



الطيف





# Thyroid Gland Disorders

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# Thyroid Gland Disorders

- ▶ Simple goiter: IDD
- ▶ Autoimmune thyroid disease: Graves, Hashimoto
- ▶ Thyroid nodules: Solitary, Multinodular
- ▶ Thyroiditis: Silent, Sub-acute, Infectious, Postpartum
- ▶ Thyroid cancer: Primary, Metastatic





# Hypothyroidism



## **Hypothyroidism:**

Is a syndrome resulting from a deficiency of thyroid hormones, may be either subclinical or overt.

### **Subclinical hypothyroidism :**

TSH above the upper reference limit with normal free thyroxine

### **Overt hypothyroidism :**

TSH above 10 mIU/L, with a subnormal free thyroxine



# Prevalence

**NHANES III** (U.S. population > age 12 between 1988 and 1994):  
Subclinical disease, **4.3%** and Overt disease **0.3%**.

**The Colorado thyroid disease prevalence survey:**  
Subclinical disease, **8.5%** and Overt disease **0.4%**.

**In the Framingham study,**  
**5.9%** of women and **2.3%** of men over the age of 60 years had  
TSH values over 10 mIU/L, **39%** of whom had subnormal T<sub>4</sub> levels

**In the British Wickham survey:**  
**9.3%** of women and **1.2%** of men had serum TSH values over 10 mIU/L



# Hypothyroidism

▶ **Primary (95%):**

Congenital: agenesis, hypogenesis, ectopic

Autoimmune thyroiditis

Thyroidectomy

Post <sup>131</sup>I therapy

Severe iodine deficiency

Other goitrogens

Drugs: lithium, anti-thyroid drugs.

▶ **Secondary:** hypopituitarism

▶ **Tertiary:** hypothalamic dysfunction.

▶ **Resistance to thyroid hormone action**



# Hypothyroidism: Clinical Presentation

Symptoms	Signs
Weakness	Cold & dry skin
Lethargy	Coars skin
Sensation of cold	Slow speech
Decreased sweating	Edema of eyelids
Memory impairment	Thick tongue
Constipation	Edema of face
Gain in weight	Pallor of skin
Dyspnea	Loss of hair
Anorexia	Peripheral edema
Menorrhagia	Hoarsness
Precordial pain	



# Hypothyroidism and Depression

Depression

Hypothyroidism

Sleep decrease  
Suicidal ideation  
Weight change  
Delusions

Constipation  
Decreased Conc.  
Decreased libido  
Depressed mood  
Diminished interest  
Weight increase  
Fatigue

Bradycardia  
Cardiac and lipid  
Abnormalities  
Cold intolerance  
Hair and skin changes  
Delayed reflexes  
Goiter



# Thyroid Failure - Organ Systems

## Cardiovascular

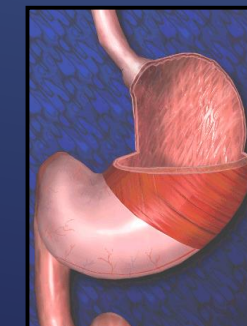
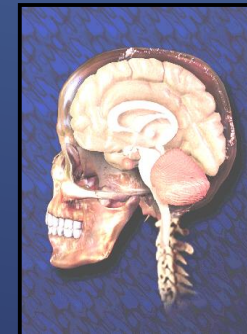
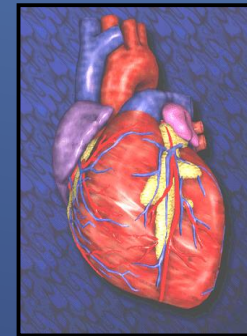
- Decreased ventricular contractility
- Increased diastolic blood pressure
- Decreased heart rate

## Central Nervous

- Decreased concentration
- General lack of interest
- Depression

## Gastro-intestinal

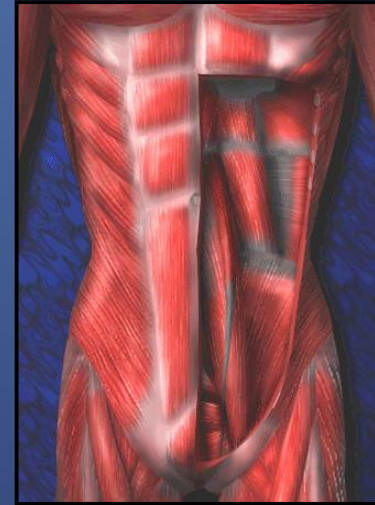
- Decreased GI motility
- Constipation



# Thyroid Failure - Organ Systems

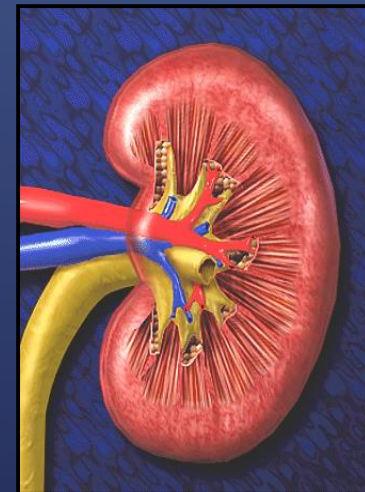
## Musculoskeletal

- Muscle stiffness, cramps, pain, weakness, myalgia
- Slow muscle-stretch reflexes, muscle enlargement, atrophy



