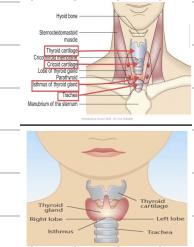


# Thyroid

# • Anatomy & physiology

- thyroid is a butterfly shaped gland
  - 2 symmetrical lobes + isthmus: 1.5cm wide, covering 2-4 tracheal rings.
- lies inferior to cricoid cartilage
  - 1cm below superior notch of thyroid cartilage.
- may extend into superior mediastinum & be entirely retrosternal
  - at the back of tongue :- visible with open mouth.
  - rarely along the line of thyroglossal duct.
- Volume: < 20mL
- normally palpable
  - F: 50%
  - M: 25%
- embryo: base of tongue.
- Thyroglossal cyst
  - arise from thyroglossal duct, hyoid bone Lvl.
  - moves upwards with tongue protrusion.
- moves superiorly on swallowing or neck extension as it is attached to pretracheal fascia.



## • Hyperthyroidism

- Dyspnea, palpitation & ankle swelling.
- Tachycardia, Afib, Systolic HTN, Angina, midsystolic murmur.
- oligo-menorrhea & amenorrhea.
- Sweaty tremulous warm hands (Hyperhidrosis).
- proximal myopathy: ↑ catabolic energy.
- weight loss, ↑ appetite, Diarrhea, fecal frequency.
- Heat intolerance
- fine tremor, Brisk deep tendon reflex
- Anxiety & irritability, emotional lability.
- Fatigue, poor sleep.
- puritis, onycholysis, Hair loss.
- eye symptoms (autoimmune)
  - grittiness
  - tearing
  - retro-orbital pain
  - eyelid swelling or erythema.
  - Blurred vision or diplopia.

## Thyroid Dysfunction

Hyperthyroidism (Thyrotoxicosis)

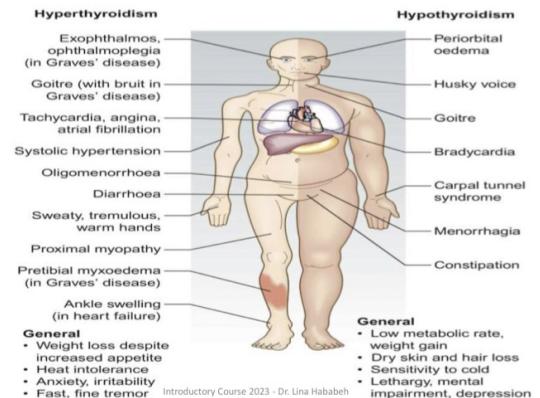
Goitre

Hypothyroidism

### • Causes

- Graves disease (MC)
- Toxic multi-nodular goiter
- Solitary toxic nodule
- Thyroiditis
- Thyroid hormone ingestion

## Signs and Symptoms



## • Hypothyroidism

- fatigue & goiter
- Husky (hoarse) voice.
- carpal tunnel syndrome
- constipation & weight gain
- depression & mental impairment.
- lethargy or apathy
- cold intolerance
- cold dry skin & dry hair
- delayed DTR
- delayed ankle reflex
- slow movement
- periorbital edema
- Bradycardia, HTN
- menorrhagia.

### • Causes

- Hashimoto thyroiditis (MC): autoimmune, x6 females.
- iatrogenic
  - Radio-iodine therapy.
  - Surgery for graves disease.

## • Graves disease

- most common cause of hyperthyroidism
- autoimmune with familial component
- females, 20-50y.

## → Specific extrathyroidal features



### Graves ophthalmopathy (exophthalmos or proptosis)

→ 20% by inflammation of soft tissues & extraocular muscles.

→ Lead to corneal ulceration

→ diplopia

→ ophthalmoplegia

→ Compressive optic neuropathy



→ infiltrative dermopathy → pretibial myxedema: pink or brown, anterior shin

→ Thyroid Acropachy → soft-tissue swelling.

→ periosteal hypertrophy of distal phalanges.

→ mimics finger clubbing.

→ Thyroid bruit: sometimes thrills, ↑ blood flow.

## • Goiter

→ enlarged thyroid gland

→ euthyroid (mostly)

→ compressive symptoms (large, retrosternal)

→ stridor.

→ breathlessness.

→ dysphagia.



## • History

→ patient profile: name, age, occupation

→ chief complaint: Neck Lump or symptoms of hypo/hyper.

→ HPI Duration

→ 3S (site, size, shape)

→ 3P (progression, persistence, previously?)

→ other (dysphagia, dyspnea, pain, hoarseness).

→ Drug Hx Amiodarone → Hypo or Hyper

Lithium → Hypo

Antithyroid & radioiodine.

→ Family: thyroid or autoimmune disease

→ Social postpartum thyroiditis within 12 m.

area of iodine (Andes, Himalayas, central Africa) → goiter, rarely hypo.

Smoking: ↑ risk of Graves ophthalmopathy.

prior neck irradiation: ↑ risk of thyroid malignancy.

→ Thyroid nodules

→ Solitary

→ dominant nodule within a multinodular gland.

