Graves' Disease	Hashimoto's Thyroiditis / Chronic Lymphocytic Thyroiditis
Hyperthyroidism	hypothyroidism
Associated with HLA class II	
Predisposing effect for DR3 & protective role: DR7	Predisposing effect for DR5 or DR4 & protective role: DR13
Anti-TSH receptor.	Antimicrosomal, antithyroglobulin
Autoantibody (IgG) that stimulates TSH receptor (type II hypersensitivity)	Delayed Type (IV) Hypersensitivity : intense lymphocyte infiltration.
 Agitation. 2. sleep disturbance. 3. Sweating 4. palpitations. Muscle weakness. 6. Weight loss despite increased appetite. 7. Diffuse Goiter. 8. Tremor. 9.Infiltrative ophthalmopathy (exophthalmos). 9.pretibial myxedema. 10. proptosis 11. Lid lag 	 Fatigue. 2. Loss of energy 3. Cold intolerance. 4. Weight gain. 5. Mental slowing. 6. Enlarged thyroid. 7- goiter. 8. painless enlargement. Symptoms of hypothyroidism
Pathogenesis : Auto-antibodies bind the receptor for TSH > mimic the normal action of TSH > activating adenylate cyclase > resulting in production of the thyroid hormones > (hyperthyroidism)	Pathogenesis : Bindining of the auto- antibodies to specific protiens > Interferes with iodine uptake and leads to > Decreased production of thyroid hormonenes > (hypothyrodism)
Histopathology : 1- Scalloped colloid appearance. 2- Epithelial cells turn to be columnar & hyperplastic. 3- Lymphocytosis.	Histopathology : 1- Extensive infiltration by lymphocytes and plasma cells. 2- Chronic inflammation with germinal centers and Hurthle cells (eosinophilic metaplasia of cells that line follicles).
Laboratory findings : 1. Increase total and free T4 , decreaseTSH 2. Hypocholesterolemia 3. Increased serum glucose.	Laboratory findings : 1.T4 decrease 2. TSH increase 3. Antithyroglobulin and antimicrosomal antibodies are often present.
 Thyroid storm is a potentially fatal complication. free T4 downregulates TRH receptors in the anterior pituitary to decrease TSH release) 	 Increased risk for the development of B cell non-Hodgkin lymphomas and predisposition to papillary carcinomas. With thyrotoxicosis in the early stages of the disease (damage to the thyroid follicles may lead to a transient rise in thyroid hormone levels)

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