

# Al-Mustaqbal University



## Pathophysiology 3<sup>rd</sup> stage Endocrine Introduction & Disorders of Thyroid Function

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RANKING WEB  
OF UNIVERSITIES

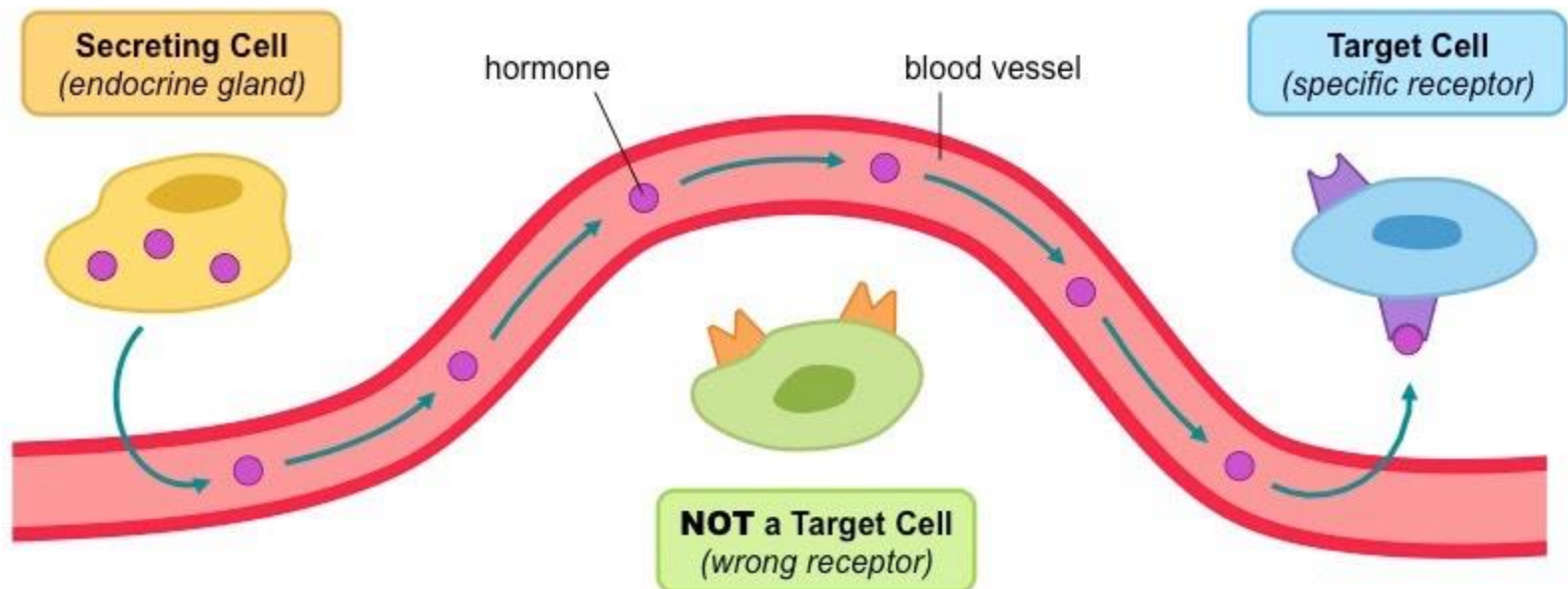


# Endocrine System

The endocrine system, along with the nervous system, allows for communication between distant sites in the body.

There are three components to the endocrine system:

1- Endocrine glands. 2- Hormones. 3- Target cells or organs that respond to the hormones.