## Renal

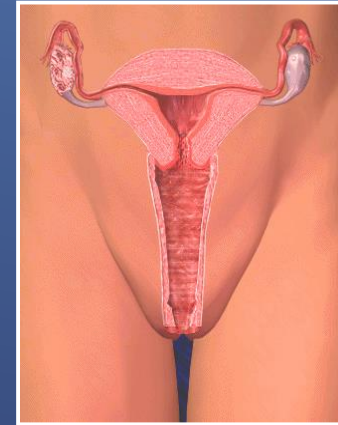
- Fluid retention and oedema
- Decreased glomerular filtration



# Thyroid Failure - Organ Systems

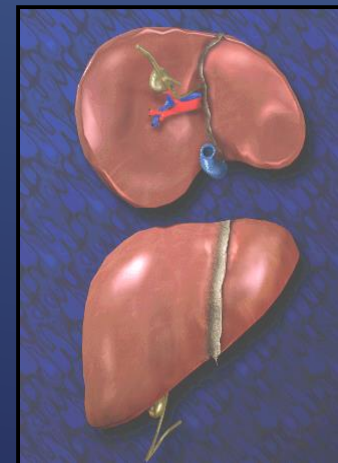
## Reproductive

- ▶ Arrest of pubertal development
- ▶ Reduced growth velocity
- ▶ Menorrhagia, Amenorrhea
- ▶ Anovulation, Infertility



## Hepatic

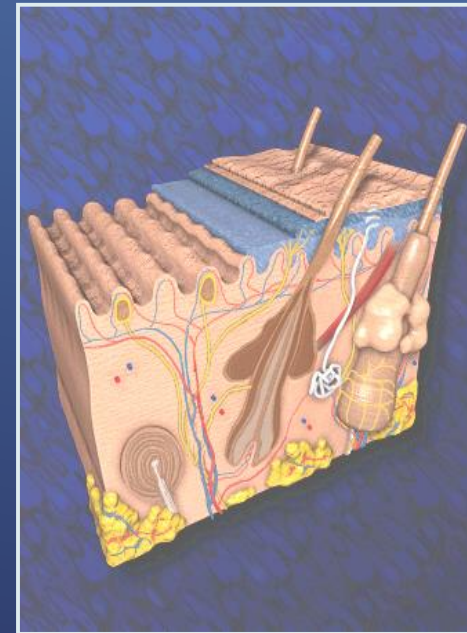
- ▶ Increased LDL / TC
- ▶ Elevated LDL + triglycerides



# Thyroid Failure - Organ Systems

## Skin and Hair

- Thickening and dryness of skin
- Dry, coarse hair, Alopecia
- Loss of scalp hair and / or lateral eyebrow hair





Edema of eyelids



Edema of face  
Before and after treatment



# Hypothyroidism: Hair loss



# Hypothyroidism: Pretibial myxedema



# Hypothyroidism

A 65-year-old woman who had not received medical care for 30 years.

presented with progressively worsening fatigue and confusion.

She had edema of the face, coarse skin, thin hair, brittle nails, and non pitting edema of the lower extremities.



