

10/12

私立臺北醫學院 89 學年度第 1 學期 ~~期中~~ ~~期末~~ 考試 (試) 命題紙

系 級	科 目	授 課 教 師	考 試 日 期	學 號	姓 名
醫五	Endocrinology	Lin, et al	90 年 1 月 11 日 第 節		
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教務處公佈專用

- () 1. Which of the following is a useful tumor marker in the management of medullary thyroid cancer ?
- human thyroglobulin
 - calcitonin
 - alfa fetoprotein
 - T4
 - T3
- () 2. Which of the following statement is not an advantage of a total thyroidectomy over less than total thyroidectomy in the management a papillary thyroid cancer ?
- A total thyroidectomy facilitates postoperative follow-up by radio-iodine scan.
 - A total thyroidectomy facilitates radio-iodine treatment for metastatic lesions
 - The patients may have recurrent lesions if their resume human thyroglobulin level is elevated after a total thyroidectomy.
 - A total thyroidectomy is easier to carry out.
 - A total thyroidectomy eradicates bilateral microscopic cancers in the gland.
- () 3. Which of the following is not a consensus prognostic factor for a follicular thyroid cancers ?
- age
 - extra-thyroid invasion
 - lymph node metastases
 - lung metastases
 - size
- () 4. Which of the following thyroid cancers can be easily treated with radio-iodine ?
- a poorly differentiated cancers.
 - a recurrent papillary cancers with tracheal invasion.
 - lung metastases of a follicular cancer.
 - lymph node metastases of a medullary cancer.
 - bone metastases of an undifferentiated cancer.
- () 5. Huge goiters may cause the following complications except:
- tracheomalacia
 - hoarseness
 - voice fatigue
 - malignancy
 - shortness of breath

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() 6. The medullary thyroid cancer in MEN-2a syndrome is characterized by the followings except:

- A. familial tendency
- B. bilateral involvement
- C. c-cell hyperplasia
- D. combination of pheochromocytomas
- E. combination of Marfan's syndrome

() 7. Among the pre-operative localization studies for primary hyperparathyroidism which one of the followings has an accuracy rate above 95% ?

- A. CT scan
- B. Sono-gram
- C. MRI
- D. Tc^{99m} mibi scan
- E. None of the above

() 8. Which one of the followings is most likely to recover after a successful parathyroidectomy for primary hyperparathyroidism ?

- A. hypertension
- B. osteoporosis
- C. renal insufficiency
- D. compression fracture of vertebrae
- E. neurological deficits of cerebella apoplexy

() 9. Pathyroid adenoma is frequently the pathologic finding of which of the following conditions

- A. primary hyperparathyroidism
- B. secondary hyperparathyroidism
- C. tertiary hyperparathyroidism
- D. hyperparathyroidism in MEN-1 syndrome
- E. hyperparathyroidism in MEN-2a syndrome

() 10. Which of the following conditions is not indicated for surgical treatment in renal hyperparathyroidism ?

- A. renal osteodystrophy
- B. severe skin itching
- C. soft tissue calcification
- D. aluminum intoxication
- E. hypercalcemia

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- () 11. Which of the following is the most frequent cause of recurrent hyperparathyroidism after the surgical treatment for primary hyperparathyroidism?
- hyperplasia of the parathyroid gland
 - insufficient excision of diseased gland
 - missed diseased gland
 - seeding of the ruptured adenoma
 - supranumerary parathyroid gland
- () 12. Most of the ectopic parathyroid adenoma located in the
- carotid sheath
 - upper neck
 - lower neck
 - anterior upper mediastinum
 - intrathyroid
- () 13. During the operative treatment for insulinomas, blood sugar monitoring is done, because of the following reasons except
- it plays as a safety guard for the patients
 - it helps detecting hypoglycemia in time
 - it helps determining the complete excision of the causal lesions
 - it prevents the patient from hyperglycemia after removal of insulinomas
 - it is a routine procedure for all pancreatic surgery
- () 14. Which of the following studies provides the most accurate pre-operative localization for insulinomas
- CT scan
 - Arterial stimulation and venous sampling
 - Percutaneous transhepatic portal venous sampling
 - MRI
 - Sonogram
- () 15. Potent acid-reducing medications had facilitated the non-operative management of patient with gastrinoma syndrome, however, patients may die of
- peptic ulcer bleeding
 - peptic ulcer perforation
 - gastric cancer metastases
 - metastases of gastrinoma
 - hepatoma