# Endocrine Glands

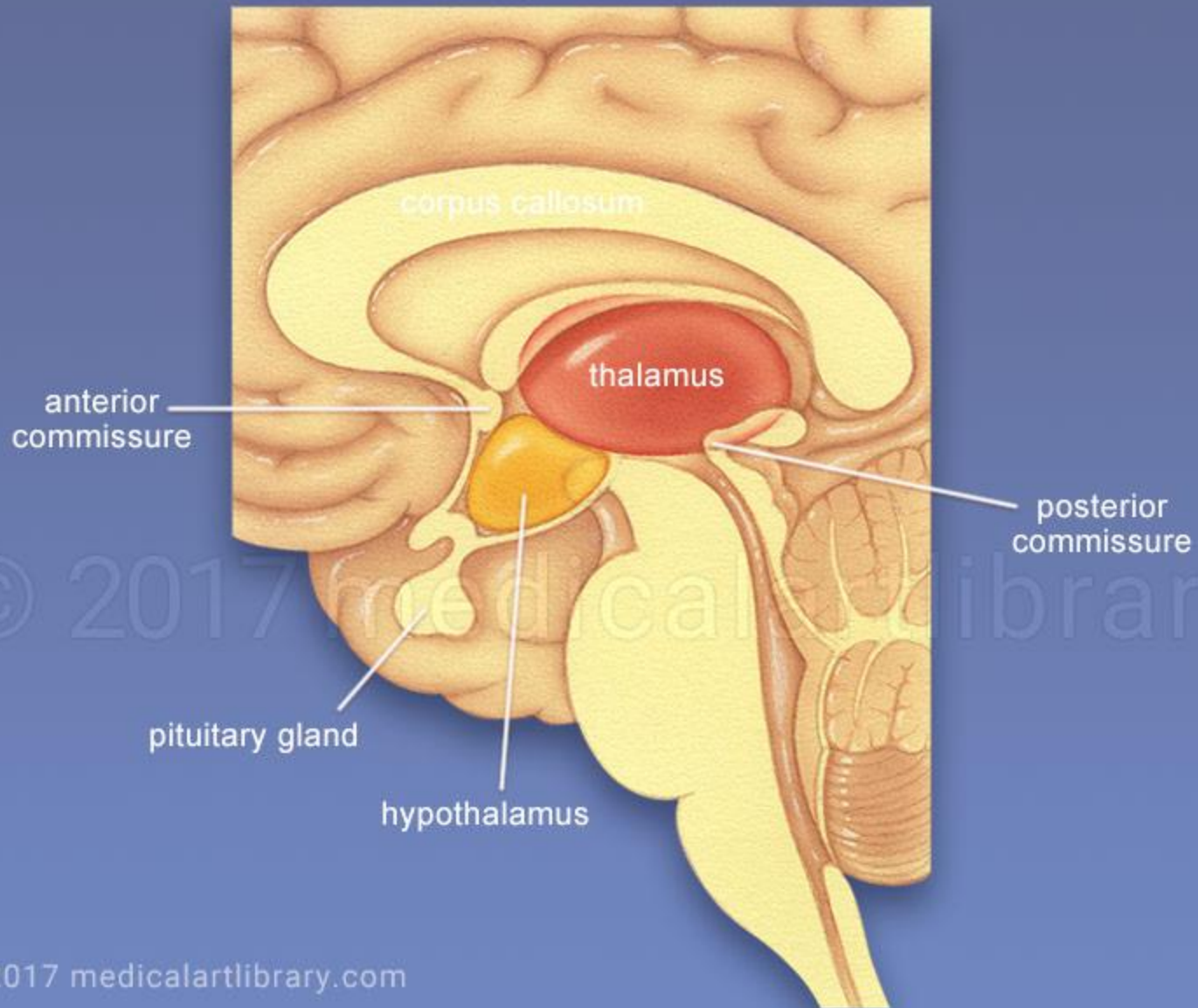
Endocrine glands are organs that synthesize, store, and secrete hormones into the bloodstream.

