

FELLOWSHIP IN PEDIATRIC ENDOCRINOLOGY :
WINTER - 2017
SUBJECT : FELLOWSHIP IN PAEDIATRIC ENDOCRINOLOGY
PAPER – I

Day : Thursday
Date : 05/10/2017

W-2017-3412

Time : 10.00 AM TO 12.00 Noon
Max. Marks : 50

N.B.:

- 1) All questions are **COMPULSORY**.
 - 2) Figures to the right indicate **FULL** marks.
 - 3) Draw neat and labeled diagrams **WHEREVER** necessary.
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Q.1 Metabolic syndrome. **[20]**

Q.2 Write short notes on **ANY FOUR** of the following: **[20]**

- a) Developmental origin of adult health and diseases (DOHAD)
- b) Methods of estimation of bone age
- c) Growth hormone therapy in Prader Will syndrome
- d) Estrogen therapy in Turner syndrome
- e) Synecthen test

Q.3 Multiple choice questions: **[10]**

- 1) Main source of IFG – 1 production is in
 - a) Pituitary
 - b) Hypothalamus
 - c) Liver
 - d) Endothelium
- 2) Presence of axillary hair at 7 years of age
 - a) Is a reliable sign of beginning of puberty
 - b) Can be a physiological
 - c) Is always pathological
 - d) Always needs investigations
- 3) True precocious puberty in girls is
 - a) Usually caused by a nervous system disease.
 - b) Known to progress slowly.
 - c) Always needs immediate treatment.
 - d) Known to be associated with neurofibromatosis.
- 4) Following is not an anterior pituitary hormone
 - a) ACTH
 - b) TSH
 - c) Cortisol
 - d) Prolactin
- 5) Growth hormone
 - a) Is not species specific
 - b) Is secreted by the posterior pituitary gland
 - c) Is a steroid
 - d) Is a polypeptide

P.T.O.

- 6) Cushing syndrome can manifest with all the following except
- a) Plethora
 - b) Hirsutism
 - c) Obesity
 - d) Low blood pressure
- 7) Diabetes insipidus is seen in the following conditions
- a) Craniopharyngioma
 - b) Post neurosurgery
 - c) Langerhan Cell Histiocytosis
 - d) Renal tubular defect in a male
 - e) All of the above
- 8) In Graves disease
- a) T3 low, T4 high, TSH high
 - b) T3 and T4 high, TSH high
 - c) T3 normal, T4 and TSH high
 - d) T3, T4 high TSH low
- 9) Following is a useful test to diagnosed recurrence of thyroid cancer
- a) Thyroid binding globulin
 - b) Thyroglobulin
 - c) TSH
 - d) FT4
- 10) In case of GnRh analogue stimulation test
- a) A basal LH value of more than 0.1 miu/ml is diagnostic of CPP.
 - b) A basal FSH value of more than 5 miu/ml is diagnostic of CPP.
 - c) A stimulated value 3 times more than basal or stimulated LH more than 3.5 miu/ml is diagnostic of CPP.
 - d) All of the above

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