

1. The most common cause of primary hypocorticism:
 - a) infection
 - b) tuberculosis
 - a) injury
 - d) autoimmune
2. Monitoring the effectiveness of substitution treatment of primary hypocorticism:
 - a) by level of cortisol
 - b) by level of potassium and sodium
 - c) by level of glucose
3. The main clinical manifestations of hypocorticism:
 - a) increase in body weight
 - b) reduction in body weight
 - c) decrease of blood pressure
 - d) muscle pain
4. The main clinical manifestations of hyperaldosteronism:
 - a) the increase in blood pressure
 - b) a tendency to salty foods
 - c) the darkening of the skin
5. The main groups of drugs for effective conservative treatment of hyperaldosteronism:
 - a) beta-blockers
 - b) calcium antagonists
 - c) spironolactone
6. Laboratory diagnosis of hyperaldosteronism include:
 - a) determining the level of the ratio of aldosterone and plasma renin activity
 - b) functional tests
 - c) determination of the basal aldosterone fasting
7. The main typical clinical manifestations of pheochromocytoma:
 - a) the very high blood pressure
 - b) age 40-50 years
 - c) the lack of effectiveness of standard antihypertensive therapy
8. Frequency of incidentalomas on autopsy:
 - a) 2-9%
 - b) not more than 1%
 - c) 10% or more
9. What is the frequency of occurrence of hormonally active formations in patients with adrenal incidentalomas:
 - a) 50%
 - b) 30-50%
 - c) 10%
10. Management before the surgical treatment of pheochromocytoma include:
 - a) appointment of alpha-blockers in an adequate dose
 - b) radiation treatment of adrenal glands
 - c) biopsy of adrenal glands