

SANDWELL AND WEST BIRMINGHAM HOSPITALS

City Hospital Department of Clinical Chemistry

Abnormal Pituitary Function**Questions Set by Trainer**

Name:	Date:
Supervisor:	Section:

- 1) What are possible causes of a raised prolactin?

- 2) Use of TSH alone has been proposed as a first line screening test for suspected thyroid dysfunction. What is the disadvantage of this approach?

- 3) (a) What is Diabetes Insipidus?
(b) How is it diagnosed?
(c) How are the cranial and renal types differentiated?

- 4) A patient is investigated for suspected Cushing's syndrome:
 - A 24 hour urine free cortisol is elevated
 - ACTH is measured and found to be high(a) What are the likely causes?
(b) What further investigations might be carried out?

- 5) A patient presents to their GP as "tired all the time". They have no history of thyroid or other disease and are not on medication. Thyroid tests show:
free T4: 7 pmol/L (9 – 20)
TSH: 0.05 mU/L (0.35 – 4.94)
What might this indicate? What additional tests might be appropriate?

- 6) How can prolactinomas be managed medically? Why does this work?

- 7) (a) What is macroprolactin?
(b) Describe the principle behind the identification of macroprolactin

8) Why is GH not generally a useful test? What other hormone should be measured instead?

10) Consider all pituitary hormones.

(a) Which pituitary hormones do we analyse at SWBH and by what type of assay?

(b) Which pituitary hormones are sent to referral laboratories for analysis? What type of assay is used?

(c) Which pituitary hormones are rarely (if ever) indicated for testing?

Standards linked to IBMS portfolio:

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

Name:

Name:

Date:

Date: