

DISEASES OF THE THYROID GLAND

HYPERTHYROIDISM

- Over activity of the thyroid gland.
- Women : men ratio (8:1).
- activity of gland :
 - a)- 5- 10 times increase in secretion.
 - b)- 2-3 times increase in size.

CAUSES

1- Graves' disease :

- an autoimmune disorder.
- increased circulating level of thyroid- stimulating immunoglobulins (TSI).
 - 95%.
 - 4 – 8 times more common in women than men.

2- Thyroid gland tumor:

- 95% is benign.
- history of head and neck irradiation and family history.

3- Exogenous T3 and T4:

(rarely cause)

4- Excess TSH secretion:

- diseases of the hypothalamus (TRH).
- diseases of the pituitary (TSH).

DIAGNOSIS

S+s :

1- Goiter in 95%.

2- skin:

- smooth, warm and moist.
- heat intolerance, night sweating.

3- musculo skeletal:

- Muscle atrophy.

4- Neurological:

- tremor.
- enhanced reflexes.
- irritability.

5- Cardiovascular:

- increase heart rate.
- increase stroke volume.
- arrhythmias.
- hypertension.

6- G.I tract:

- weight loss.
- diarrhea.

7- Renal function:

- glomerular filtration rate.

8- Exophthalmos:

- anxious staring expression.
- protrusion of eye balls.

9- Others:

- menstrual cycle disturbance.



INVESTIGATIONS

1- Serum T3, T4 measurement.

In primary hyperthyroidism:

high T3, T4 and low TSH .

In secondary hyperthyroidism:

high T3, T4 and high TSH.

TREATMENT

1- Medical therapy:

e.g. propylthiouracil

- usually for 12-18 months course.
- with 3-4 monthly monitoring.

2- Surgery:

- Subtotal thyroidectomy.

- Indication for surgery:

- a)- Relapse after medical treatment.
- b)- Drug intolerance.
- c)- Cosmetic.
- d)- Suspected malignancy.

HYPOTHYROIDISM

Under activity of the thyroid gland

more in woman (30- 60 years).

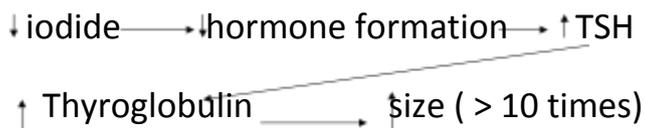
CAUSES

1- inherited abnormalities of thyroid hormone synthesis :

- peroxidase defect.
- Iodide trapping defect.
- thyroglobulin defect.

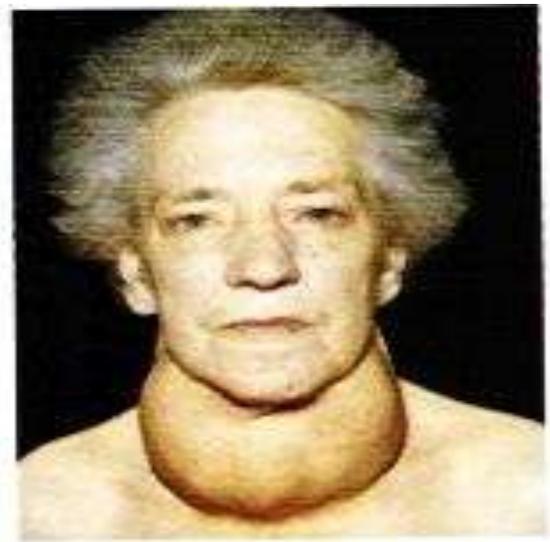
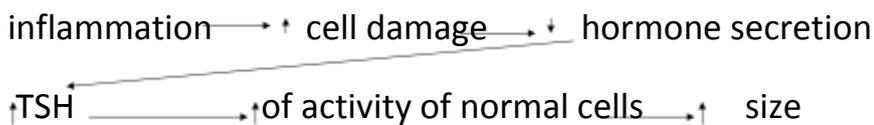
2- Endemic Colloid Goiter:

- before table salt.



