# **I**ecture





## Hypothyroidism

#### Cretinism (child)

- Impaired CNS & bone growth
- Mental retardation
- Short stature
- Coarse facial features
- Protruding tongue
- Umbilical hernia

#### Myxedema (adult)

- Slow physical and mental activity
- Cold intolerance
- Over weight
- Low cardiac output
- Constipation and decreased sweating
- Cool pale thick skin

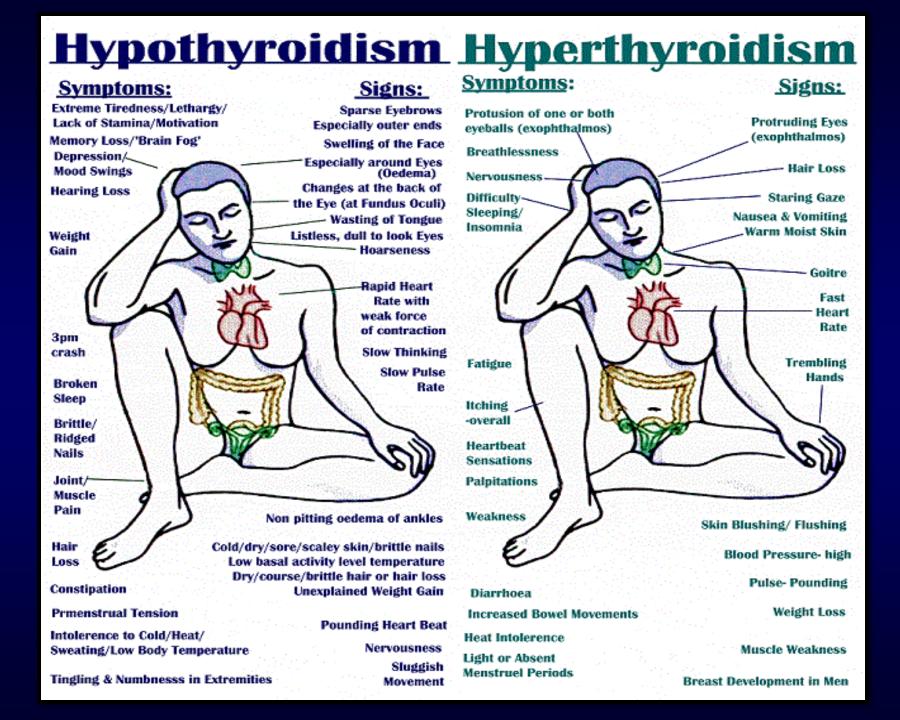
# CAUSES OF HYPOTHYROIDISM:

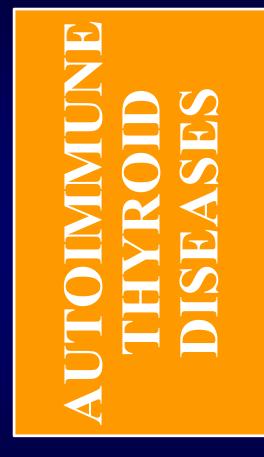
#### Primary

Postablative Surgery, radioiodine therapy, or external irradiation Autoimmune hypothyroidism Hashimoto thyroiditis\* Iodine deficiency\* Drugs (lithium, iodides, p-aminosalicylic acid)\* Congenital biosynthetic defect (dyshormonogenetic goiter) (rare)\* Genetic defects in thyroid development (rare) Thyroid hormone resistance syndrome (rare)

#### Secondary (Central)

Pituitary failure (rare) Hypothalamic failure (rare)