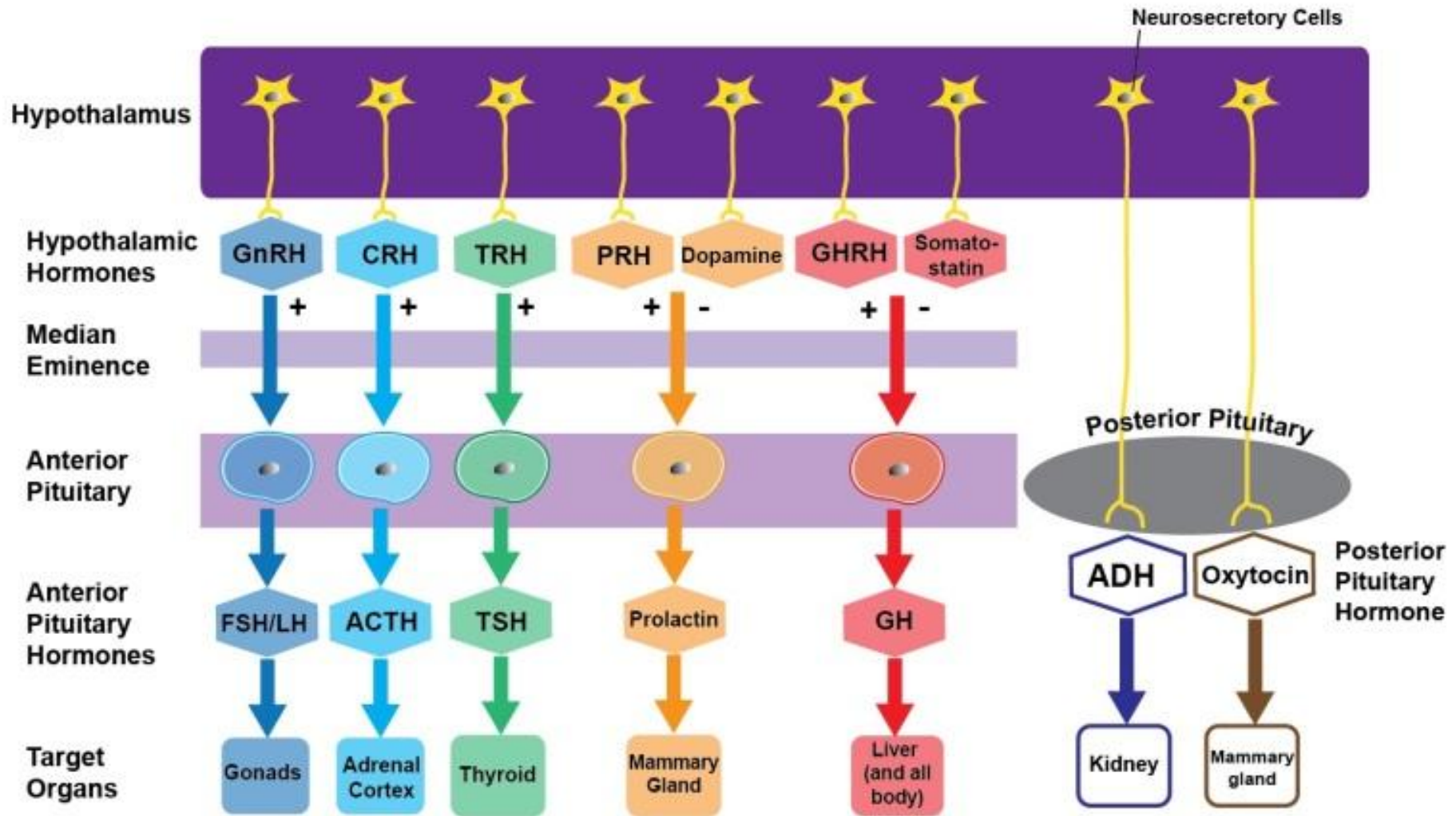
## Hormones

A hormone is a chemical messenger released by an endocrine gland into the circulation.

Once released, a hormone travels in the bloodstream and affects only cells (target cells) in the body that have **receptors (binding sites)** specific to it.

Typically, a hormone is released in a pattern that often follows an inherent **daily (diurnal) rhythm**.





Hypothalamic & Pituitary Hormones and Their Target Organs

## Amine hormone:

tyrosine derivatives (thyroid hormone, epinephrine, norepinephrine, and dopamine).

## Peptide Hormones:

e.g. hormones of hypothalamic-pituitary hormonal system

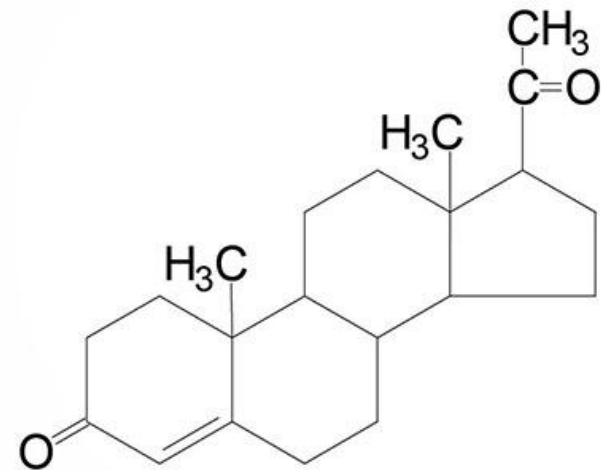
**Steroid Hormones** (mostly target intracellular receptor).

