

Solutions

2.1

- Primary (target-gland: adrenal) failure.

2.2

- Sustained high oestradiol switching to positive feedback.

2.3

- ADH (posterior pituitary: neural storage).

3.1

- Primary thyroid failure: feedback released, TSH high.
- Picture: hypothyroid (slow, cold, gaining); goitre possible (TSH is trophic).
- Low T4 + low TSH = pituitary/hypothalamic (secondary). Confirm: thyroid antibodies/TSH-receptor testing vs pituitary MRI/other axes.

3.2

- No ovulation → no corpus luteum → no progesterone feedback; high oestradiol drives LH (positive feedback) – the PCOS-pattern lab logic.
- Unopposed oestradiol → continued proliferation: hyperplasia and carcinoma risk.
- Logic: restore opposition (cyclical progestogen) and treat the anovulation cause.