentation.</li> </ul>	<b>E</b>
<p><b>14. Aldosterone hormone:</b></p> <ul style="list-style-type: none"> <li>a) Is secreted from zona fasciculata of suprarenal cortex.</li> <li>b) Is secreted from the anterior pituitary gland.</li> <li>c) Increases plasma calcium level.</li> <li>d) Acts through cAMP.</li> <li>e) Increases K<sup>+</sup> secretion by DCT.</li> </ul>	<b>E</b>
<p><b>15. Aldosterone secretion is increased by:</b></p> <ul style="list-style-type: none"> <li>a) Hypernatremia.</li> </ul>	<b>C</b>

<p>b) Hypokalemia. c) Angiotensin II. d) hypercalcemia.</p>	
<p><b>16. Aldosterone:</b></p> <p>a) Promotes excretion of <math>K^+</math> in distal renal tubules. b) Secretion is controlled by plasma free fatty acid level. c) Produces hair growth in females. d) Causes <math>Na^+</math> reabsorption in the PCT. e) Is secreted from the placenta.</p>	<b>A</b>
<p><b>17. Aldosterone hormone:</b></p> <p>a) Stimulates <math>K^+</math> reabsorption by renal tubules. b) Inhibits <math>Na^+</math> reabsorption by renal tubules. c) Stimulates <math>Ca^{++}</math> reabsorption by renal tubules. d) Is secreted by adrenal medulla. e) Is stimulated by angiotensin II.</p>	<b>E</b>
<p><b>18. Regarding aldosterone:</b></p> <p>a) It is secreted from zona glomerulosa of suprarenal cortex. b) It decreases <math>K^+</math> and <math>H^+</math> secretion in the kidney. c) It decreases <math>Na^+</math> reabsorption in the kidney. d) It releases is stimulated mainly by ACTH. e) It decreases plasma <math>Na^+</math> concentration.</p>	<b>A</b>
<p><b>19. Glucocorticoids:</b></p> <p>a) Decrease blood glucose level. b) Are released mainly under the effect of angiotensin II. c) Increase protein synthesis. d) Are controlled by TSH. e) Decrease lymphocytes.</p>	<b>E</b>

<p><b>20. Glucocorticoids:</b></p> <ul style="list-style-type: none"> <li>a) <i>Inhibit histamine release by mast cells and basophils.</i></li> <li>b) <i>Stimulate ACTH secretion from anterior pituitary.</i></li> <li>c) <i>Stimulate lipogenesis.</i></li> <li>d) <i>Increase capillary permeability.</i></li> <li>e) <i>Decrease the number of RBCs and neutrophils.</i></li> </ul>	<b>A</b>
<p><b>21. Excess glucocorticoids (cortisol) lead to:</b></p> <ul style="list-style-type: none"> <li>a) <i>Stimulation of lymphocytes.</i></li> <li>b) <i>Increased allergy.</i></li> <li>c) <i>Increased inflammatory response to allergic reaction.</i></li> <li>d) <i>Osteoporosis.</i></li> <li>e) <i>Decreased RBCs.</i></li> </ul>	<b>D</b>
<p><b>22. A decrease in cortisol secretion would produce:</b></p> <ul style="list-style-type: none"> <li>a) <i>Increased cellular protein catabolism in the liver.</i></li> <li>b) <i>High systolic arterial blood pressure.</i></li> <li>c) <i>Increased secretion of ACTH.</i></li> <li>d) <i>Hyperglycemia.</i></li> <li>e) <i>A fall in serum potassium level.</i></li> </ul>	<b>C</b>
<p><b>23. Which of the following is not produced by hypersecretion of cortisol:</b></p> <ul style="list-style-type: none"> <li>a) <i>Increased rate of protein breakdown in the skin.</i></li> <li>b) <i>A major fall in plasma protein level.</i></li> <li>c) <i>Atrophy of skeletal muscles.</i></li> <li>d) <i>Increased tubular reabsorption of sodium.</i></li> <li>e) <i>Decreased formation of antibodies.</i></li> </ul>	<b>B</b>