e.g. Estrogens, Progesterone

Androgens (primarily testosterone)

Aldosterone

Glucocorticoids

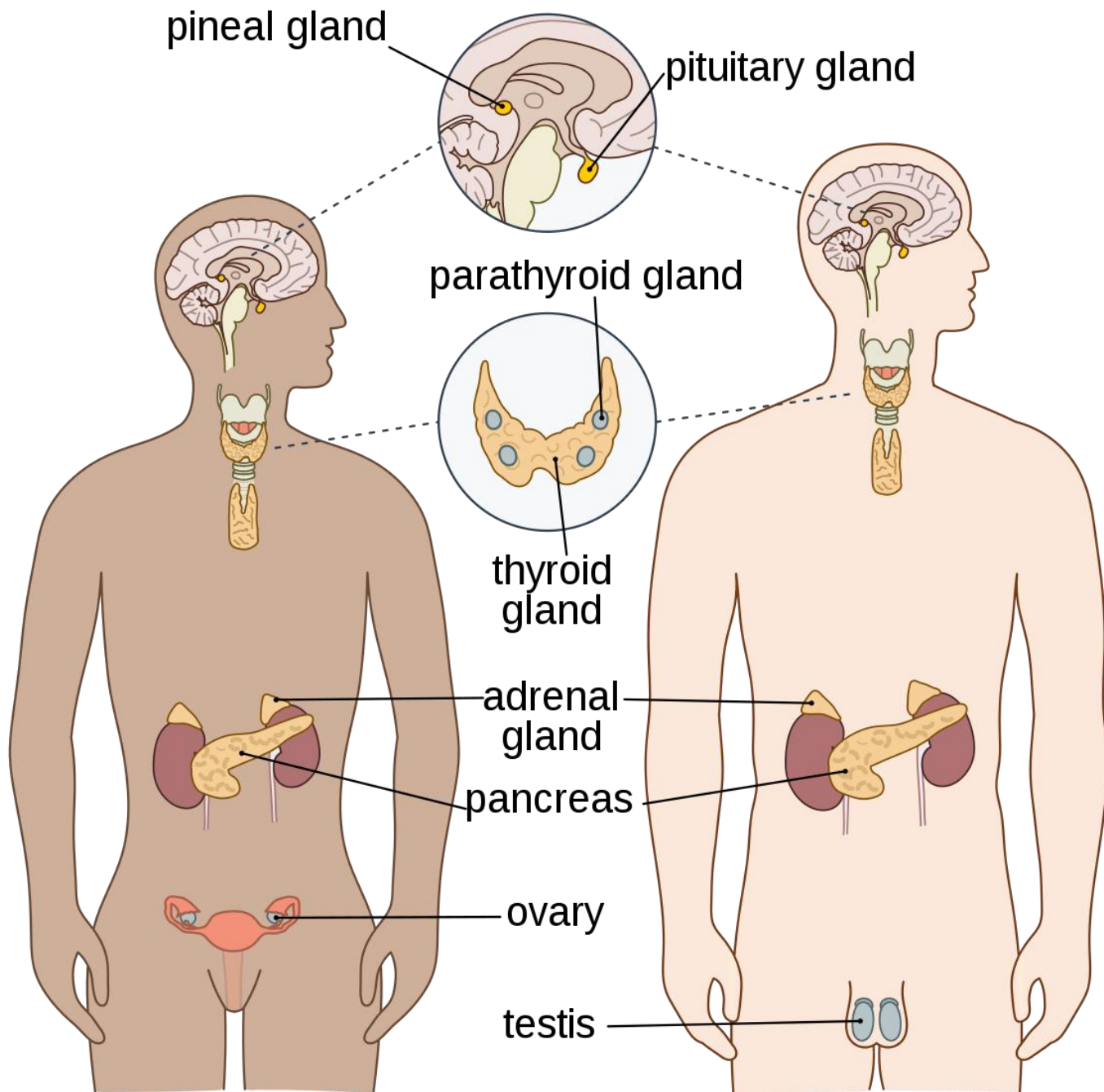


## Target Glands

The third group of endocrine glands are outside the brain that respond to the anterior and posterior pituitary hormones with the release of their own hormones.

