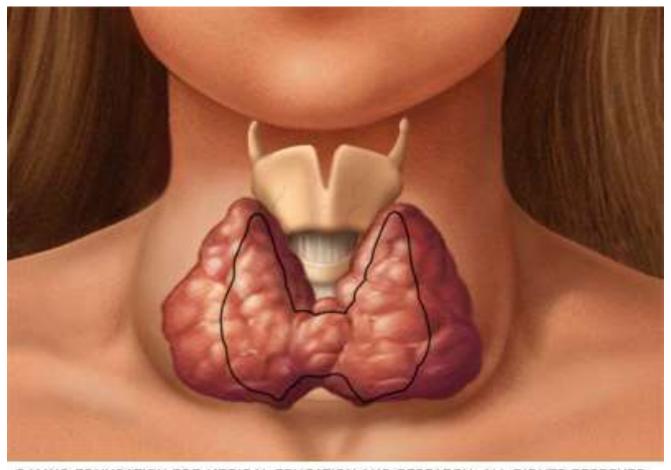


The Thyroid Lecture

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The Thyroid



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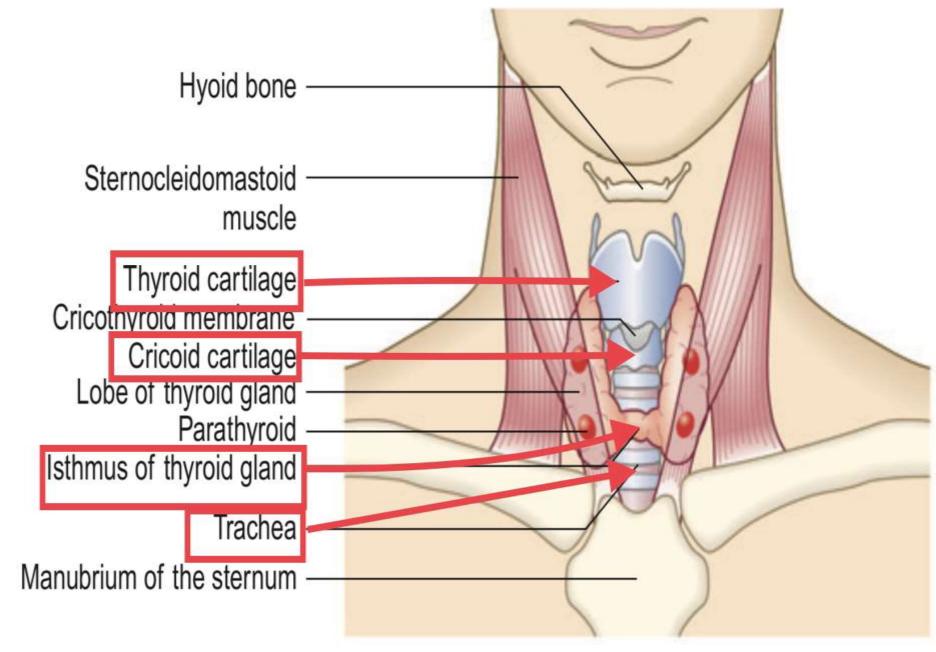
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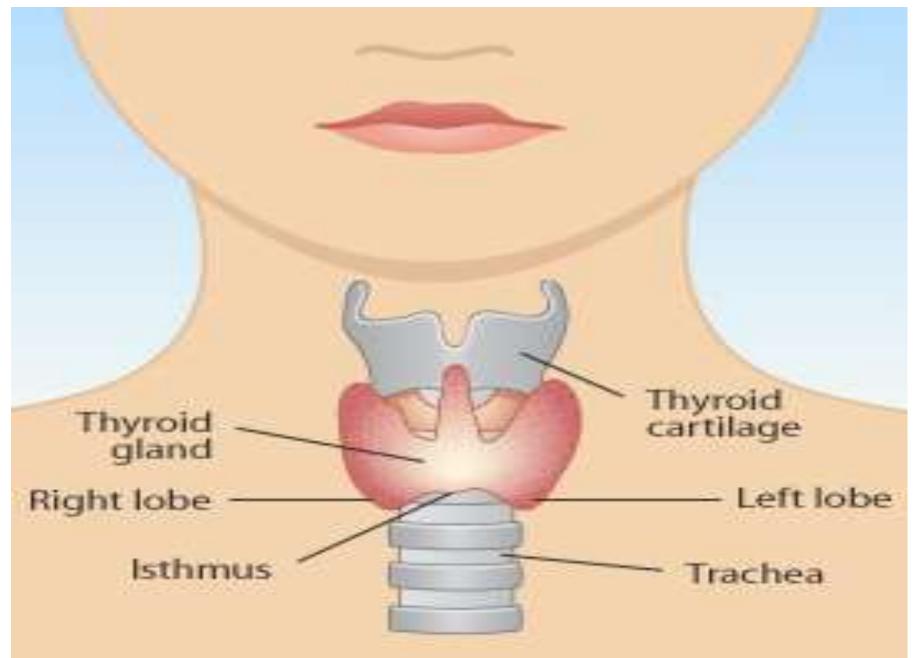
Topics

