MCQ of Thyroid Disorder

1) **Regarding thyroid gland**
   a) Lies against C6, C7, T1, T2 vertebrae
   b) Isthmus extends from 2nd to 4th tracheal ring
   c) Suspensory ligament of Berry connects the lobe to cricoids cartilage
   d) Capillary plexus lies in between false & true capsules
   e) Recurrent laryngeal nerve is in relation of posterolateral surface of the lobe.

2) **Thyroid hormones**
   a) T3 is quick acting
   b) Bound form is biologically active
   c) Peroxidase is responsible for oxidation of iodine to iodide
   d) Amino acid Tyrosine is one of component in hormone synthesis
   e) Anterior pituitary secrets TRH which stimulates TSH

3) **Followings are the features of thyrotoxicosis**
   a) Cold extremities
   b) Weight gain
   c) Loss of appetite / excessive appetite
   d) Palpitation
   e) Amenorrhoea

4) **Extrathyroidal signs of thyrotoxicosis**
   a) Raised sleeping pulse rate
   b) Fine tremor
   c) Moist cold hands
   d) Eye sign
   e) Thyroid bruit

5) **Following features are prominent in secondary thyrotoxicosis**
   a) Eye sign
   b) Cardiac arrhythmia
   c) Diffuse goiter
   d) Thyroid bruit
   e) Insidious onset

6) **Features of hypothyroidism**
   a) Weight gain
   b) Arrhythmia
   c) Oligomenorrhoea
   d) Constipation
   e) Carpal tunnel syndrome

7) Types of cardiac arrhythmia observed in thyrotoxicosis

a) Ventricular fibrillation
b) Atrial fibrillation
c) Paroxysmal atrial tachycardia
d) Multiple extrasystole
e) Supraventricular tachycardia

8) Drugs used in treatment of thyrotoxicosis

a) Carbamazepine
b) Carbimazole
c) Atenolol
d) Propranolon
e) Lugol's iodine

9) Essential tests for thyroid swelling

a) Serum TSH
b) Isotope scanning
c) Thyroid autoantibody
d) FNAC
e) Serum calcium

10) Multinodular goiter

a) Is more common in costal area
b) Is usually preceded by diffuse hyperplastic stage
c) May become malignant
d) Effectively may be prevented
e) Rarely needs surgical treatment

11) Most common presentation of endemic goiter

a) Multinodular goiter
b) Diffuse goiter
c) Thyrotoxicosis
d) Solitary thyroid nodule
e) Dominant thyroid nodule

12) Essential tests for thyroid disorders are

a) Serum FT3, FT4 & TSH estimation
b) Thyroid scan & uptake
c) FNAC
d) PBI estimation (protein bound iodine)
e) Thyroid autoantibody estimation

13) Regarding simple goiter

a) Also known as pandemic goiter
b) Dietary deficiency of iron plays role
c) Defective hormone synthesis may facilitates
d) TSH level is found high
e) Initially diffuse hyperplasia occurs

14) Regarding multinodular goiter

a) Nodules are reversible
b) Secondary thyrotoxicosis may occur
c) Kocher's test may be positive
d) Haemorrhage into nodule may cause sudden pain
e) Papillary carcinoma may occur

15) Advantages of USG of thyroid gland

a) Noninvasive & no risk of radiation
b) Can confirm malignancy
c) Detects impalpable nodules
d) Demonstrates activity of the gland
e) Differentiate solid & cystic nodule

16) Regarding thyroid isotope scan

a) Slow uptake is noted in cold nodule
b) Overactive nodules appear warm
c) Hot nodules are toxic
d) Differentiate solid & cystic nodule
e) Technetium (99mTc) is used for radioactivity

17) FNAC of thyroid swelling

a) May be done by USG guided
b) Detects nature of nodule
c) Detects capsular & vascular invasion
d) Can diagnose medullary carcinoma
e) Can confirm follicular carcinoma

18) Following 3 investigations should be done before thyroid surgery

a) X –ray root of neck
b) X – ray cervical spine
c) Serum iodine
d) Serum calcium
e) Laryngoscopy

19) X – ray root of neck in relation of thyroid swelling delineates

a) Microcalcification
b) Retrosternal goiter
c) Tracheal compression
d) Berry's sign
e) Degenerative changes in cervical spine

20) Hemithyroidectomy means

a) Removal of one lobe only
b) Total isthmusectomy
c) Partial removal of both lobes
d) Removal of one lobe with partial removal of other with isthmusectomy
e) Isthmusectomy only

21) Differential diagnosis of solitary thyroid nodule

a) Thyroid cyst
b) Papillary carcinoma
c) Medullary carcinoma
d) Thyroiditis
e) Colloid degeneration

22) Malignancy originates from Follicular cells of thyroid gland

a) Papillary carcinoma
b) Medullary carcinoma
c) Hurthle cell carcinoma
d) Lymphoma
e) Follicular carcinoma

23) Regarding thyroid malignancy

a) Hot nodules are suspiscious
b) Male patients are vulnerable
c) May occur by radiation exposure
d) Young patient may be victim
e) May be associated with multiple endocrine neoplasia

24) Papillary carcinoma of thyroid gland

a) Arises from follicular cells
b) Unifocal
c) Capsulated
d) Commonly metastasize to lymph node
e) Can be diagnosed by FNAC

25) Features of thyroid malignancy

a) Recent rapid enlargement of long standing goiter
b) Hoarseness of voice
c) Negative Berry's sign
d) May present with paraplegia
e) Exclusively mobile

26) Investigations done to assess spread of thyroid malignancy

a) Chest X – ray
b) X – ray neck
c) USG of whole abdomen
d) Bone scan
e) Thyroid scan

27) Nonsurgical treatment of thyroid malignancy

a) Radioactive iodine
b) Thyroxine
c) Carbimazole
d) External beam radiotherapy
e) Embolization of vessel.

28) Regarding retrosternal goiter

a) Enlargement of thyroid gland into posterior mediastinum
b) May arise from ectopic thyroid tissues
c) May mimic asthma
d) Features of superior venacaval obstruction is present
e) Operation is usually done by thoracotomy.

29) Medullary thyroid carcinoma

a) Arises from follicular cells
b) May be associated with phaeochromocytoma
c) Low serum calcitonin is found
d) Mutation of P53 is genetic marker
e) Not hormone dependant

30) Regarding thyroid surgery

a) Patient should be in Trendelenberg's position in operation table
b) Commonly transverse creaseline incision is used
c) Superior thyroid vessel ligated away from the gland
d) Inferior thyroid arteryis ligated away from the gland
e) No harm of accidental removal of all parathyroid glands.

31) Tension hematoma following thyroid surgery

a) Caused by secondary haemorrhage
b) May be life threatening
c) Removal of skin sutures should be done in operation theatre rather than in ward
d) May be caused by blockage of drain.
e) Meticulous haemostasis during surgery may prevent this

32) Regarding thyroid storm

a) May occur in euthyroid patient during thyroid surgery
b) Never occurs in surgery unrelated to tthyroid gland
c) Dehydration is common
d) Patient becomes hypothermic
e) Digoxine is used for treatment

33) Immediate postoperative complications of thyroid surgery

a) Secondary haemorrhage
b) Laryngeal edema
c) Hypothyroidism
d) Keloid formation
e) Surgical emphysema.