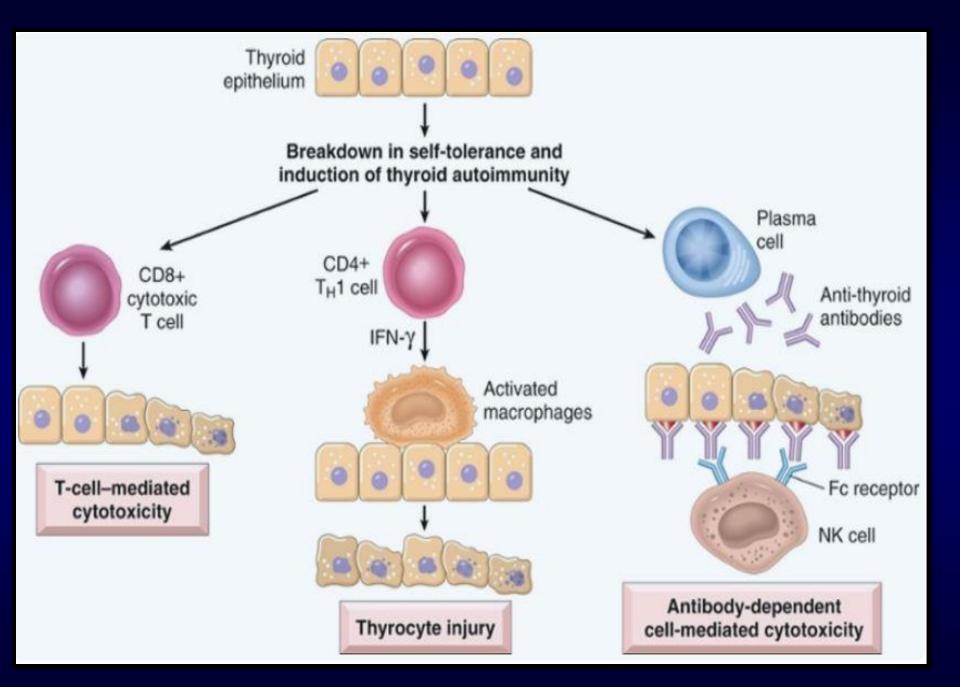
#### Hashimoto thyroiditis

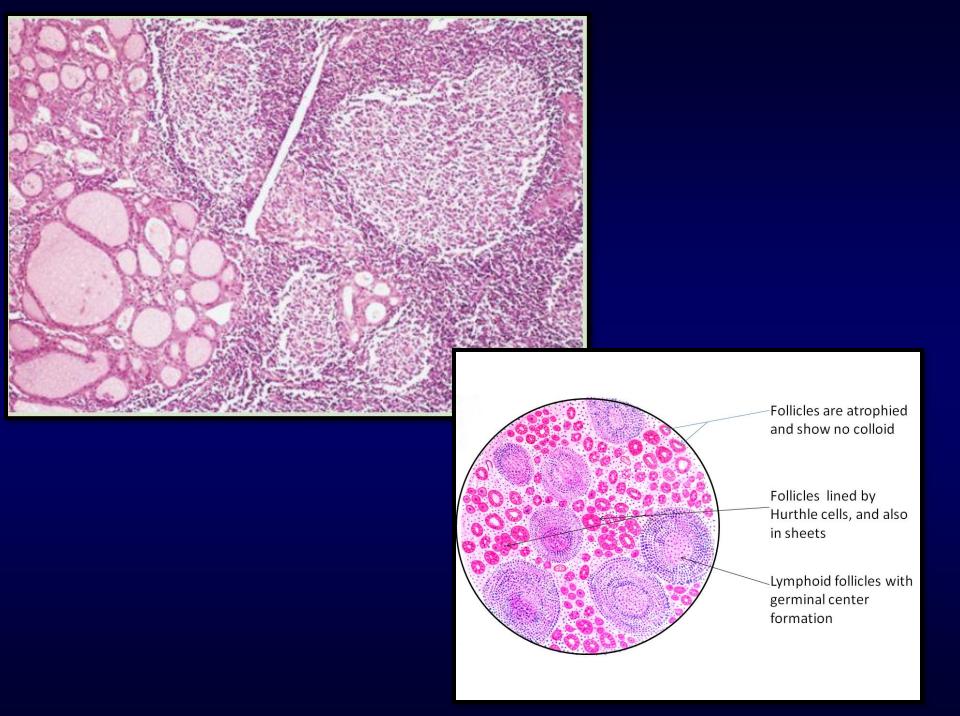
Granulomatous thyroiditis (de Quervain)

Subacute lymphocytic thyroiditis

# HASHIMOTO THYROIDITIS (CHRONIC LYMPHOCYTIC THYROIDITIS)

- Most common cause of hypothyroidism in areas with no iodine deficiency
- Gradual hypothyroidism (rarely initial transient Hashitoxicosis)
- Middle aged females (45-60years)
- Autoimmune destruction of thyroid epithelial cells, high anti-thyroid antibodies
- Increase risk for papillary thyroid carcinoma and B-cell NH lymphoma