- >Thyroid Anatomy
- ➤ Thyroid dysfunction symptoms and signs
- ➤ History taking
- > physical examination

Thyroid Anatomy

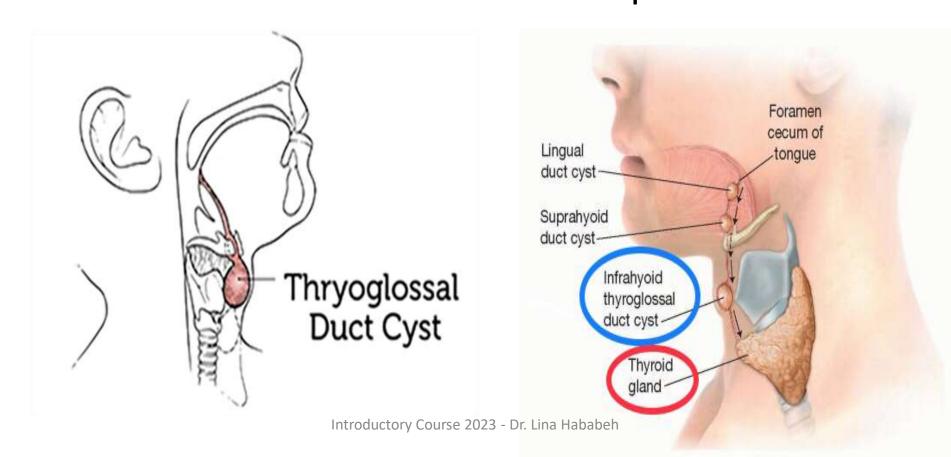
- The thyroid is a butterfly shaped gland with two symmetrical lobes joined by the isthmus covering the 2nd to 4th tracheal rings.
- It lies inferior to the cricoid cartilage, approximately 4cm below superior notch of thyroid cartilage.
- ➤ It may extend into the superior mediastinum and be entirely retrosternal or may be situated at the back of the tongue & visible with mouth opening.
- ➤ It is normally palpable in 50% of women and 25% of men.





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- Thyroglossal cyst may arise from thyroglossal duct at the level of hyoid bone, and it moves upwards with tongue protrusion.
- Thyroid gland "moves superiorly on swallowing" or neck extension as it is attached to pretracheal fascia