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- ()16 In accordance with Fredrickson classification of lipid disorders, an overnight serum with cream top and turbid bottom is characteristic of which type of hyperlipoproteinemia?
 A. I B. II b C. III D. IV E. V
- ()17. When HDL-C exceeds 60 mg/dl, epidemiologic studies suggest that for each 1 mg/dl increase in HDL-C, CAD risk
 A. decreases by 1% in men
 B. decreases by 5% in men
 C. decreases by 3% in women
 D. decreases by 10% in women
 E. unchanged in both men and women
- ()18. The AHA-NCEP Step II diet is composed of monounsaturated fat for up to how many percents of the total calories?
 A. <7 B. 5-15 C. 10-20 D. 25-30 E. 50-70
- ()19. Drug therapy is absolutely indicated in patient with 3 CAD risk factors and a LDL-C level of
 A. 84 mg/dl B. 102 mg/dl C. 123mg/dl D. 151mg/dl
 E. 175mg/dl
- ()20 Which apolipoprotein is the ligand of LDL receptor?
 A. Apo A I B. Apo B48 C. Apo B100 D. Apo C III
 E. Apo E
- ()21 Possible mechanism of lipid alteration in nephrosis is:
 A. VLDL overproduction
 B. LDL overproduction
 C. decreased lipoprotein lipase activity
 D. antibodies to lipoprotein lipase
 E. LDL receptor defect
- ()22. The recommended pharmacologic therapy for patients with so-called "lipid triad" is
 A. niacin therapy
 B. statin monotherapy
 C. statin + niacin combination therapy
 D. fibrate monotherapy
 E. statin + fibrate combination therapy

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10112-5

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- () 23. In terms of major risk factor, premature CAD is defined in mother or other female first-degree relative before which of the following ages?
 A. 25 B. 35 C. 45 D. 55 E. 65
- () 24. According to Friedward equation, for a patient with total cholesterol of 262mg/dl, triglyceride of 180mg/dl and a HDL-cholesterol of 55mg/dl, his estimated LDL-cholesterol level will be
 A. 27mg/dl B. 71mg/dl C. 151mg/dl D. 171mg/dl
 E. 235mg/dl
- () 25. A cutaneous xanthoma which appears as small, yellowish, round papules that contain pale center and an erythematous base, generally occur when plasma triglyceride is 1000-2000mg/dl or more, is called
 A. eruptive xanthoma B. tubrous xanthoma C. palmar xanthoma
 D. tendon xanthoma E. xanthelasma
- () 26. For the assessment of possible lipid disorder, you had better ask your patient to be fast for at least how many hours prior to a blood test?
 A. 6-8 B. 8-10 C. 10-12 D. 12-14 E. 18-20
- () 27. The threshold for intervention in the patients with dyslipidemia will not be lowered by which one of the following conditions ?
 A. obesity B. type 2 diabetes C. cigarette smoking
 D. peripheral vascular disease E. hypertension
- () 28. Which one of the following features is not typical for dyslipidemia in type 2 diabetes ?
 A. ↑ TG B. ↑ VLDL C. ↓ HDL-C
 D. ↓ LDL-C E. ↑ small, dense LDL (pattern B)
- () 29. Normally, the high-density lipoprotein is responsible for how many percents of total cholesterol concentration?
 A. 5-10 B. 10-20 C. 20-30 D. 30-40 E. 50-60
- () 30. By the end of 5.4 years, the Scandinavian Simvastatin Survival Study (4S) demonstrated that statin monotherapy reduced the coronary death by how many percents?
 A. 19 B. 22 C. 33 D. 42 E. 58

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31 & 32. A 30 years old male patient consulted at the ER due to nausea, vomiting and shortness of breath of 1 day duration. He also complained of polyuria, polydipsia of about 4 days duration. Patient had denied history of diabetes mellitus, alcoholic consumption nor intake of drugs. Pertinent physical examination showed acetone odor on breath, tachycardic with poor skin turgor. Lab showed blood sugar of 350mg/dl, BUN 32, creatinine:1.0, Na:135, K:4, ABG showed pH 7.2 and HCO₃ 14, urine ketone +++, serum ketone ++.