→ palpable: > 2cm in diameter, 5% of females.

→ occult: 50%, incidentally on neck or chest imaging.

→ Neck pain (uncommon)

→ Sudden + enlargement → bleeding into thyroid nodule

viral subacute (de Quervain's) thyroiditis.

### 10.2 Features suggestive of Graves' hyperthyroidism

#### History

- Female sex
- Prior episode of hyperthyroidism requiring treatment
- Family history of thyroid or other autoimmune disease
- Ocular symptoms ('grittiness', redness, pain, periorbital swelling)

#### Physical examination

- Vitiligo
- Thyroid acropachy
- Diffuse thyroid enlargement (can be nodular)
- Thyroid bruit
- Pretibial myxoedema
- Signs of Graves' ophthalmopathy (proptosis, redness, oedema)

# • physical examination

## 1 General

- position & exposure :- Neck, superior mediastinum, Lower Limbs.
- Conscious, alert, orientated.
- Agitated, restless, depressed, apathy, slow motion.
- Heat/cold intolerance
- weight Loss / gain (BMI).
- Speech
  - pressure of Speech:- hyper
  - slow & deep speech:- hypo.
  - hoarseness:- malignancy.
- vitals
  - BP :- HTN (Both)
  - pulse :- Brady (hypo), tachy & afib (hyper) .

## 2 Hand

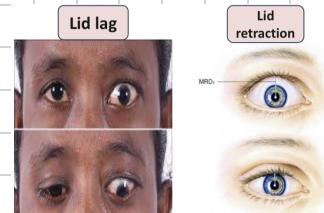
- Temp
  - Dry cold :- hypo
  - Sweaty warm
  - moist
  - ] → Hyper.
- nail
  - onycholysis.
  - clubbing.
  - thyroid acropachy
- fine tremor:- Hyper
- palmar erythema:- Hyper
- vitiligo :- Autoimmune
- CTS:- Hypo.

## 3 Head, Neck & chest

- Dry coarse hair:- Hypo
- Hair Loss from distal 1/3 eyebrows:- Hypo.
- mid systolic murmur:- TCO , Hyper

## 4 eye

- periorbital puffiness (myxoedema) :- Hypo.
- Graves ophthalmopathy
  - exophthalmos
  - lid swelling or erythema.
  - conjunctival redness or swelling (chemosis).
  - ophthalmoplegia (H).
- Lid Lag :- delay btw the movement of the eyeball & descent of upper eyelid, exposing the sclera above iris. → Hyper sympathetic Hyperactivity → contraction of Levator muscles.
- Lid retraction:- Sclera is visible above iris due to widening of palpebral fissure



## 5 Thyroid exam

- inspection
  - Neck
  - Hyperextended
  - Symmetry
  - scars
  - masses
  - vein engorgement
  - swallow:- thyroid rises up.
  - protrude his tongue
  - open His mouth:- Lingual thyroid.
- palpation
  - Neck slightly flexed & Relaxed SCM.
  - Tenderness
  - Size, consistency, shape, surface.
  - masses or abnormal swelling.
  - thrills
  - Swallow

- Lymph nodes :- cervical, supraclavicular.
- upper mediastinum :- tracheal tug & deviation, corticosternal distance.

→ **percussion** → on clavicles.  
 → manubrium :- dull (retrosternal extension of goitre).

→ **Auscultation** → **Bruit** :- Grave's.  
 → midsystolic murmur.

→ **Abnormalities** → simple goiters :- relatively symmetrical but may become nodular.  
 → Grave's :- smooth & diffuse surface.  
 → viral thyroiditis :- Diffuse tenderness.  
 → thyroid cyst :- Bleeding → Localised tenderness.  
 → thyroid malignancy → fixation of thyroid to surrounding structures (don't move in swallowing).  
 → cervical lymphadenopathy.  
 → Neck collar scar → partial / full thyroidectomy  
 → cystic hydroma  
 → congenital branchial cyst.  
 → Ranula.

10.3 Investigations in thyroid disease	
Investigation	Indication/comment
<b>Biochemistry</b>	
Thyroid function tests	To assess thyroid status
<b>Immunology</b>	
Antithyroid peroxidase antibodies	Non-specific, high in autoimmune thyroid disease
Antithyroid stimulating hormone receptor antibodies	Specific for Graves' disease
<b>Imaging</b>	
Ultrasound	Goitre, nodule
Thyroid scintigraphy ( $^{123}\text{I}$ , $^{99m}\text{Tc}$ )	To assess areas of hyper-/ hypothyroidism
Computed tomography	To assess goitre size and aid surgical planning
<b>Invasive/other</b>	
Fine-needle aspiration cytology	Thyroid nodule
Respiratory flow-volume loops	To assess tracheal compression from a large goitre

## 6 Lower Limb

- coarse dry skin
- pretibial myxedema :- Brown/pink thick scar
- myxedema :- nonpitting edema
- Deep tendon reflex :- delayed → Hypo.
- proximal myopathy.
- Ankle edema in HF.