Before treatment



After treatment



# Hypothyroidism: Ptosis



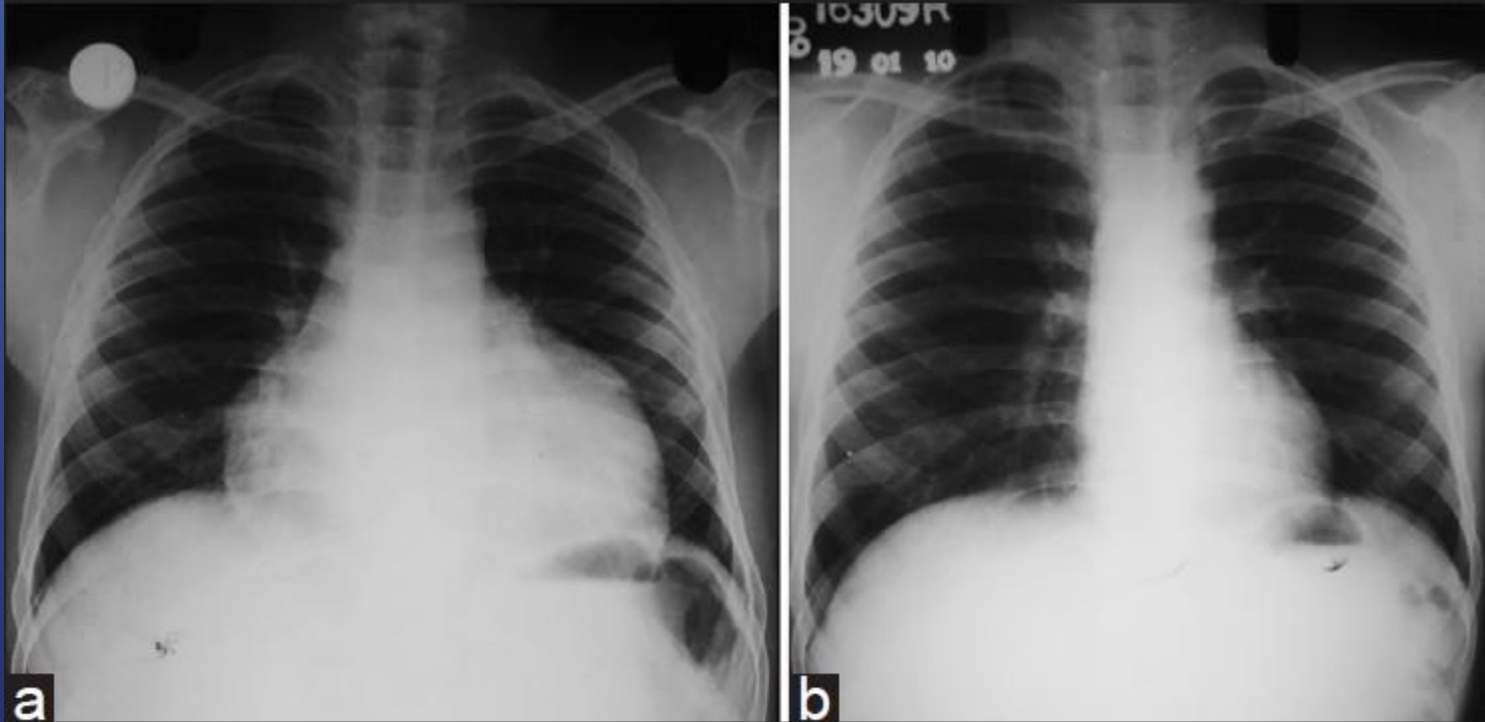
Ptosis in patient with hypothyroidism before treatment



Complete recovery on day 7 after treatment with LT4



# Hypothyroidism



Pericardial effusion: Before and 8 months after treatment



# Xanthomata



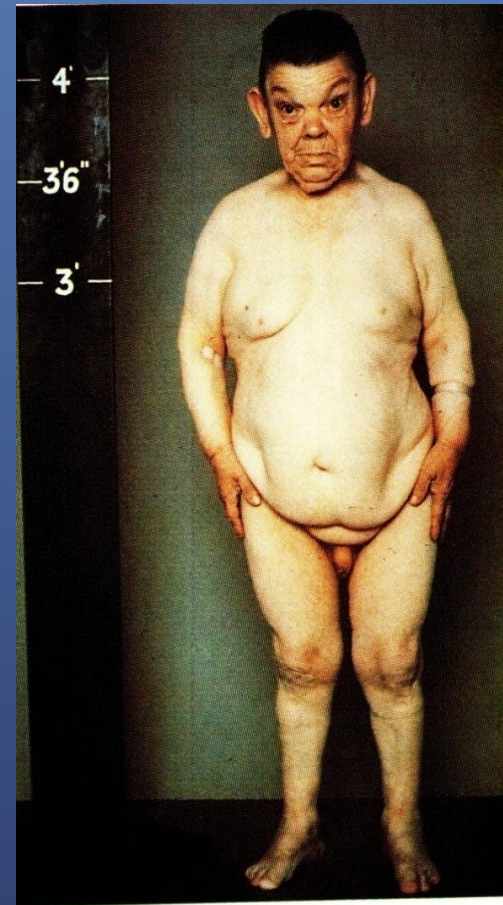
Tuberous Xanthoma



Xanthelasma

# Hypothyroidism

## Cretinism



# Clinical presentation

## ***Newborn infants:***

(Congenital hypothyroidism = 1 /3500 – 4000 neonates)

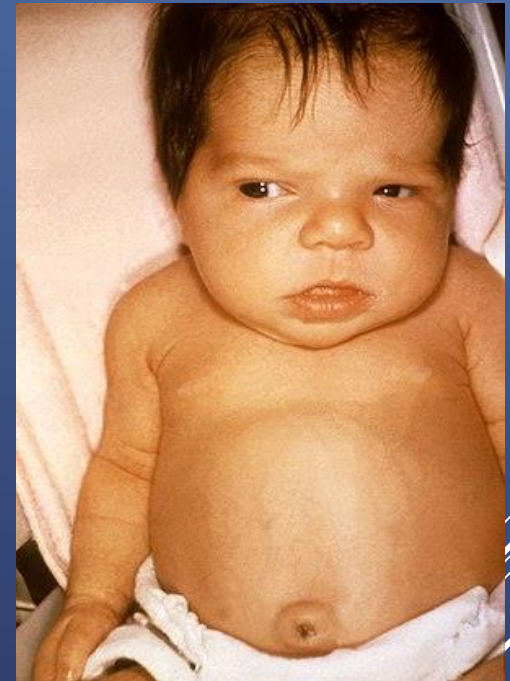
- Respiratory difficulty
- Cyanosis
- Jaundice
- Poor feeding
- Hoarse cry
- Umbilical hernia
- Marked retardation of bone maturation