## SUBACUTE GRANULOMATOUS (De Quervain)THYROIDITIS

- Granulomatous thyroiditis, more acute with neck pain, firm thyroid
- ? Virally associated or induced
- Females, 30-50 years
- Maybe initial transient thyrotoxicosis followed by hypothyroidism
- Self limiting disease (6-8 weeks)

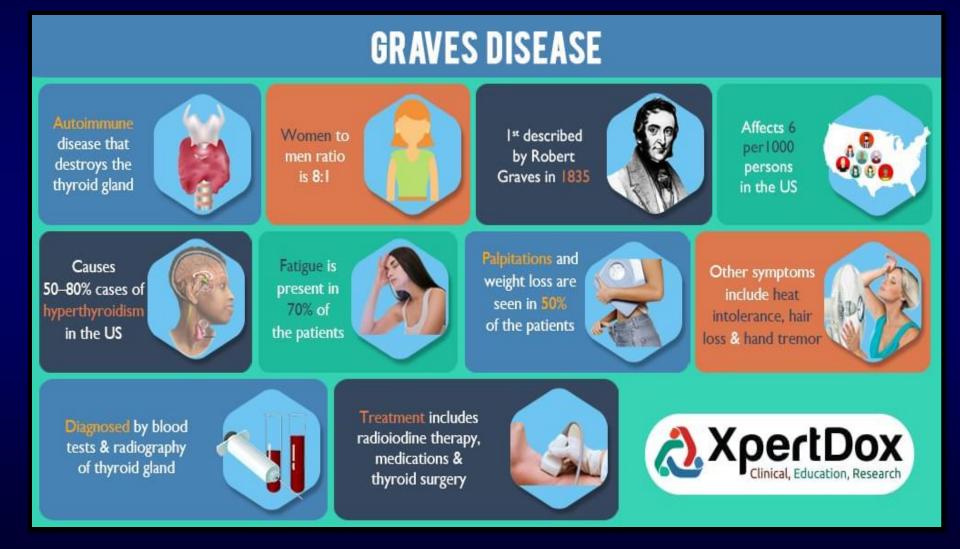
# OTHER LESS COMMON THYROIDITIS:

- <u>Subacute lymphocytic thyroiditis</u>: middle aged women, post partum, initial transient thyrotoxicosis then gradual hypothyroidism. Autoimmune with circulating antibodies. Gland is usually normal size. Lymphocytic thyroiditis
- <u>Riedel thyroiditis:</u> IgG4 associated disease, stony-hard thyroid due to severe fibrosis

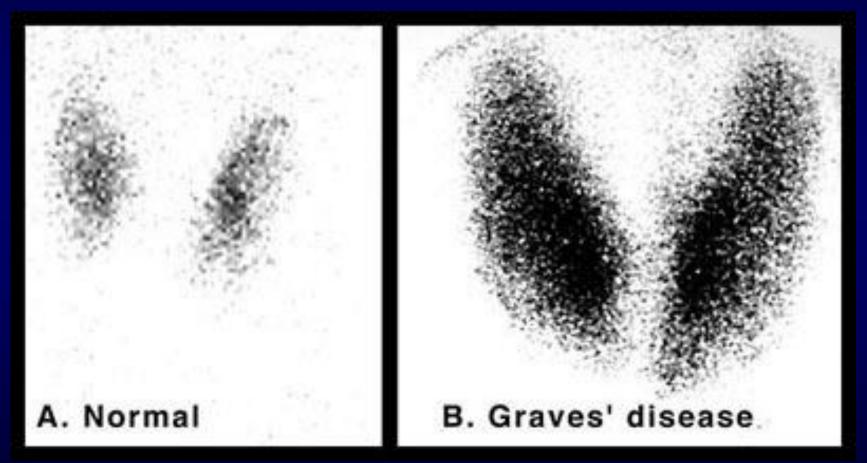
## GRAVES DISEASE (TOXIC DIFFUSE GOITER)