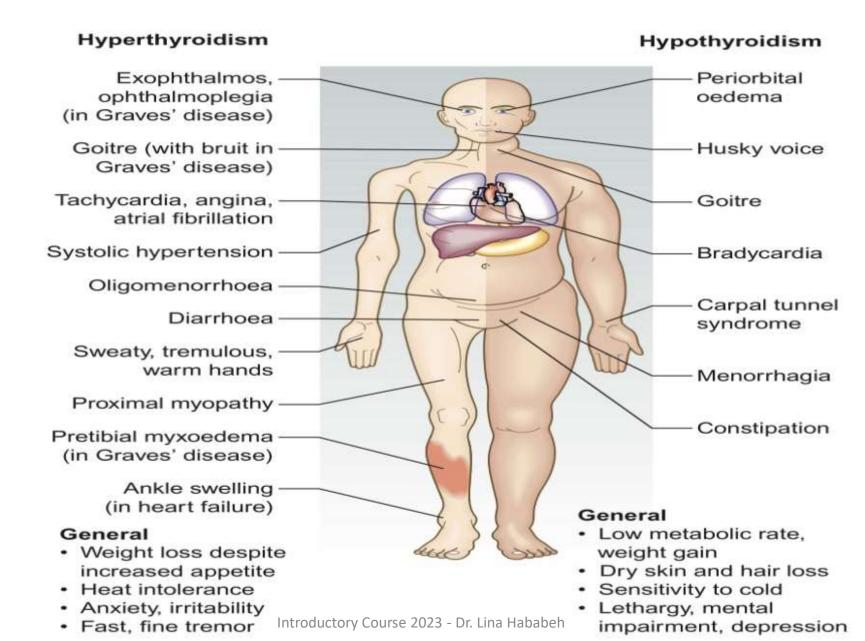


Thyroid Dysfunction

Hyperthyroidism (Thyrotoxicosis)

Hypothyroidism

Signs and Symptoms



Hyperthyroidism:

- Dyspnea, palpitation and ankle swelling
- Tachycardia Atrial fibrillation
- Systolic HTN Angina
- Oligo-menorrhea or amenorrhea.
- Sweaty tremulous warm hands Proximal myopathy
- weight loss, increased appetite, Diarrhea
- Heat intolerance
- Fine tremor
- Anxiety and irritability.
- Eye symptoms.

Hypothyroidism:

- Goiter
- Husky (hoarse) voice Bradycardia
- Carpal tunnel syndrome
- Constipation
- weight gain
- Depression
- -Mental impairment
- Lethargy or apathy
- cold intolerance
- Cold dry skin
- **Delayed DTR**

- Periorbital edema

- Menorrhagia



Causes of Hyperthyroidism

- Graves Disease (MOST COMMON)
- Toxic multi nodular goiter
- Solitary toxic nodule
- Thyroiditis
- Excessive thyroid hormone ingestion

GRAVES DISEASE

- Graves disease is the most common cause of hyperthyroidism.
- Graves disease is an autoimmune disease with familial component.
- Occurs more commonly in females.
- Usually present between 20-50 year of age.

GRAVES DISEASE

THERE ARE 3 EXTRATHYROIDAL SYMPTOMS **SPECIFIC** FOR GRAVES DISEASE:

- 1) Graves Ophthalmopathy: EXOPHTHALMOS (PROPTOSIS)
- 2) Infiltrative Dermopathy: Pretibial myxedema
- 3) Thyroid Acropachy

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)