## ***Children:***

- Growth retardation
- Mental retardation



# Congenital Hypothyroidism



3 month old child with undetected congenital hypothyroidism

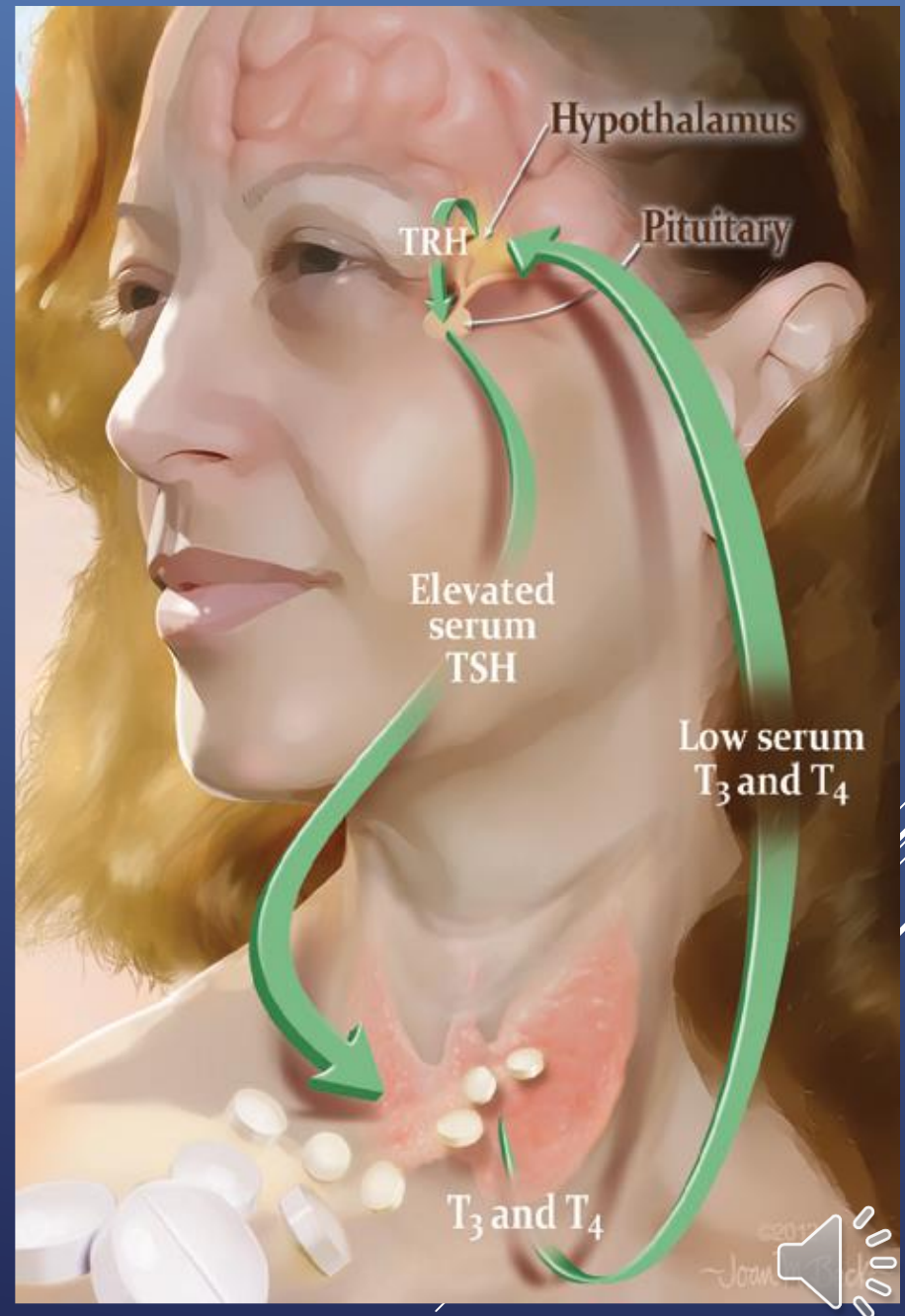
- Apathic facies
- Dry and coarse skin
- Puffy eyelids
- Depressed nasal bridge