3- Idiopathic Nontoxic Colloid Goiter:

- I intake is normal.
- thyroiditis?



4- Gland destruction (surgery).

5- Pituitary diseases or tumor.

6- Hypothalamus diseases or tumor.

DIAGNOSIS

1- skin :

- dry skin.
- cold intolerance.

2- Musculo skeletal:

- ↑ muscle bulk.
- ↓ in skeletal growth.
- muscle sluggishness

3- Neurological:

- slow movement.
- impaired memory.
- decrease mental capacity.

4- Cardiovascular:

- heart rate
- ↓ stroke volume.

5- G.I tract:

- constipation
- increase weight.

6- Renal function:

- decrease glomerular filtration rate.

7- Myxoedema:

An edematous appearance through out body.

8- others:

- loss of libido.
- menstrual cycle disturbance.



INVESTIGATIONS

1- Serum T3,T4 are low.

- TSH is elevated in primary.
- TSH is low in secondary hypothyroidism.

TREATMENT

- L- thyroxine
- Starting dose is 25-50 μg .
- Increase to 200 μg .
- At 2-4 weeks period.

The first response seen is the weight loss.



Table 9-9 Pathophysiology of Thyroid Hormones

	Hyperthyroidism	Hypothyroidism
Symptoms	<p>Increased basal metabolic rate</p> <p>Weight loss</p> <p>Negative nitrogen balance</p> <p>Increased heat production</p> <p>Sweating</p> <p>Increased cardiac output</p> <p>Dyspnea (shortness of breath)</p> <p>Tremor, muscle weakness</p> <p>Exophthalmos</p> <p>Goiter</p>	<p>Decreased basal metabolic rate</p> <p>Weight gain</p> <p>Positive nitrogen balance</p> <p>Decreased heat production</p> <p>Cold sensitivity</p> <p>Decreased cardiac output</p> <p>Hypoventilation</p> <p>Lethargy, mental slowness</p> <p>Drooping eyelids</p> <p>Myxedema</p> <p>Growth retardation</p> <p>Mental retardation (perinatal)</p> <p>Goiter</p>
Causes	<p>Graves' disease (increased thyroid-stimulating immunoglobulins)</p> <p>Thyroid neoplasm</p> <p>Excess TSH secretion</p> <p>Exogenous T₃ or T₄ (factitious)</p>	<p>Thyroiditis (autoimmune or Hashimoto's thyroiditis)</p> <p>Surgery for hyperthyroidism</p> <p>I⁻ deficiency</p> <p>Congenital (cretinism)</p> <p>Decreased TRH or TSH</p>
TSH Levels	<p>Decreased (feedback inhibition of T₃ on the anterior lobe)</p> <p>Increased (if defect is in anterior pituitary)</p>	<p>Increased (by negative feedback if primary defect is in thyroid gland)</p> <p>Decreased (if defect is in hypothalamus or anterior pituitary)</p>
Treatment	<p>Propylthiouracil (inhibits peroxidase enzyme and thyroid hormone synthesis)</p> <p>Thyroidectomy</p> <p>¹³¹I⁻ (destroys thyroid)</p> <p>β-Adrenergic blocking agents (adjunct therapy)</p>	<p>Thyroid hormone replacement therapy</p>

CRETINISM

Extreme hypothyroidism during infancy and child hood (failure of growth).

CAUSES

- 1- Congenital lack of thyroid gland (congenital cretinism).
- 2- Genetic deficiency leading to failure to produce hormone.
- 3- Iodine lack in the diet (endemic cretinism).

SYMPTOMS

- 1- Infant is normal at birth but abnormality appears within weeks.
- 2- Protruding tongue.
- 3- Dwarf with short limbs.
- 4- Mental retardation.
- 5- Often umbilical hernia.
- 6- teeth.



TREATMENT

Changes are irreversible unless treatment is given early.

