

Hypertsm	
Epidem	-in each 10 patients, 9 are women...
Gross/lab	-3 times larger. 10 times more secretions (thyroid could enlarge without inc in secretion)
Etiology	<p>Graves (AI, causing 95% of all cases. It inc blood thyroid-stimulating Ig)</p> <p>Thyroid tumor -95% of all cases are benign -risk: family history of thyroid tumors & neck radiation</p> <p>Hypersecretion of TSH -any disease affecting HT(TRH) or PG(TSH)</p> <p>Exogenous -inc in thyroids due to drug overdose, or usage of thyroids supplements to reduce weight</p>
Symptoms	<ul style="list-style-type: none"> -exophthalmos (eyes protrusion) -goiter (enlarged thyroid gland) -CVS: arrhythmia, inc HR & SV, hypertension -muscles atrophy (Pr catabolism) -renal: hyper GFR -females: menstrual cycle disturbance -CNS: tremors, hyperreflexia, irritability -GIT: dia., weight loss -heat intolerance (due to inc BMR) -skin: inc body metabolism → heat production → hypersweating → moisty, warm, smooth skin
Diagnosis	<p>measuring thyroids levels</p> <ul style="list-style-type: none"> -primary hypertsm: gland path. (normal TSH) -secondary hypertsm: PG path. (high TSH)
Treatment	<p>propylthioureale</p> <ul style="list-style-type: none"> -for 1.5 year. Monitoring every 3 months "due to lose of FB" -surgery -subtotal thyroidectomy -indication: recurrent relapses even after medication, drugs intolerance, malignancy suspected, cosmetic (just to make the neck looks better, usually in teen females)

Hypertism	
Epidem	Women (60 yo)
Etiology	<p>Congenital thyroids biosynthesis anomalies -mutation in: peroxidase, iodide pumps, TG molecules</p> <p>Endemic colloid goiter -local enlarged gland due to low iodine intake by mother Less iodide → less thyroids → negative FB (more TSH) → more TG → enlarged cells containing only TG → goiter</p> <p>Idiopathic colloid goiter (non-toxic) Idiopathic subtotal thyroiditis → normal cells produces little thyroids → NFB (more TSH) → normal cells enlarge due to the huge amount of TSH → goiter</p> <p>Surgical removal PG or HT pathies</p>
Symptoms	<ul style="list-style-type: none"> -skin: dry & cold (cold intolerance) -CNS: slow movmenet, dec memory & mentality -CVS: less: HR, SV, blood volume -GIT: constipation & weight gain -renal: dec GFR -myxoedema (edema all over the body) -lipido loss (sexual desire loss) -females: menstrual cycle disturbance -MSK: inc muscles size, slow growth, slow muscles relaxation after contraction, muscles slow movement(no energy)
Diagnosis	<p>measuring thyroids levels</p> <ul style="list-style-type: none"> -primary hypertism: gland path. (high TSH) -secondary hypertism: PG path. (normal TSH)
Treatment	<p>Med: (L-thyroxine)</p> <ul style="list-style-type: none"> -a synthetic thyroid hormone -dose gradually inc over a month -first side effect almost always seen is weight loss

Cretinism

Is	Failure of thyroid growth (anthyroidemia)
Etiology	<ul style="list-style-type: none">-congenital non-development of thyroid gland-genetic mutation leading to hormones synthesis failure-endemic (lack of iodine in diet)
Symptoms	<ul style="list-style-type: none">-infant will be normal at birth, but symptoms will appear in weeks (due to the already build-in thyroids)-<u>tongue protrusion</u> (due to teeth unformation)-<u>mental retardation</u>-dwarfism-umblical hernia
Treatment	<ul style="list-style-type: none">-supplements-no treatment if diagnosis is late 1 month tops