Absence of distal femoral epiphysis in untreated congenital hypothyroidism



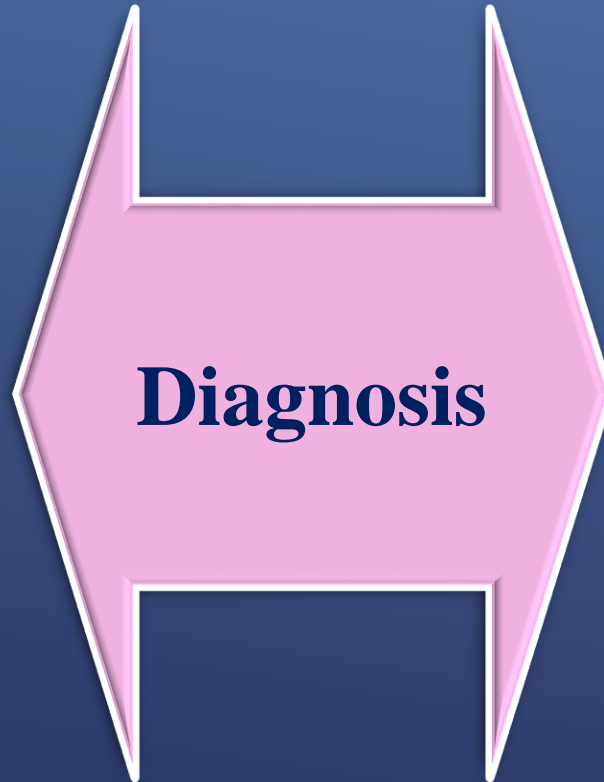
# Diagnosis of Hypothyroidism



Confirmation of hypothyroidism

Free T4

TSH



Definition of etiology

TPO-Ab

Thyroid US

Thyroid scan



**Clinical suspicion  
Of hypothyroidism**

**Determine  
Free T4 & T.SH**

**FT4: normal  
T.SH: normal**

**FT4: low  
T.SH: high**

**FT4: low  
T.SH: normal / low**

**Euthyroid**

**Primary  
Hypothyroidism**

**Secondary or  
Tertiary  
Hypothyroidism**



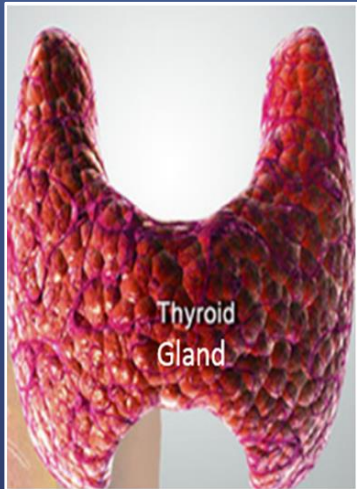
# When to treat hypothyroidism?

- Patients with TSH levels  $>10$  mIU/L should be treated
- Which patients with TSH levels of 4.5-10 mIU/L will benefit is less certain
- Replacement therapy: **1.6  $\mu\text{g}/\text{kg}$**  of L-thyroxine daily.
- Dose adjustments are guided by serum TSH determinations 4-8 weeks following initiation of therapy,
- Once an adequate replacement dosage has been determined, periodic follow-up evaluations with repeat TSH testing at 6-month and then 12-month intervals are appropriate



# راستی کمن که راستان راستند





# Subclinical Hypothyroidism



# Definition: Subclinical hypothyroidism

- Also known as *compensated hypothyroidism* or *mild hypothyroidism*, is a condition associated with a **raised TSH** but a **normal FT4** .
- It is common, affecting about **10%** of women above the age of **55** years.
- The prevalence increases with advancing age, over **20%** of women aged **75** years have **TSH** levels above the laboratory reference range.



# Overview of subclinical hypothyroidism (SCH)

- 90% of SCH have TSH levels between 4 and 10 mIU/L.
- TSH levels may increase with age, a slight increase of TSH may be normal for older people.
- About 62% of TSH levels between 4 and 10 mIU/L normalise without intervention within **5** years.
- Biological variation in TSH values, means that one abnormal TSH level should be followed by a repeat blood test to confirm the diagnosis.
- It affects 4-20% of the adult population.



# Overview of subclinical hypothyroidism (SCH)

- 1 in 3 patients with SCH is asymptomatic.
- Fatigue, muscle cramps, cold sensitivity, dry skin, voice changes, constipation, poor memory, slowed thinking, weak muscles, puffy eyes, anxiety, and depression. Many of these symptoms are not specific to hypothyroidism.
- Around 20-25% of people with normal TSH levels report one or two of these symptoms



# Etiology: Subclinical hypothyroidism

- Autoimmune thyroiditis (Hashimoto's thyroiditis)
- Previous treatment with radioiodine
- Sub-total thyroidectomy
- Postpartum or subacute thyroiditis
- Drugs (such as amiodarone, lithium and interferon)
- Loss-of-function mutations in the TSH receptor gene.



# Subclinical hypothyroidism

## Diagnosis

Serum TSH  $>$  the normal laboratory reference range alongside a FT4 within the reference range .

