

COVID-19 May Cause Thyroid Disease in Patients, According to a New Study

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INTRODUCTION

With the NHS guidelines on high-risk people and the Government's guidance on social distancing for vulnerable people, I'm getting calls from worried patients asking if their thyroid condition puts them at risk. This is especially true because the phrase "any other major underlying ailment" is used so broadly. Try not to be concerned.

I understand it's tough to find information on the internet; this is due to the fact that coronavirus is a relatively new sickness with no studies on its impact on persons with thyroid issues. Thyroid issues, on the other hand, are common all around the world, and investigations of thyroid patients in China and elsewhere have found little evidence that coronavirus is a major issue.

As a result, there's no reason to suppose that people with thyroid disorders, whether autoimmune or not, are more likely to get COVID-19. This is true for both hypothyroidism and hyperthyroidism, including Hashimoto's thyroiditis and Graves' disease.

Only if you have thyroid eye disease and are on steroid or immunosuppressive therapy will you be placed in a high-risk group. In addition, some patients will be taking immunosuppressant medication for autoimmune illnesses such as rheumatoid arthritis or lupus, which are linked to thyroid abnormalities.

DESCRIPTION

According to the results of the study, COVID-19 will produce acute inflammation. COVID-19 may be an infection caused by a coronavirus (SARS-Cov-2) that enters the body through the nose and mouth, according to experts [1]. Individuals affected by this infectious disease/communicable disease have also displayed symptoms of other diseases such as epithelial duct disease (diarrhoea), stye (conjunctivitis), and brain infections, in addition to metastatic signs.

Recently, doctors uncovered a brand new thyroid illness in COVID-19 patients [2,3]. According to a study published on the 21st of May 2020, COVID-19 will trigger acute inflammation.

COVID-19 INFECTION AND THYROID DISEASE

The author feels that the case presented is the first instance of thyroid illness seen in a COVID-19 patient [4]. On the twenty-first of February, an associate in nursing 18-year-old girl was tested for SARS-CoV-2 infection after her father was diagnosed with COVID-19 at the University Hospital of the Italian Republic. Despite the fact that she was in good health, her test resulted in a positive result, and she began to exhibit symptoms soon after. Her COVID-19 infection test came out negative on the thirteenth and fourteenth of March [5].

However, on seventeenth March, she started presenting with fever, fatigue and diverging pain in her neck and jaw. Once examined by the doctors, she had Associate in nursing enlarged pulse Associate in nursing an enlarged thyroid that was painful on touching. Her blood tests revealed excessive thyroid hormone levels, as well as increased inflammatory indicators and a low white blood corpuscle count. On each side of her neck, an ultrasound revealed a dense and substantial area.

The doctors were taken aback by the results because the woman's thyroid functioning and imaging had been normal for the previous month. Doctors then identified her with acute inflammation, and she or he was given glucocorticoid, an anti-inflammatory drug, right soon. In two days, the patient's neck pain and fever were gone, and he recovered completely within a week.

Acute thyroiditis caused by viral infections is a rare thyroid illness. A thyroid illness that produces inflammation of the ductless gland is known as sub-acute inflammation. There is no known cause for thyroid disease, however it's frequently linked to an upper tract infection.

In the past, acute inflammation was associated with microorganism diseases such as infectious illness, herpes virus (EBV), and human immunodeficiency virus (HIV).A person

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with acute inflammation has pain in the neck and jaw, as well as irregular thyroid function. To address the disease, doctors provide drugs such as glucocorticoids.

CONCLUSION

A person with acute inflammation has pain in the neck and jaw, as well as irregular thyroid function. To address the illness, doctors prescribe drugs such as glucocorticoids. The doctors were taken aback by the results because the woman's thyroid functioning and imaging had been normal for the previous month. Doctors then identified her with acute inflammation, and she or he was given glucocorticoid, an anti-inflammatory drug, right soon. In two days, the patient's neck pain and fever were gone, and he recovered completely within a week.

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