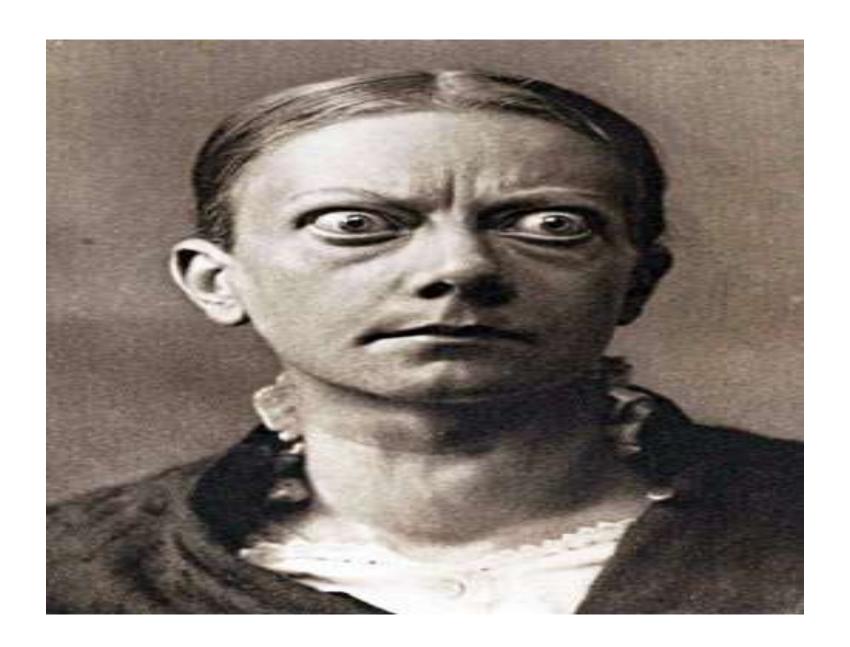
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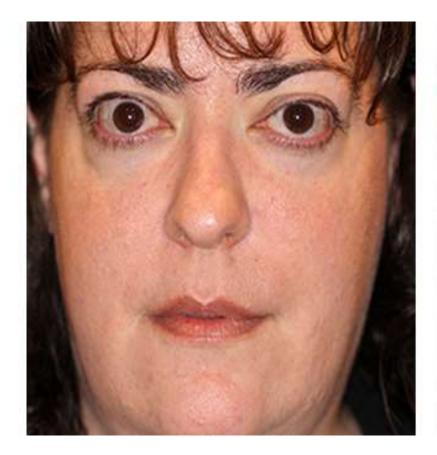
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Thyroid Eye Disease

Thyroid eye disease, also called Graves' disease, is caused by a complex interaction between the thyroid gland and the orbital tissue.



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Causes Of Hypothyroidism

 Hashimoto's Thyroiditis (MOST COMMON): its an autoimmune disease, more common in females

- Radio-iodine therapy
- Surgery for Graves Disease

Goiter

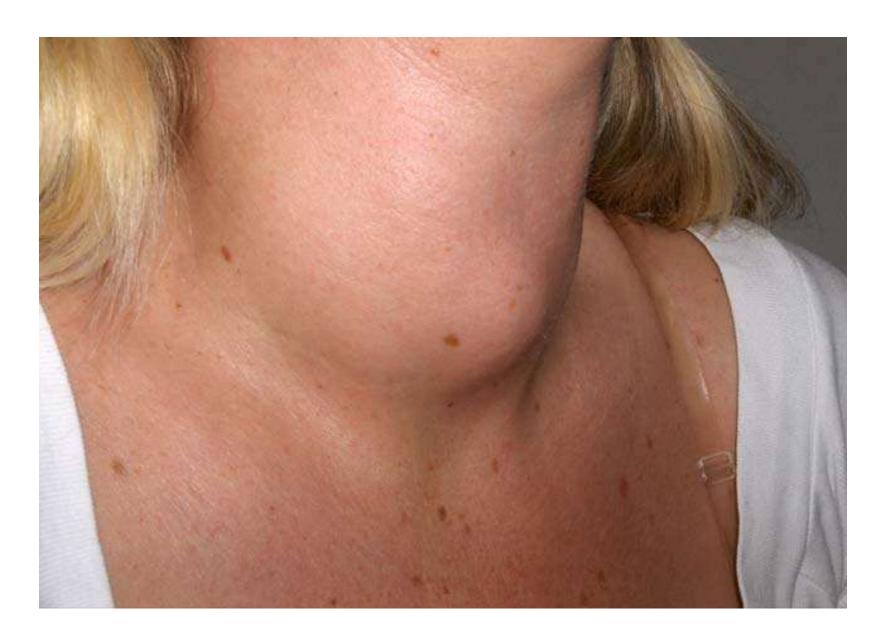
- Enlarged thyroid gland
- most patients with goiter are euthyroid
- Large or retrosternal goiters may cause compressive symptoms (stridor, breathlessness, dysphagia)