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- () 31. What is your initial diagnosis:
- Diabetic ketoacidosis
 - HHNS
 - Alcoholic ketoacidosis
 - Lactic acidosis
 - A + B
- () 32. What is your treatment of choice for this case:
- Insulin therapy
 - Fluid
 - Sodium bicarbonate
 - A + B
 - All of the above
- () 33. The pathogenesis of DKA
- Decreased glucose uptake
 - Increased proteolysis
 - Increased lipolysis
 - All of the above
 - B + C
- () 34. Why is ketone not produced in HHNS
- Less insulin deficiency
 - Less elevation of counterregulatory hormone
 - Inhibition of lipolysis
 - A + B
 - All of the above
- () 35. Counterregulatory hormone during hypoglycemia except:
- Epinephrine
 - Glucagon
 - Cortisol
 - Growth hormone
 - None of the above

10112-7

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- () 36. Clinical causes of hypoglycemia in diabetes mellitus except:
- Excess insulin dose
 - Delay or decrease food intake
 - Exercise
 - A+B
 - None of the above
- () 37. Etiology of hypoglycemic unawareness:
- Failure of counterregulatory hormone in response to hypoglycemia
 - Autonomic neuropathy
 - CNS adaptation to hypoglycemia
 - A+ C
 - All of the above
- () 38. Cardinal manifestations of thyroid storm:
- Fever of $T > 38.5^{\circ}\text{C}$
 - Tachycardia out proportion to fever
 - Gastrointestinal symptoms such as nausea, vomiting and jaundice
 - CNS symptoms such as confusion, lethargy, coma
 - All of the above
- () 39. Treatment of fever during thyroid storm except:
- Aspirin
 - External cooling
 - Intravenous fluid
 - A+B
 - None of the above
- () 40. Treatment during thyroid storm which inhibit extrathyroid conversion of T_4 to T_3 :
- Propylthiouracil
 - Radiographic contrast media
 - Glucocorticoid
 - A+B
 - All of the above
- () 41. Metabolic disturbance during myxedema coma
- Hyperglycemia
 - Hyponatremia
 - Hypercapnia
 - B+C
 - All of the above

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- () 42. Clinical features of adrenal crisis except:
- A. Hypotension
 - B. Hypoglycemia
 - C. Hyponatremia
 - D. Hyperglycemia
 - E. Hyokalemia
- () 43. Symptoms of hypercalcemia
- A. Hypertension
 - B. Constipation
 - C. Hypotension
 - D. A+B
 - E. C+B
- () 44. Clinical features of hypocalcemia
- A. Tetany
 - B. Prolonged QT interval
 - C. Subcapsular cataract
 - D. All of the above
 - E. A+B
- () 45. Endocrine dysfunction involved in pituitary apoplexy except:
- A. Hypogonadism
 - B. Growth hormone deficiency
 - C. Hypoprolactinemia
 - D. Hyperprolactinemia
 - E. Hypothyroidism
- () 46. The characteristic of parathyroid-related peptide except
- a. All cancerous patients with elevated PTHrP level associated with hypercalcemia
 - b. It has a 141 aminoacids
 - c. it may have a local function in lactating breast
 - d. it may present in normal skin
 - e. None of above
- () 47. Concerning hyperparathyroidism except:
- a. The great majority of pathology are adenoma
 - b. The localization of the lesion is very important before operation
 - c. It may cause renal stones
 - d. Both serum calcium and PTH levels are elevated
 - e. The high risk group is post menopausal women

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- () 48. Decrease phosphate clearance
- Parathyroid hormone
 - Calcitonin
 - Growth hormone
 - Estrogen
 - Calcium infusion

- () 49. A 79 year-old, male, came to hospital because of polyuria. About 19 years ago, he underwent a laboratory evaluation that showed hypercalcemia of 2.85 mmol/L (normal, 2.10-2.65), and phosphate of 0.94 mmol/L (normal, 0.68-1.52). A neck exploration done later disclosed no parathyroid pathology. The 24-h calcium excretion was 32.4 mg with a ratio of calcium clearance to creatinine clearance ranging from 0.0045-0.0054. Thyroid and adrenal function are normal. There were no renal stone. He took no medications known to affect calcium metabolism, such as hydrochlorothiazide.
- Chest X ray showed no evidence of tuberculosis and sarcoidosis.