<p><b>24. Cortisol hormone is:</b></p> <ul style="list-style-type: none"> <li>a) <i>Mainly a lipolytic hormone.</i></li> <li>b) <i>Stimulated by angiotensin II.</i></li> <li>c) <i>Inhibited by ACTH.</i></li> <li>d) <i>Mainly an anabolic hormone.</i></li> <li>e) <i>A hypoglycemic hormone.</i></li> </ul>	<b>A</b>
<p><b>25. Cortisol:</b></p> <ul style="list-style-type: none"> <li>a) <i>Destroys the inflammatory agents.</i></li> <li>b) <i>Inhibits the action of histamine.</i></li> <li>c) <i>Lowers the blood pressure.</i></li> <li>d) <i>Stimulates antibodies production.</i></li> <li>e) <i>Prevents the release of histamine.</i></li> </ul>	<b>E</b>
<p><b>26. A patient having addison's disease will have:</b></p> <ul style="list-style-type: none"> <li>a) <i>Hypotension, hyperglycemia and skin pigmentation.</i></li> <li>b) <i>Hypertension, hypoglycemia and skin pigmentation.</i></li> <li>c) <i>Hypotension, hypoglycemia and skin pigmentation.</i></li> <li>d) <i>Hypotension, hypoglycemia and hypernatremia.</i></li> <li>e) <i>Hypotension, hyperglycemia and hyponatremia.</i></li> </ul>	<b>C</b>
<p><b>27. Hyper secretion of cortisone leads to:</b></p> <ul style="list-style-type: none"> <li>a) <i>Hypoglycemia.</i></li> <li>b) <i>Lipolysis.</i></li> <li>c) <i>Increased muscle bulk.</i></li> <li>d) <i>Increased BMR.</i></li> <li>e) <i>Increased protein synthesis in most tissues.</i></li> </ul>	<b>D</b>

<p><b>28. The secretion of adrenal androgens is controlled by:</b></p> <ul style="list-style-type: none"> <li>a) ACTH.</li> <li>b) LH.</li> <li>c) FSH.</li> <li>d) ketosteroids.</li> <li>e) Estrogens.</li> </ul>	<b>A</b>
<p><b>29. Cortisol increases blood glucose by:</b></p> <ul style="list-style-type: none"> <li>a) Increasing gluconeogenesis alone.</li> <li>b) Increasing gluconeogenesis and decreasing glucose utilization.</li> <li>c) Increasing gluconeogenesis and glucose utilization.</li> <li>d) Decreasing glucose utilization alone.</li> <li>e) Decreasing gluconeogenesis and glucose utilization.</li> </ul>	<b>B</b>
<p><b>30. A 45-year-old male with cushingoid appearance, elevated serum and urinary cortisol, very low serum ACTH, no suppression of cortisol with small amount of Dexamethasone, the most likely diagnosis is:</b></p> <ul style="list-style-type: none"> <li>a) Pituitary adenoma.</li> <li>b) Hypothalamic tumor.</li> <li>c) pheochromocytoma.</li> <li>d) Adrenal tumor.</li> <li>e) Addison syndrome.</li> </ul>	<b>D</b>
<p><b>31. The cells secreting mineralocorticoids are present in:</b></p> <ul style="list-style-type: none"> <li>a) Zona interna</li> <li>b) Zona glomerulosa</li> <li>c) Zona reticularis</li> <li>d) Zona pellucida</li> <li>e) Zona fasciculata</li> </ul>	<b>B</b>
<p><b>32. One of the following hypothalamic hormone control adrenal cortex</b></p>	<b>E</b>