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History taking

- Patient profile: Name, Age, Occupation
- Chief complaint: Neck lump or symptoms of hypo/hyper
- History of presenting illness: if it was a lump ask about:
- 1) Duration
- 2) 3S(site, size, shape)
- **3)** 3p(progression, persistence, previous Hx of same symptom)
- 4) Other symptoms (dysphagia, dyspnea, pain, hoarseness)

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 Ask about signs and symptoms of hypo/hyperthyroidism as previously mentioned

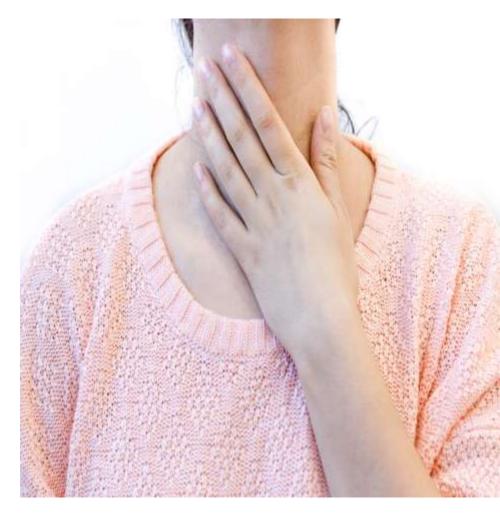
• Drug Hx:

- 1) Amiodarone may cause either hypo/hyperthyroidism
- 2) Lithium may cause hypothyroidism
- 3) Antithyroid drugs
- Family Hx: family Hx of thyroid or autoimmune disease
- Social Hx:
- ☐ living in areas of iodine deficiency can cause goiter and rarely hypothyroidism.
- **□**Smoking
- ☐ Prior neck irradiation

Physical Examination

POSITION AND EXPOSURE





GENERAL APPEARANCE

- 1) Conscious, alert, oriented
- 2) Agitated, restless, depressed, apathy, slow motion.
- 3) Heat /cold intolerance
- 4) Weight loss/gain (BMI)
- 5) Speech(pressure of speech, hoarseness)





VITAL SIGNS

Blood pressure (systolic/diastolic HTN)

Pulse (brady/tachycardia, afib)

o BMI

HAND EXAM

- Temperature (dry cold, sweaty warm and moist)
- Nail changes (onycholysis, clubbing and thyroid acropachy)
- Fine tremor
- Palmar erythema
- Vitiligo
- Signs of CTS

Head, Neck and chest

Dry coarse hair

Hair loss from distal third of eyebrows

 Auscultate the heart for mid systolic murmur due to increased CO in hyperthyroidism

EYE EXAMINATION

- 1) Exophthalmos (from above and behind the patient)
- 2) Conjunctival redness (chemosis)
- 3) Ophthalmoplegia (H shape)
- 4) Periorbital puffiness
- 5) lid lag: upper eyelid lags behind the eyeball when patient looks downward.
- 6) lid retraction: sclera is visible above the iris.

Lid lag







THYROID EXAM

- 1) INSPECTION (Neck hyperextended)
- Symmetry
- Scars
- Masses
- Vein engorgement
- Ask the patient to swallow
- Ask the patient to protrude his tongue
- Ask the patient to open his mouth (lingual thyroid)

- 2) palpation(neck slightly flexed)
- Tenderness
- Size , consistency, shape , surface
- Masses or abnormal swelling
- Thrills
- Lymph nodes (cervical, supraclavicular)
- Mediastinum (tracheal tug, deviation, cricosternal distance)

3)percussion: on clavicles

4) Auscultation: for bruits in Graves disease

Lower limb exam

- Coarse dry skin
- Pretibial myxedema (brown/pink thick scar)
- Myxedema (nonpitting edema)
- Deep tendon reflexes(if delayed hypo)
- Proximal myopathy
- Ankle edema in HF

THANK YOU