The biochemical and clinical evaluation was most consistent with:

- Hyperparathyroidism
- Familial hypocalciuric hypercalcemia
- Hyperthyroidism
- Drug-induced hypercalcemia
- Sarcoidosis

Matching

- | | |
|----------------------------------|------------------------|
| () 50. Decrease serum calcium | a. Parathyroid hormone |
| () 51. Increase serum phosphate | b. Vitamin D |
| | c. Both |
| | d. None |

- () 52. The statement of serum calcium is false
- The total serum calcium level drops when the serum albumin drops
 - The free calcium level is about half of total calcium
 - The serum calcium level is mainly under control of parathyroid hormone in physiologic condition
 - Factitious hypocalcemia may occur when using EDTA containing tube
 - The patient with hyperventilation syndrome may cause twitching of both hands due to lowering free calcium level, caused by metabolic alkalosis.

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- () 53. A 17 year-old girl came to hospital with complaints of amenorrhea. On physical examination, she looked short. The laboratory finding showing hypocalcemia and hyperphosphatemia, the parathyroid hormone level is high. When patient was infused with parathyroid hormone, the urinary cyclic AMP did not increase accordingly, as compared with control. The further manifestation could be found in this patient:
- Basal ganglia calcification
 - Alopecia
 - Polyuria
 - Aminoaciduria
 - Retinal detachment.
- () 54. A 24 year-old female came to hospital because of exophthalmos, OU. She also complained loss of body weight and palpitation. On physical examination a mass over the neck, hands tremor. The biochemistry study showed mild hypercalcemia, elevated alkaline phosphatase level. The further study should include
- The parathyroid nuclear medicine scan
 - The EKG
 - The bone densitometry
 - The abdominal CT scan
 - Check serum free T4 and TSH
- () 55. The most common cause of hypercalcemia in hospitalized patients:
- Hyperparathyroidism
 - Granulomatous lesion
 - Malignancy
 - Vitamin intoxication
 - Milk alkali syndrome
- () 56. The possible x-ray finding in patients with hyperparathyroidism except:
- Thickening of bone cortex
 - Brown cyst
 - Subperiosteal bone resorption
 - Diminished lamina dura
 - Punched out lesion in the skull routine
- () 57. The cataract should NOT be suspected in young patients with
- Galactossemia
 - Hyperparathyroidism
 - Hypoparathyroidism
 - Steroid abuse
 - Cerebrotendinous xanthomatosis

10/12-11

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- () 58. The characteristics of Vitamin D receptor (VDR) chromosomal gene
- It is located on chromosome 12
 - It encompasses more than 75 kilobases
 - VDR mRNA contains about 4800 nucleotides and encodes a protein of 427 aminoacids.
 - The VDR is composed of an NH₂ terminal DNA-binding domain and COOH terminal ligand-binding domain
 - All of above
- () 59. The assessment of normal response of the cells to 1,25(OH)₂ Vit D treatment
- Measurement of adenylate cyclase activity
 - Induction of protein kinase C activity
 - Induction of 24-hydroxylase activity
 - Measurement of guanylate activity
 - Induction of phosphodiesterase activity
- () 60. The treatment of choice in patients with hyperparathyroidism associated with adenoma.
- Radiotherapy
 - Diuretics
 - Cyclophosphamide
 - Surgical removal
 - None of above
- () 61. Which of the following enzyme is the rate limiting enzyme of catecholamine synthesis?
- Tyrosine hydroxylase
 - Aromatic L-amino acid decarboxylase
 - Dopamine β-hydroxylase
 - Phenylethanolamine N-methyl transferase
 - None of the above
- () 62. Which of the following catecholamine is the main product of pheochromocytoma?
- Dopamine
 - Norepinephrine
 - Epinephrine
 - All of the above
 - None of the above