## Severity

Mild subclinical hypothyroidism: TSH  $<$  10 mu/L  
Severe subclinical hypothyroidism: TSH  $>$  10 mu/L



# Subclinical Hypothyroidism

Algorithm for management of subclinical hypothyroidism in non-pregnant adults

Repeat TFT

TSH  $\geq 10$  mU/l  
Normal or low FT4

TSH = 4.5-9.9 mU/l  
low FT4

Normal TSH

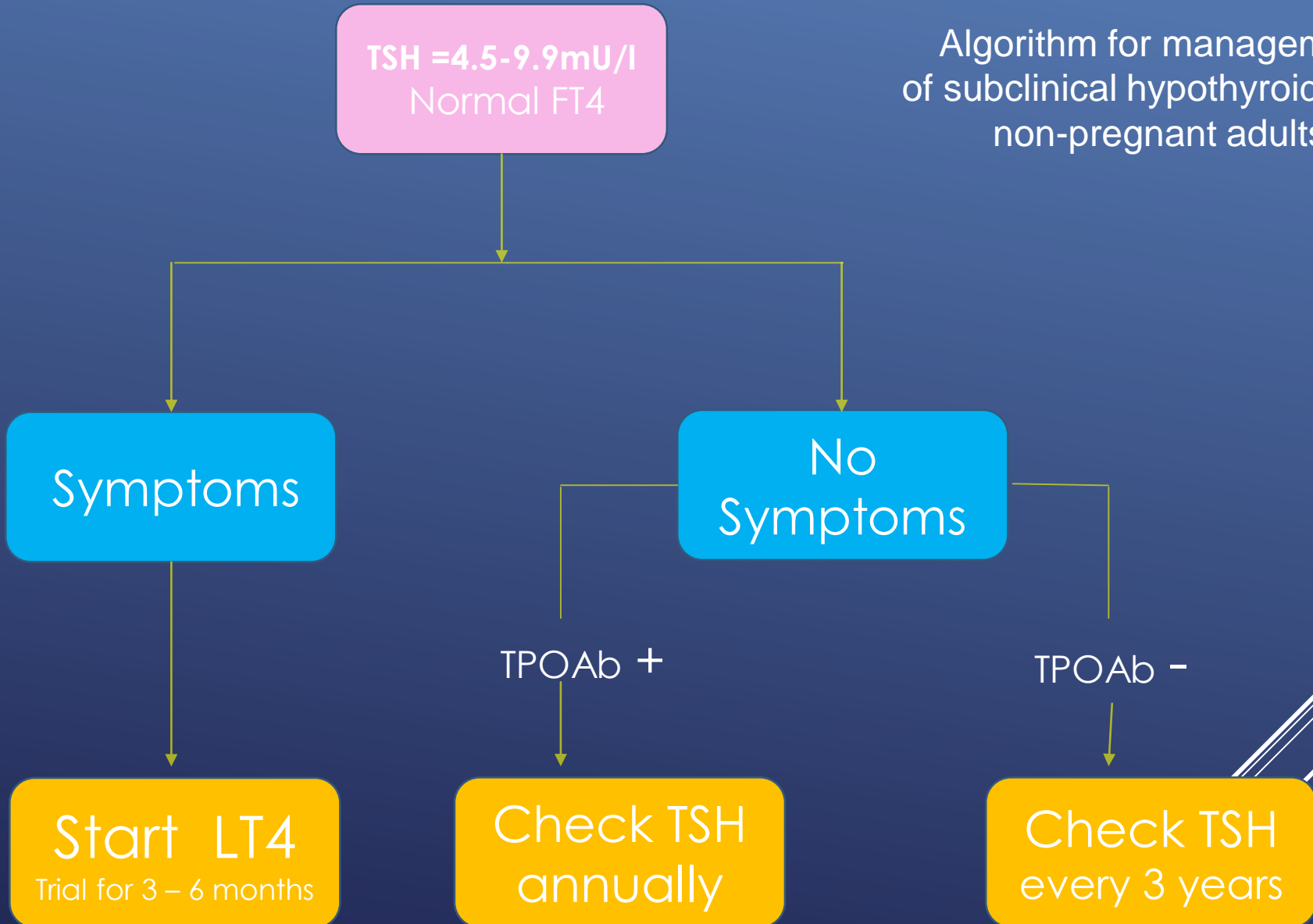
Start LT4

Start LT4

No Action



Algorithm for management  
of subclinical hypothyroidism in  
non-pregnant adults



# TRUST Study

Thyroid hormone Replacement for  
Untreated older adults with Subclinical  
hypothyroidism Trial