<p><b>secretion:</b></p> <ul style="list-style-type: none"> <li>a) TSH</li> <li>b) FSH</li> <li>c) LH</li> <li>d) MSH</li> <li>e) ACTH</li> </ul>	
<p><b>33. Conn's syndrome Manifestations include:</b></p> <ul style="list-style-type: none"> <li>a) Hyperkalemia</li> <li>b) hyperkalemic nephropathy</li> <li>c) Hyponatremia</li> <li>d) Metabolic acidosis</li> </ul>	C
<p><b>34. The most inner zone of adrenal cortex is:</b></p> <ul style="list-style-type: none"> <li>a) Zona fasciculata</li> <li>b) Zona glomerulosa</li> <li>c) Zona interna</li> <li>d) Zona pellucida</li> <li>e) Zona reticularis</li> </ul>	E
<p><b>35. Hyperkalemia stimulates the secretion of:</b></p> <ul style="list-style-type: none"> <li>a) Glucagon.</li> <li>b) Cortisol</li> <li>c) Aldosterone.</li> <li>d) Epinephrine.</li> <li>e) Insulin</li> </ul>	C,E

<p><b>36. Regarding aldosterone:</b></p> <ul style="list-style-type: none"> <li>a) <i>It is secreted from zona glomerulosa of suprarenal cortex.</i></li> <li>b) <i>It decreases K<sup>+</sup> and H<sup>+</sup> secretion in the kidney.</i></li> <li>c) <i>It decreases Na<sup>+</sup> reabsorption in the kidney.</i></li> <li>d) <i>It releases is stimulated mainly by ACTH.</i></li> <li>e) <i>It decreases plasma Na<sup>+</sup> concentration.</i></li> </ul>	<p><b>A</b></p>
<p><b>37. Primary hyperaldosteronism characterized by :</b></p> <ul style="list-style-type: none"> <li>a) <i>Decreased Na and increased K conc in blood</i></li> <li>b) <i>Expansion of ECF volume</i></li> <li>c) <i>Muscle weakness due to hypotention</i></li> <li>d) <i>Metabolic acidosis</i></li> <li>e) <i>Depressed sexual function</i></li> </ul>	<p><b>D</b></p>
<p><b>38. The secretion of ACTH :</b></p> <ul style="list-style-type: none"> <li>a) <i>Mainly from adrenal cortex</i></li> <li>b) <i>Inhibited in stress conditions</i></li> <li>c) <i>Controlled by hypothalamic inhibitory hormones</i></li> <li>d) <i>In excessive amounts is the cause of skin pigmentation in Addison dse</i></li> <li>e) <i>If absent , aldosterone is completely inhibited</i></li> </ul>	<p><b>D</b></p>
<p><b>39. About aldosterone :</b></p> <ul style="list-style-type: none"> <li>a) <i>Most important glucocorticoid</i></li> <li>b) <i>Play a major role in regulating ECF volume</i></li> <li>c) <i>Help Na secretion and K reabsorption from renal tubules</i></li> <li>d) <i>Control the synthesis of 1,25 di-hydroxy-cholicaciferol</i></li> <li>e) <i>Essential for milk ejection from mammary gland</i></li> </ul>	<p><b>B</b></p>