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- () 63. The most effective test in the detection of carrier in MEN2 is:
- Regular serum calcitonin examination
 - Regular pentagastrin test
 - Regular 24 hr urine catecholamine or metanephrine examination
 - Regular serum calcium and intact parathyroid hormone examination
 - DNA analysis of RET gene
- () 64. Which of the following adrenergic receptor increases cAMP production, except ?
- α_2
 - β_1
 - β_2
 - β_3
 - none of the above
- () 65. Laboratory findings in Pheochromocytoma except:
- Glucose intolerance
 - Increase Red cell mass
 - Elevated basal metabolic rate
 - Decrease plasma volume
 - Increase plasma renin and aldosterone
- () 66. The symptom triad of pheochromocytoma are:
- Hypertension, palpitation, headache
 - Headache, palpitation, sweating
 - Hypertension, palpitation, sweating
 - Headache, palpitation, nervousness
 - Palpitation, nervousness, hand tremor
- () 67. Which of the following where the extra-adrenal pheochromocytoma is often found ?
- Liver
 - Organ of Zuckerkandl
 - Urinary bladder
 - Lung
 - Neck
- () 68. Which of the diagnostic criteria of Pheochromocytoma is wrong ?
- 24hr urine VMA > 11 mg
 - 24hr urine metanephrine and normetanephrine > 1.8 mg
 - 24 hr urine norepinephrine greater than 3 time normal
 - Blood pressure > 200/110 mmHg at glucagon test
 - None of the above

1012-13

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- () 69. For the treatment of Pheochromocytoma, which one is wrong ?
- A. Calcium channel blockade
 - B. α -adrenergic blockade
 - C. Combined α and β -adrenergic blockade
 - D. β -adrenergic blockade
 - E. Methyl-tyrosine
- () 70. For the criteria of adequate pre-operative preparation, which one is wrong ?
- A. Supine blood pressure < 160/90 mmHg
 - B. Orthostatic hypotension < 80/45 mmHg
 - C. Free of S-T change in EKG for 2 weeks
 - D. No more than one VPC/5min
 - E. None of the above
- () 71. Which tumor of MEN1 is the most common ?
- A. Pituitary tumor
 - B. Parathyroid tumor
 - C. Gastrinoma
 - D. Insulinoma
 - E. Glucagonoma
- () 72. Which tumors of MEN may cause diarrhea, except ?
- A. VIPoma
 - B. Medullary thyroid carcinoma
 - C. Gastrinoma
 - D. Carcinoid
 - E. Pheochromocytoma
- () 73. Which one is caused by the point mutation of codon 918 of RET protooncogene?
- A. MEN1
 - B. MEN2a
 - C. MEN2b
 - D. MTC-only
 - E. None of the above
- () 74. About MEN2 gene, which of the following is wrong ?
- A. Located in Chromosome 10
 - B. Is a protooncogene
 - C. Point mutation is the most common mutation
 - D. Mutation cause activation of the gene
 - E. Follow the two-hit hypothesis

10/12-14

私立臺北醫學院 89 學年度第 1 學期 ~~期中~~ 考試 ^命(試) 題紙

系 級	科 目	授 課 教 師	考 試 日 期	學 號	姓 名
區五	Endocrinology	Lin, et al	90 年 1 月 11 日 第 節		
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() 75. The indication of surgical intervention of hyperparathyroidism in MEN is, except ?

- A. Serum calcium level >12 mg/dl
- B. Symptoms of hypercalcemia
- C. Associated with Zollinger-Ellison syndrome
- D. Associated with pituitary tumor
- E. Hypertension

() 76. 胰島素能使下列細胞表面出現葡萄糖傳輸蛋白：

- A. 小腸上皮細胞
- B. 腎小管細胞
- C. 肌肉細胞
- D. 肝細胞
- E. 胰島 B 細胞

() 77. 第 1 型糖尿病

- A. 又稱成人型糖尿病
- B. 是自體免疫疾病
- C. 佔所有糖尿病的九成以上
- D. 不容易患酮酸中毒
- E. 通常死時胰臟內尚含多量胰島素

() 78. 第 2 型糖尿病

- A. 早期多半消瘦
- B. 吃進過多甜食會引發
- C. 死時胰臟平均含半量胰島素
- D. 台灣地區盛行率逐漸降低中
- E. 可以根治

() 79. 下列方法會使血糖升高

- A. 抑制澱粉分解
- B. 抑制小腸上皮細胞之鈉鉀 ATPase
- C. 增加肌肉組織糖原分解
- D. 服用類固醇
- E. 服用 glitazones