- Described by Robert Graves in 1835
- Most common cause of endogenous hyperthyroidism
- Triad: thyrotoxicosis + opthalmopathy (exopthalmos) + dermopathy (pretibial myxedema)
- Autoimmune, HLA-DR3 and CTLA-4
- Women, 20-40 years

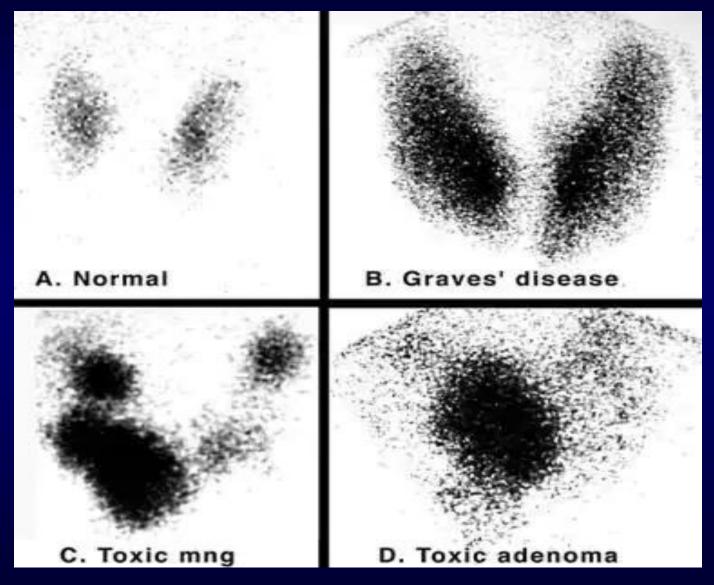
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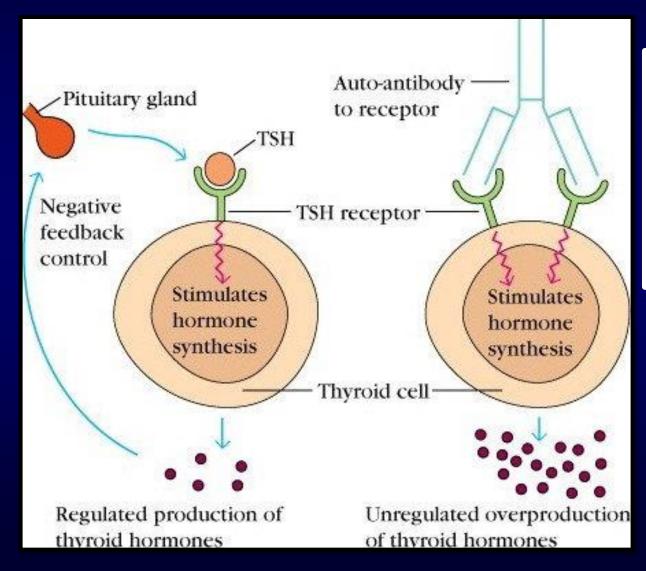
# RADIOACTIVE IODINE UPTAKE (RAIU) SCAN/TEST



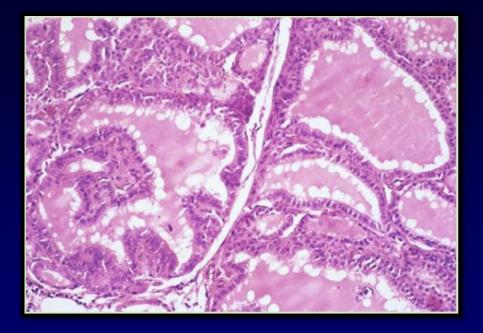
## **EXAMPLES:**



## AUTOANTIBODIES OF GRAVES DISEASE:



+ Sometimes TSH-binding inhibitor Ig, may cause hypothyroidism



# HISTOLOGY

#### **EXOPTHALMOS**



### PRETIBIAL MYXEDEMA



## DIFFUSE AND MULTINODULAR GOITER:

- Very common; most common thyr disease
- Impaired hormone synthesis, iodine deficiency
- TSH, hyperplasia & hypertrophy
- In most cases; euthyroid; rarely goitrous hypothyroidism
- Endemic or sporadic. Females
- Initially diffuse then multinodular
- Clinically: mass effects and cosmetic
- Rare: toxic MNG (Plummer syndrome)

# **PATHOLOGIC FEATURES:**