<p><b>40. Which of the following is associated with parallel changes in cortisol and aldosterone secretion :</b></p> <ul style="list-style-type: none"> <li>a) Addison disease</li> <li>b) Cushing syndrome ( adrenal tumor)</li> <li>c) A low sodium diet</li> <li>d) Administration of converting enzyme inhibitor</li> </ul>	<b>A</b>
<p><b>41. 59 year old woman develop osteoporosis , hypertension , hirsutism and hyperpigmentation . magnetic resonance imaging indicate that pituitary gland not enlarged , which of the following is most consistent with these finding :</b></p> <ul style="list-style-type: none"> <li>a) Pituitary ACTH secreting tumor</li> <li>b) Ectopic ACTH secreting tumor</li> <li>c) Inappropriate high secretion rate of CRH</li> <li>d) Adrenal adenoma</li> <li>e) Addison disease</li> </ul>	<b>B</b>
<p><b>42. Selective destruction of zona glomerulosa would produce deficiency of :</b></p> <ul style="list-style-type: none"> <li>a) Aldosterone</li> <li>b) Androstenedione</li> <li>c) Cortisol</li> <li>d) Dehydroepiandrosterone</li> <li>e) Testosterone</li> </ul>	<b>A</b>
<p><b>43. 46 year old woman has hirsutism , hyperglycemia and obesity. muscle wasting and increased circulating level of ACTH , the most appropriate cause of these symptoms is :</b></p> <ul style="list-style-type: none"> <li>a) Addison disease</li> <li>b) Pheochromocytoma</li> <li>c) Primary overproduction of ACTH =Cushing disease</li> <li>d) Treating with exogenous glucocorticoid</li> <li>e) Hypophysectomy</li> </ul>	<b>C</b>

<p><b>44. Cushing syndrome is characterized by:</b></p> <ul style="list-style-type: none"> <li>a) Hypotension.</li> <li>b) Hypoglycemia.</li> <li>c) Tremors of the hand.</li> <li>d) Moon face.</li> </ul>	<b>D</b>
<p><b>45. Cushing syndrome is characterized by all the following EXCEPT:</b></p> <ul style="list-style-type: none"> <li>a) Muscle wasting and weakness.</li> <li>b) Purplish abdominal stria.</li> <li>c) Hypertension and edema.</li> <li>d) Hyperglycemia.</li> <li>e) Hyperkalemia.</li> </ul>	<b>E</b>
<p><b>46. An adrenal tumor secreting DHEA (dehydroepiandrosterone) leads to:</b></p> <ul style="list-style-type: none"> <li>a) True hermaphroditism in a newly born girl</li> <li>b) Virilization (virilism) in an adult female</li> <li>c) Precocious pseudopuberty in a female child</li> <li>d) Feminization of an adult male.</li> <li>e) Early true puberty in a male child</li> </ul>	<b>B</b>
<p><b>47. A 40- year- old woman is placed on a high-potassium diet for several weeks. Which of the following hormonal changes is most likely to occur?</b></p> <ul style="list-style-type: none"> <li>A) Increased secretion of dehydroepiandrosterone</li> <li>B) Increased secretion of cortisol</li> <li>C) Increased secretion of aldosterone</li> <li>D) Increased secretion of adrenocorticotrophic hormone</li> <li>E) Decreased secretion of corticotropin-releasing hormone</li> </ul>	<b>C</b>
<p><b>48. virilization is caused by excessive secretion of:</b></p> <ul style="list-style-type: none"> <li>a) Glucagon</li> </ul>	<b>D</b>

<p>b) Aldosterone</p> <p>c) Melanocyte stimulating hormone</p> <p>d) Dehydroepiandrosterone from the adrenal cortex</p>	
<p><b>49. Regarding adrenal androgens all following are correct except:</b></p> <p>a) Promote physical growth in pubertal phase</p> <p>b) Stimulate the appearance of pubic and axillary hair in females.</p> <p>c) Include dehydro-epiandrosterone and andro-steredione.</p> <p>d) Their secretion is controlled by pituitary gonadotropins.</p> <p>e) Their androgenic activity is weaker than that of testosterone.</p>	<b>D</b>
<p><b>50. Which of the following would be associated with parallel changes, in aldosterone and cortisol secretion?</b></p> <p>A) Addison's disease</p> <p>B) Cushing's disease</p> <p>C) Cushing's syndrome (adrenal tumor)</p> <p>D) A low sodium diet</p> <p>E) Administration of a converting enzyme inhibitor</p>	<b>A</b>
<p><b>51. Adrenal androgen is responsible for :</b></p> <p>a. appearance of acne</p> <p>b. breast development</p> <p>c. enlargement of testis</p> <p>d. ovulation</p> <p>e. spermatogenesis</p>	<b>A</b>