() 80. 酮酸生成：

- A. Long-chain fatty acyl-CoA 能穿越粒線體內膜
- B. 抑制脂肪組織三酸甘油酯之分解可增加酮體生成
- C. Malonyl CoA 促進酮酸生成
- D. 第 2 型糖尿病患者容易患酮酸中毒
- E. 胰島素抑制酮酸生成

10112-15

私立臺北醫學院 89 學年度第 1 學期 期中 考試 命 題紙
期末 考試 (試)

系 級	科 目	授 課 教 師	考 試 日 期	學 號	姓 名
五	Endocrinology	Lin, et al	90 年 1 月 11 日 第 節		

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 ②每張試題卷務必填寫(學號)、(姓名)。

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() 81. 二甲雙胍

- A. 促進肌肉組織無氧糖分解
- B. 增加肝細胞葡萄糖新生
- C. 抑制澱粉分解
- D. 促進胰島素分泌
- E. 增加肝醣合成

() 82. 糖尿病腎病變

- A. 進入多量白蛋白尿期後仍可用藥改善腎病變
- B. 所有鈣阻斷劑皆可減少蛋白尿
- C. 降低血壓無助於遏制白蛋白排泄
- D. 降低血糖無助於減輕微量白蛋白尿
- E. 減少蛋白質攝取量有助改善腎病變

() 83. 糖尿病病人患高血壓時，如無腎病變

- A. 應使血壓降至 140/90mmHg 以下
- B. 應使血壓降至 120/75mmHg 以下
- C. 應優先使用 β -阻斷劑或利尿劑
- D. 應優先使用鈣阻斷劑
- E. 應優先使用 ACE 抑制劑

() 84. 血糖濃度常年過高時：

- A. 低密度脂蛋白糖化，不易與受器結合
- B. 高密度脂蛋白糖化，不易被肝臟消滅
- C. 比較不會發生白內障
- D. 腎絲球體基底膜變薄，增加白蛋白排泄量
- E. 以上皆是

() 85. 糖尿病心血管疾病

- A. 控制血糖重要，但控制血壓更重要
- B. 應將低密度脂蛋白膽固醇濃度降至 130mg/dl 以下，以便預防
- C. 應將總膽固醇濃度降至 200mg/dl 以下
- D. 已患心血管疾病時應將 LDL 膽固醇濃度降到 100mg/dl 以下
- E. 以上皆是

() 86. The action of sulfonylurea, which is NOT correct

- A. Bind to sulfonylurea receptor in beta cells
- B. Stimulate sodium channel to open
- C. Close potassium channel
- D. Open calcium channel

10/12-16

私立臺北醫學院 89 學年度第 1 學期 期中 考試 (命 題紙)

系 級	科 目	授 課 教 師	考 試 日 期	學 號	姓 名
五	Endocrinology	Lin, et al	90 年 1 月 11 日 第 節		
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- () 87. Which agent will potential hypoglycemic effect of sulfonylurea
- Thiazide
 - Non steroid anti-inflammatory drug (NSAID)
 - Steroid
 - Beta blockers
- () 88. Which is NOT side effect of insulin injection
- Hypoglycemia
 - Fluid retention
 - Local lipodystrophy
 - Loss weight
- () 89. Which condition is contraindication for oral hypoglycemic agents
- Pregnancy
 - Acute illness
 - Secondary diabetes caused by pancreatitis
 - All the above
- () 90. The ideal goal of Hemoglobin A1c in type 2 diabetes subjects ?
- Less than 7%
 - Less than 4%
 - Less than 10%
 - None of the above
- () 91. Regarding the pathogenesis of type 2 diabetes mellitus, which is NOT correct ?
- Insulin resistance in early stage will make compensatory hyperinsulinemia
 - Insulin resistance will be enough to the development of type 2 diabetes
 - Mother is more dominant than father in transmission of type 2 diabetes
 - Concordance rate of type 2 diabetes reaches 90% in type 2 diabetes
- () 92. Most of the circulating insulin is degraded at
- kidney
 - liver
 - muscle
 - fat tissue
 - brain

