OMICS International
conferenceseries.com

Thyroid Disorders Ther 2016, 5:1(Suppl)
http://dx.doi.org/10.4172/2167-7948.C1.003

Low Thyroid- Types and treatment

Alida Taniwallova
Gulf Medical University, UAE

HypoThyroidism is a common endocrine disorder resulting from deficiency of Thyroid hormone. In the United States and other areas of adequate iodine intake, autoimmune Thyroid disease (Hashimoto disease) is the most common cause of hypoThyroidism; we can distinguish more types of Thyroiditis with primary hypoThyroidism, goiter or without, involved in poly-glandular autoimmune syndrome. Special normal Thyroid hormones values can be followed in pregnant women. Congenital hypoThyroidism, which affects 1 of every 4000 newborns, is due to congenital mal development of the Thyroid. This disorder is included in the newborn screening panel in many countries, and it is readily treatable once detected. Cretinism refers to severe hypoThyroidism in an infant or child. HypoThyroidism can be secondary—the Thyroid gland receives insufficient stimulation secretion of thyrotropin from the pituitary gland e.g. pituitaria adenoma, pituitary radiation, congenital, postpartum condition. In tertiary hypoThyroidism, inadequate secretion of thyrotropin-releasing hormone (TRH) from the hypothalamus leads to insufficient release of TSH, which in turn causes inadequate Thyroid stimulation. HypoThyroidism may also be drug-induced or otherwise iatrogenic. The patient's presentation may vary from asymptomatic to myxedema coma with multisystem organ failure. Deficiency of the hormone has a wide range of effects. Classic signs and symptoms may not be present, especially in younger patients. Third-generation TSH assays are readily available and are generally the most sensitive screening tool for primary hypoThyroidism. The generally accepted reference range for normal serum TSH is 0.40-4.2 m IU/L. For hypoThyroidism, Thyroid hormone is administered to supplement or replace endogenous production. In general, hypoThyroidism can be adequately treated with a constant daily dose of levo thyroxine (LT4).

alida.taniwallova@gmail.com

Effects of radioactive iodine therapy

Amalan Karthigeyan
University of Debrecen, UK

Radioactive iodine is widely used in the treatment of Thyroid cancer. However like any treatment it does have side effects. It has demonstrated effects on the hematopoietic system by an increase in early apoptosis and hence decreases the levels of peripheral blood lymphocytes. The erythroid lineage is also affected but to a lesser extent. Studies have also shown an increased incidence of salivary gland damage from radioactive iodine therapy by mild narrowing of the Stensen's duct demonstrated by sialography. CT imaging also demonstrated mild hyper-density of the parotid gland but this was not diagnostic of permanent damage. As well as effects on the salivary glands, another study demonstrated nasolacrimal duct obstruction. One publication in 2007 stated that there was an increased incidence of dental caries in patients who received radioactive iodine. There has also been an increase in cases of severe hyponatraemia in patients who received radioactive iodine.

amalan.karthigeyan@nhs.net

Notes: