Research and Reviews: Journal of Pharmacology and Toxicological Studies

Thyroid Disorders and Therapy

Nagashree Kotturi1*

¹Department of Pharmaceutics, MNR college of pharmacy, Hyderabad, India

Commentary

Received: 28/06/2015 Revised: 12/07/2015 Accepted: 15/07/2015

*For Correspondence

Nagashree K, Department of Pharmaceutics, MNR college of pharmacy, Hyderabad, India; E-mail: nagashreek@ymail.com

key words: Goiter, Thyroiditis, Grave's Disease, Hashimoto's thyroiditis, Thyroidectomy

Introduction

The thyroid is a butterfly- shaped gland, which rests in the middle of lower neck. It is one of the endocrine gland which regulates body metabolism by producing T₄ and T₃ hormones. The quantity of thyroid hormones is monitored and controlled by the pituitary gland. When the pituitary gland senses the lack of thyroid hormones or high levels of thyroid hormones, it will modify its own TSH hormone, and it sends signal to thyroid.

Causes for Thyroid disorders

A thyroid disorder is a medical condition, which impairs the function of thyroid, includes distinct problems, some of which are most common. These includes: which may occur due to high or low production of thyroid hormone, or due to increased growth of thyroid gland, formation of thyroid nodules or lumps, which may be cancerous.

Hyperthyroidism: this is one of the thyroid disorders which occur due to more production of thyroid hormones [1-5] more than the body requirement.

Hypothyroidism: It occurs due to less amount of secretion [6-9] of thyroid hormone than the requirement.

lodine deficiency: lodine is used by the thyroid gland to produce the hormones. lodine deficiency ^[10] can be eliminated by use of iodized salt.

Thyroid cancer: occurs due to abnormal growth of cells originating either form follicular or para follicular thyroid cells. These cells in turn give rise to both well-differentiated cancers [11-23] (papillary and follicular) and anaplastic thyroid cancer.

Goiter: Goiter is one of the thyroid disorder, resulting due to enlargement of Thyroid gland.

Thyroiditis: occurs due to swelling of thyroid gland, is a inflammatory process, which includes symptoms like fever and Pain.

Sub-acute thyroiditis: Acute inflammatory disorder of thyroid gland, which occurs due to viral infection.

Hashimoto's thyroiditis: Hashimoto's thyroiditis is an auto immune disease, [24-28] in which the immune system turns attacks the own body's tissues i.e.thyroid. This can lead to primary hypothyroidism. Hashimoto's thyroiditis is a painless disease of the immune system which is hereditary.

Grave's Disease: It is one of the auto immune disorder [29], and is common cause of over active Thyroid gland.

Diagnosis

If thyroid disorders are diagnosed earlier, it could be controlled before the onset of symptoms. It could be difficult to diagnose, because symptoms are often confused with other symptoms. TSH (thyroid stimulating hormone test, is one of the method used to identify thyroid disorders before the onset of symptoms. Blood test can provide the information about the levels of the hormones related to thyroid, which includes:

TSH: TSH is the hormone produced by pituitary gland, which tells the thyroid when to produce the thyroid hormones. Low level of TSH in blood indicates that the thyroid function is excessive (hyperthyroidism), and high level of TSH [30-32] indicates that less amount of thyroid hormone is produced (hypothyroidism).

T4: Excess levels of T4 hormone in blood indicates an over active thyroid, and low levels of T4 indicates under active thyroid function.

T₃: Higher levels of T₃ are due to hyperthyroidism, and low levels are caused due to hypothyroidism. Thyroid antibody: Blood test helps to identify the thyroid antibodies. Auto immune ^[33] thyroid diseases like Hashimoto's thyroiditis or Graves' disease, which makes the immune system to release proteins known as antibodies. These antibodies attack the thyroid, considering it as a foreign tissue. Apart from the blood tests, they are several other tests used to diagnose thyroid disorders.

Radioactive iodine uptake (RAIU): Radioactive iodine pill helps to determine the thyroid gland functioning. If thyroid gland, draws high amount of iodine released by the pill, indicates hyperthyroidism, and low RAIU indicates under active thyroid.

Thyroid scan: It is used along with RAIU, which reveals specific regions in thyroid using either too much or too little radio active iodine.

Ultrasound: Ultra sound images reveal the underlying structural causes of thyroid [34-45] disorders which may be either tumor or cyst.

Treatment

Antithyroid drugs: An anti thyroid drugs are used to treat thyroid disorders, which usually acts on thyroid hormones. Antithyroid medications includes - propylthiouracil (PTU) and methimazole (also known as Tapazole), which are mostly similar, as they both stop the thyroid from producing T₃ and T₄ hormones. Types of Thyroidectomy

Partial thyroid lobectomy— It is one of the rare procedure which includes removal of part of one thyroid lobe. Thyroid lobectomy — All of one thyroid lobe ^[46] is been removed. Subtotal thyroidectomy —it is usually carried out in toxic thyroid such as primary or secondary and toxic multinodular goiter (MNG). Usually one thyroid lobe, isthmus ^[47] or part of second lobe are been removed. Total thyroidectomy — The complete ^[48-51] thyroid gland is removed. Complete removal of thyroid gland ^[52-55] is usually recommended, as there will not be any chance of relapse or recurrence. However it is recommended for the patients to be on thyroid medication, in order to compensate the lack of thyroid gland functioning.

Other reasons for thyroidectomy includes

- Patient diagnosed with severe Graves' ophthalmopathy.
- As radio iodine treatment is contradicted in pregnant women and who are unwilling to take thionamides, in such instance thyroidectomy can be adapted.

REFERENCES

- 1. Bhargava A . The Utility of Color-Flow Doppler Sonography in the Evaluation of Hyperthyroidism. Thyroid Disorders Ther. 2015;4: e117.
- 2. Sheng S et al. Quantitative Radioiodine Treatment of Graves' Hyperthyroidism Using Different Intended Activities and the Same Weighting Factor. Thyroid Disorders Ther. 2014;3:157.
- 3. Knudsen-Baas KM et al. Cerebral Venous Thrombosis and Hyperthyroidism. Intern Med. 2014; 4:136.
- 4. Aronow WS. Cardiovascular Manifestations of Hyperthyroidism. J Clin Case Rep. 2013;3:e120.
- 5. Ghilardi G, De Pasquale L. Hungry Bone Syndrome after Parathyroidectomy for Primary Hyperthyroidism. Surgery Curr Res. 2014;4:168.
- 6. Khurram T et al. Radiation Induced Hypothyroidism and its Relationship with Gender and Smoking History in Head and Neck Cancer Patients. J Nucl Med Radiat Ther. 2014;5:178
- 7. Orakpo N and Swan JH. An Antidote for Uncontrolled Weight Gain Associated with Polycystic Ovarian Syndrome with Subclinical Hypothyroidism? J Gerontol Geriat Res. 2013;2:132.
- 8. Voutetakis A, Settas N, Dacou-Voutetakis C. Genetically Determined Central Hypothyroidism. J Genet Syndr Gene Ther. 2013; 4:172.
- 9. Ajay Kumar N. The Effect of Lâ€"Thyroxine on Metabolic Parameters in Newly Diagnosed Primary Hypothyroidism. Clin Exp Pharmacol. 2013;3:128.
- 10. Hernando VU et al. Iodine Deficiency Disorders. Thyroid Disorders Ther. 2015; 4:172.
- 11. Mhiri A et al. Differentiated Thyroid Cancer in Children: The Contribution of Radioiodine Therapy. Thyroid Disorders Ther. 2015;4:171.
- 12. Jeon EJ et al. Radiofrequency Ablation for the Papillary Thyroid Micro-carcinoma in the High-risk Surgical Patient. Thyroid Disorders Ther. 2015;4:167.
- 13. El-Foll HA et al. Pattern and Distribution of Lymph Node Metastases in Papillary Thyroid Cancer. J Clin Exp Pathol. 2015;5:204.
- 14. Yetunde AO et al. Sternal Mass as First Presentation of Follicular Thyroid Carcinoma. J Nucl Med Radiat Ther. 2014;5:194.
- 15. Balkan F et al. Does Increased Body Mass Index Lead to Elevated Thyroid Cancer Risk?. Endocrinol Metab Synd. 2014;2:132.
- 16. AL-Qahtani KH et al. Involvement of Parathyroid Glands by Differentiated Thyroid Cancers and its Influence on Treatment Outcome. Thyroid Disorders Ther. 2014;3:153.
- 17. Sassolas G et al. Thyroid Carcinoma in Children and Adolescents Experience of the French Rhone Alpes Region Thyroid Cancer Registry. Thyroid Disorders Ther. 2014;3:152.
- 18. Silva GS et al. Cervical Lymph Node Dissection in Papillary Thyroid Cancer: Pattern and Predictive Factors of Regional Lymph Node Metastasis. Thyroid Disorders Ther. 2014;3:150.
- 19. de Meer SGA et al. High Negative Predictive Value (NPV) of Undetectable TSH Stimulated Tg for Disease Recurrence in both Low and High Risk Differentiated Thyroid Cancer. Thyroid Disorders Ther. 2014;3:149.
- 20. Kaya G et al. Anaplastic Cancer and Papillary Thyroid Cancer in the same Patient: Is it a Co-Incidence or a Process of Transformation? A Case Report. Thyroid Disorders Ther. 2014;3:142.
- 21. Elisei R et al. Ret Oncogene and Thyroid Carcinoma. J Genet Syndr Gene Ther. 2014;5: 214.
- 22. Chirila M. Prognostic Factors in Thyroid Cancer. Thyroid Disorders Ther. 2012;2:e110.
- 23. Katoh H et al. Secondary Thyroid Cancer after Exposure to Radioactive Iodine from the Fukushima Daiichi Nuclear Power Plant accident. Otolaryngology. 2012;2:e104.
- 24. Gandhi S et al. Surgery for Isolated Metachronous Thyroid Metastasis in a Non-small Cell Lung Carcinoma Patient with Hashimoto's Thyroiditis: A Case Report. Intern Med. 2014; 4:176.
- 25. Cetinkaya S et al. Premature Menarche Associated with Hashimoto Thyroiditis at 2 years 9 months: Case Report. Thyroid Disorders Ther. 2014;3:159.
- 26. Diggins B et al. Campylobacter jejuni as a Cause of Acute Infectious Thyroiditis, on a Background of SLErelated End Stage Renal Failure and CMV Viraemia: A Case Report and Review of the Literature. J Vaccines Vaccin. 2014;5:229.

- 27. Ciampolillo A et al. Hashimoto's Thyroiditis and Nodular Pathology: A Prospective Study in 227 Subjects. Thyroid Disorders Ther. 2014;3:145.
- 28. Li Z, Jinbo H et al. Unconsciousness at Emergency as a Manifestation of Hashimoto's Encephalopathy. Bioenergetics. 2014;3:112.
- 29. Kubiszewska J et al. Severe Course of Juvenile Grave's Disease accompanied by Myasthenia Gravis . J Neurol Neurophysiol. 2014;5:259.
- 30. Smith JK. A Case of Pituitary Resistant Free Triiodothyronine Toxicosis Following Hepatitis B Immunization. Intern Med. 2014;4:142.
- 31. Abulseoud OA et al. Thyroid Stimulating Hormone in Acute Psychiatric Patients with Positive Urine Toxicology Drug Screen: A Retrospective Study. J Alcoholism Drug Depend. 2013;1:119.
- 32. Zadeh-Vakili A et al. Relationship between Sex Hormone Binding Globulin, Thyroid Stimulating Hormone, Prolactin and Serum Androgens with Metabolic Syndrome Parameters in Iranian Women of Reproductive Age. J Diabetes Metab. 2012;S2:008.
- 33. Tirumala R and Hayes RA. Thyroid Antibody Associated Recurrent Spontaneous Abortion. JFIV Reprod Med Genet. 2014;2:126.
- 34. Ramakrishnan VR et al. Endoscopic Management of Acquired Nasolacrimal Duct Obstruction Secondary to Radioactive Iodine Treatment for Thyroid Malignancy. J Aller Ther. 2011;2:110
- 35. Fausto F et al. Nasotracheal Prolonged Safe Extubation Reduces the Need of Tracheotomy in Patients with Acute Respiratory Failure following Thyroidectomy. J Anesth Clin Res. 2014;5:475.
- 36. Qin CD, et al. Surgical Risk after Unilateral Lobectomy versus Total Thyroidectomy: A Review of 47,434 Patients. Surgery Curr Res. 2014;4:208.
- 37. Kargin S et al. In Patients Who Underwent Total Thyroidectomy Some Non-Steroidal Anti-inflammatory Drugs Effects on Thyroid Replacement Therapy. Journal of Surgery. 2014;10:5:18-21.
- 38. Chen C et al. Mixed Clinical Response After Total Thyroidectomy in Two Patients with Hashimoto's Encephalopathy. Thyroid Disorders Ther. 2013;2:131.
- 39. Francisco JC et al. Bone Marrow Mononuclear Stem Cell Transplant in Acute and Chronic Arterial Insufficiency in Rabbits. J Clin Exp Cardiolog. 2013; S11:006.
- 40. Patnaik U and Nilakantan A. Identification of External Branch of the Superior Laryngeal Nerve in Thyroid Surgery: Is it Always Possible? Thyroid Disorders Ther. 2013;2:127.
- 41. Mohamad I et al. Perioperative Laryngoscopy for Thyroidectomy: From Indirect Mirror Image to Stroboscope. Thyroid Disorders Ther. 2012;1:e108.
- 42. Mucci-Hennekine S et al. Oncologic Results of Completion Thyroidectomy and Secondary Prophylactic Lymph Node Dissection in the Management of Differentiated Thyroid Cancer. Thyroid Disorders Ther. 2012;1:116.
- 43. Marashi SM et al. The Effect of Pre-operative Oral Clonidine or Gabapentin on Post-operative Pain intensity, Morphine Consumption and Post-operative Nausea and Vomiting in Patients Who Undergone Thyroidectomy: A Double-blind Placebo-control Study. J Anesth Clin Res. 2012;3:206.
- 44. Barczynski M. Completion Thyroidectomy for Well-differentiated Thyroid Cancer. Thyroid Disorders Ther. 2012;1:e101.
- 45. Hegazy MAF et al. Unifocal Differentiated Thyroid Cancer Smaller than 1 cm are Better Managed by Total Thyroidectomy. Surgery. 2011;1:104.
- 46. Diaconescu MR et al. Parathyromatosis Coexisting with Papillary Thyroid Microcarcinoma. J Clinic Experiment Pathol. 2011;1:103.
- 47. Venkatachalapathy TS et al. A Prospective Study of Clinical, Sonological and Pathological Evaluation of Thyroid Nodule. Thyroid Disorders Ther. 2012; 1:109
- 48. Chen C et al. Mixed Clinical Response After Total Thyroidectomy in Two Patients with Hashimoto's Encephalopathy. Thyroid Disorders Ther. 2013;2:131.
- 49. Francisco JC et al. Bone Marrow Mononuclear Stem Cell Transplant in Acute and Chronic Arterial Insufficiency in Rabbits. J Clin Exp Cardiolog. 2013;S11:006.

- 50. Ejeh JE and Adedapo KS. Retention of Iodine-131 In Differentiated Thyroid Cancer Patients: Comparison of Total Thyroidectomy and Non Total Thyroidectomy. J Cell Sci Ther. 2011;S2:003.
- 51. Saleh M et al. Impact of Ultrasonically Activated Scalpel on Thyroid Surgery. J Def Manag. 2013; S3:007.
- 52. AL-Qahtani KH et al. Involvement of Parathyroid Glands by Differentiated Thyroid Cancers and its Influence on Treatment Outcome. Thyroid Disorders Ther. 2014;3:153.
- 53. Buiret G et al. Primitive Seminoma of the Thyroid Gland: A Novel Situation, an Exceptional Primitive Location. Thyroid Disorders Ther. 2014;3:144.
- 54. Siddesh et al. Tuberculosis of Thyroid Gland A Rare Case Report. Thyroid Disorders Ther. 2012;1:103.
- 55. Gupta V et al. Tuberculosis of Thyroid Gland Presenting as Abscess. J Cytol Histol. 2012;3:154.