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10/12-17

私立臺北醫學院 89 學年度第 1 學期 期中 考試 (命試) 題紙

系 級	科 目	授 課 教 師	考 試 日 期	學 號	姓 名
五	Endocrinology	Lin, et al	90 年 1 月 11 日 第 節		

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- () 93. Microalbuminuria is defined as
- A. <30 μ g albumin/day
 - B. 50-500mg albumin/day
 - C. 20-200 μ g/min
 - D. <30mg albumin/day
 - E. None of the above
- () 94. Which of the following is helpful for the diagnosis of diabetes nephropathy except
- A. kidney biopsy
 - B. the association of diabetes retinopathy
 - C. the association of hypertension
 - D. 24 hour urine protein measurement
 - E. the association of diabetic neuropathy
- () 95. A 75 gram oral glucose tolerance test was performed for 42-year-old man with a family history of diabetes mellitus. The result showed a fasting plasma glucose of 118 mg/dl and the 2-hour plasma glucose 135 mg/dl. What is your diagnosis according to diagnostic criteria held by American diabetes association in 1997?
- A. type 2 diabetes
 - B. impaired glucose tolerance
 - C. impaired fasting glucose
 - D. nondiagnostic
 - E. normal
- () 96. Which of the following is the possible secondary etiology of diabetes mellitus except
- A. primary aldosteronism
 - B. pheochromocytoma
 - C. acromegaly.
 - D. Cushing's syndrome
 - E. Addison's disease
- () 97. Which of the following glycated hemoglobin is the most abundant in blood?
- A. hemoglobin A_{1a}
 - B. hemoglobin A_{1b}
 - C. hemoglobin A_{1c}
 - D. fructosamine

10112-18

私立臺北醫學院 89 學年度第 1 學期 ~~期中~~ 考試 (試) 命題紙

系 級	科 目	授 課 教 師	考 試 日 期	學 號	姓 名
區五	Endocrinology	Lin, et al	90 年 1 月 11 日 第 節		

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- () 98. When should a pregnant woman be screened for gestation diabetes mellitus ?
- the first trimester
 - 10-12th week
 - 20-24th week
 - 6-8th week
 - none of the above
- () 99. The usual three members of the diabetes health care team include
- physician, nurse, pharmacist
 - pharmacist, nurse, dietitian
 - physician, nurse, dietitian
 - podiatrist, nurse, pharmacist
- () 100. Which of the following is not the side effect of metformin ?
- hypoglycemia
 - lactic acidosis
 - diarrhea
 - nausea
 - decrease vitamin-B12 absorption

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10/12-19

醫學系 內分泌新陳代謝科 林宏達等
五年級

注意：請將答案填於答案卷上，否則不予計分。

期末考試答案卷：

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- | | | | |
|---------|---------|---------|----------|
| 1. () | 27. () | 53. () | 79. () |
| 2. () | 28. () | 54. () | 80. () |
| 3. () | 29. () | 55. () | 81. () |
| 4. () | 30. () | 56. () | 82. () |
| 5. () | 31. () | 57. () | 83. () |
| 6. () | 32. () | 58. () | 84. () |
| 7. () | 33. () | 59. () | 85. () |
| 8. () | 34. () | 60. () | 86. () |
| 9. () | 35. () | 61. () | 87. () |
| 10. () | 36. () | 62. () | 88. () |
| 11. () | 37. () | 63. () | 89. () |
| 12. () | 38. () | 64. () | 90. () |
| 13. () | 39. () | 65. () | 91. () |
| 14. () | 40. () | 66. () | 92. () |
| 15. () | 41. () | 67. () | 93. () |
| 16. () | 42. () | 68. () | 94. () |
| 17. () | 43. () | 69. () | 95. () |
| 18. () | 44. () | 70. () | 96. () |
| 19. () | 45. () | 71. () | 97. () |
| 20. () | 46. () | 72. () | 98. () |
| 21. () | 47. () | 73. () | 99. () |
| 22. () | 48. () | 74. () | 100. () |
| 23. () | 49. () | 75. () | |
| 24. () | 50. () | 76. () | |
| 25. () | 51. () | 77. () | |
| 26. () | 52. () | 78. () | |