

Self-assessment questions

Select the **best** response in each question, and see leading article on page 7 on how to send in your answers.

1. A 26-year old primigravida presented with tremor, exophthalmos and diffuse goitre at 16 weeks gestation. Which of the following combinations of investigations is most appropriate to diagnose her problem?
 - a. TSH, Total T₃ and Total T₄, TSH receptor antibodies.
 - b. Free T₃ and Free T₄, fine needle aspiration of thyroid, and anti-TPO antibodies.
 - c. TSH, Free T₄, ultrasound scan of thyroid.
 - d. TSH, Free T₄ and Free T₃, anti-TSH receptor antibodies.
 - e. Free T₃ and Total T₄, anti TPO antibodies, ultrasound scan of thyroid.

2. A 65-year old man with a large goitre was diagnosed to have Graves disease. He had severe thyrotoxicosis clinically and biochemically. He had no other medical problem. Which of the following management options is most likely to be effective in this patient?
 - a. Commence on carbimazole 40mg daily and taper the dose.
 - b. Commence on carbimazole 15mg daily and gradually increase the dose.
 - c. Subtotal thyroidectomy once the patient is rendered euthyroid with carbimazole.
 - d. 'Block and replacement' regimen with carbimazole and thyroxine.
 - e. Treat with radioiodine (¹³¹I) once the patient is made euthyroid with carbimazole.

3. A 50-year old woman with ischaemic heart disease complained of weight gain, ankle swelling and cold intolerance for 6 months. Her serum TSH was > 10mU/l (reference range 0.3-3.5mU/l) and Total T₄ was 20 mmol/l (reference range 60-160mmol/l). She was started on L thyroxine 25 µg daily. The best option for her follow up would be,
 - a. if TSH remains elevated at 2 weeks, double the thyroxine dose, and follow up every 2 weeks.
 - b. if TSH remains elevated at 6 weeks, double the thyroxine dose, and follow up every 6 weeks.
 - c. if TSH is normal at 2 weeks, continue the same thyroxine dose, and follow up monthly.
 - d. if TSH is normal at 6 weeks, stop or reduce the thyroxine dose.
 - e. check TSH weekly till it becomes normal and continue the thyroxine dose.

4. A 35-year old man has a solitary nodule of the thyroid. He is clinically euthyroid and has no features to suggest local invasion or tracheal compression. However, he is concerned about the appearance of his neck.

Investigations reveal a TSH of 2.1 mU/l (reference range: 0.3-4mU/l) and a FT₄ of 1.1ng/ dl (reference range: 0.7-1.8ng/dl). FNAC shows indeterminate cytology. What is the most appropriate next step in management?

 - a. Repeat FNAC.
 - b. Arrange for a radioisotope scan.
 - c. Refer to a surgeon.
 - d. Arrange an ultrasound scan of the thyroid.
 - e. Initiate long term thyroxine therapy.