ORIGINAL ARTICLE

## Thyroid Hormone Therapy for Older Adults with Subclinical Hypothyroidism

David J. Stott, M.B., Ch.B., M.D., Nicolas Rodondi, M.D., Patricia M. Kearney, M.D., Ph.D., Ian Ford, Ph.D., Rudi G.J. Westendorp, M.D., Ph.D., Simon P. Mooijaart, M.D., Ph.D., Naveed Sattar, F.Med.Sci., Carole E. Aubert, M.D., Drahomir Aujesky, M.D., Douglas C. Bauer, M.D., Christine Baumgartner, M.D., Manuel R. Blum, M.D., et al., for the TRUST Study Group\*

June 29, 2017

N Engl J Med 2017; 376:2534-2544



# Methods

- A double-blind, randomized, placebo-controlled, parallel-group trial involving 737 adults who were at least 65 years of age and who had persisting subclinical hypothyroidism (TSH:4.6 to 19.9 mIU/L; FT4= within the reference range).
- 368 patients were assigned to receive LT4
- 369 patients were assigned to receive placebo
- The two primary outcomes were the change in the **Hypothyroid Symptoms score** and **Tiredness score** on a thyroid-related quality-of-life questionnaire at 1 year



# Results

The mean age: 74.4 years, and 396 patients were women. The mean ( $\pm$ SD) TSH was  $6.40\pm 2.01$  mIU /L at baseline; at 1 year, this level had decreased to 5.48 mIU /L in the placebo group, as compared with 3.63 mIU /L in the levothyroxine group ( $P<0.001$ ).

We found no differences in the mean change at 1 year in the Hypothyroid Symptoms score ( $0.2\pm 15.3$  in the placebo group and  $0.2\pm 14.4$  in the levothyroxine group; or the Tiredness score ( $3.2\pm 17.7$  and  $3.8\pm 18.4$ , respectively;

## Conclusions

Levothyroxine provided no apparent benefits in older persons with subclinical hypothyroidism.

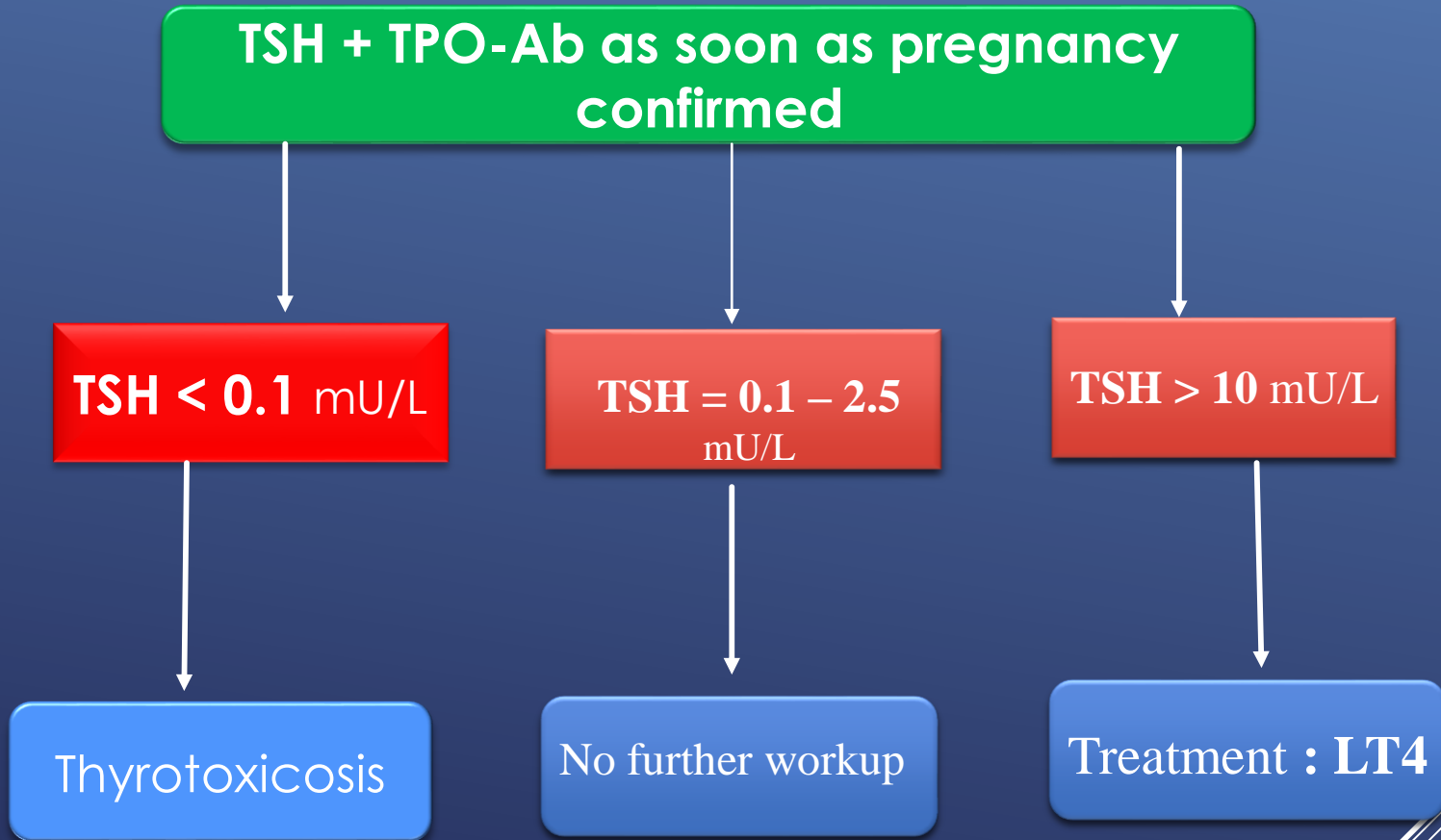


ورنچ نباشد، خو تو مستی

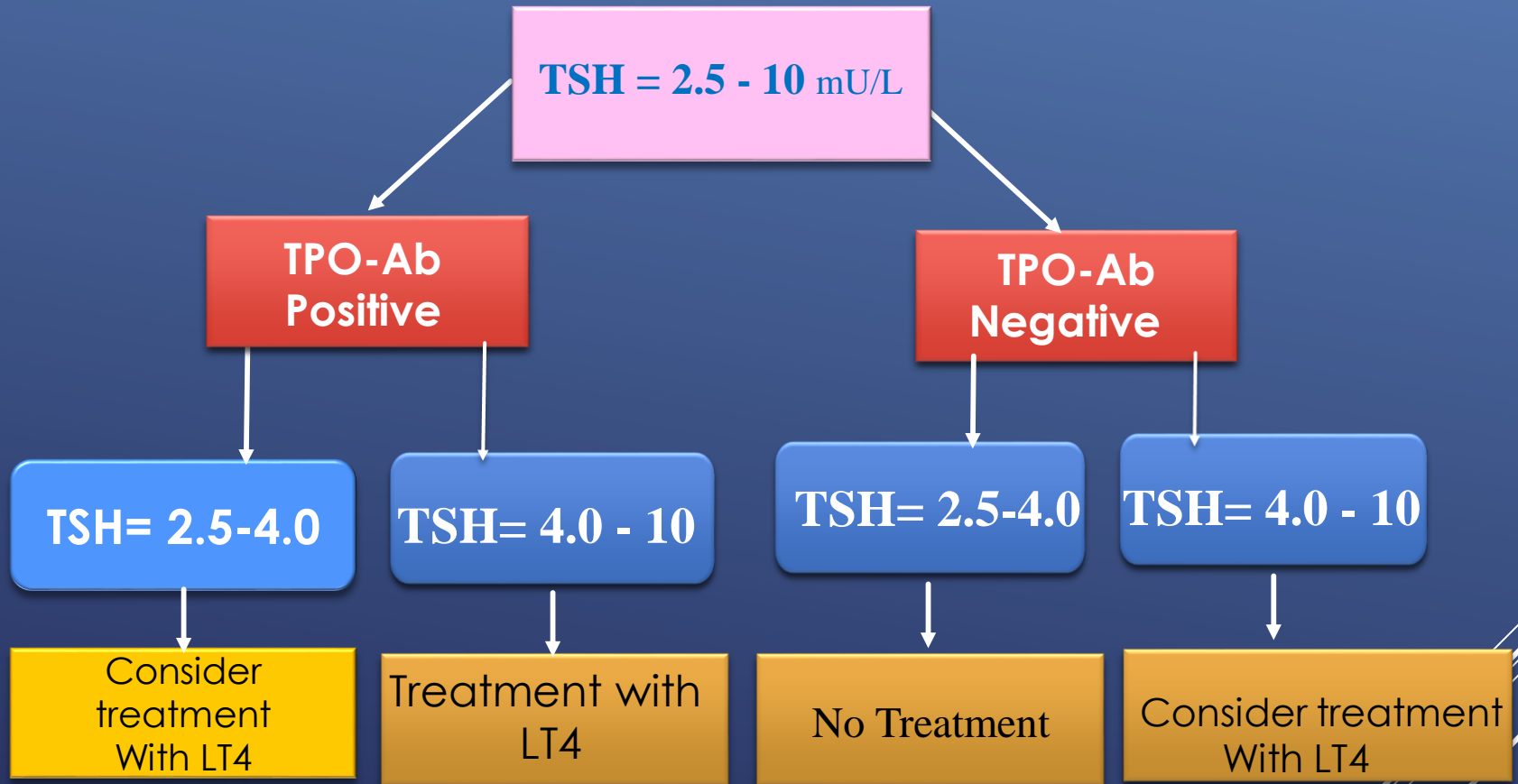
همه مست...



# Testing For Thyroid Dysfunction In Pregnancy (ATA 2017)



# Testing For Thyroid Dysfunction In Pregnancy (ATA 2017)



-Recurrent abortion  
-IVF

-Recurrent abortion  
-IVF



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در سناہ حق باشد