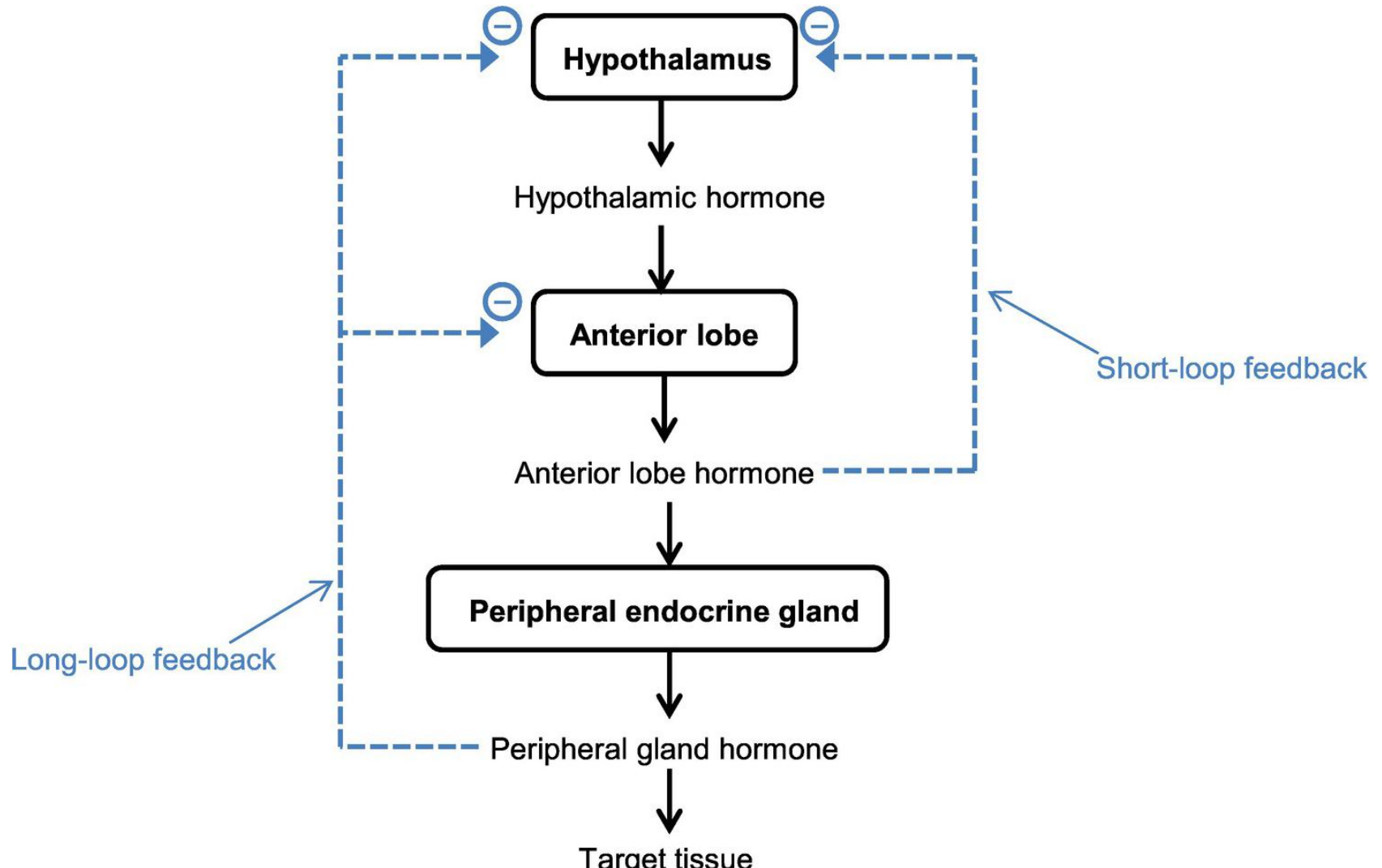
These include:

- the thyroid gland,
- the adrenal gland,
- the testes and ovaries,
- and the pancreas.



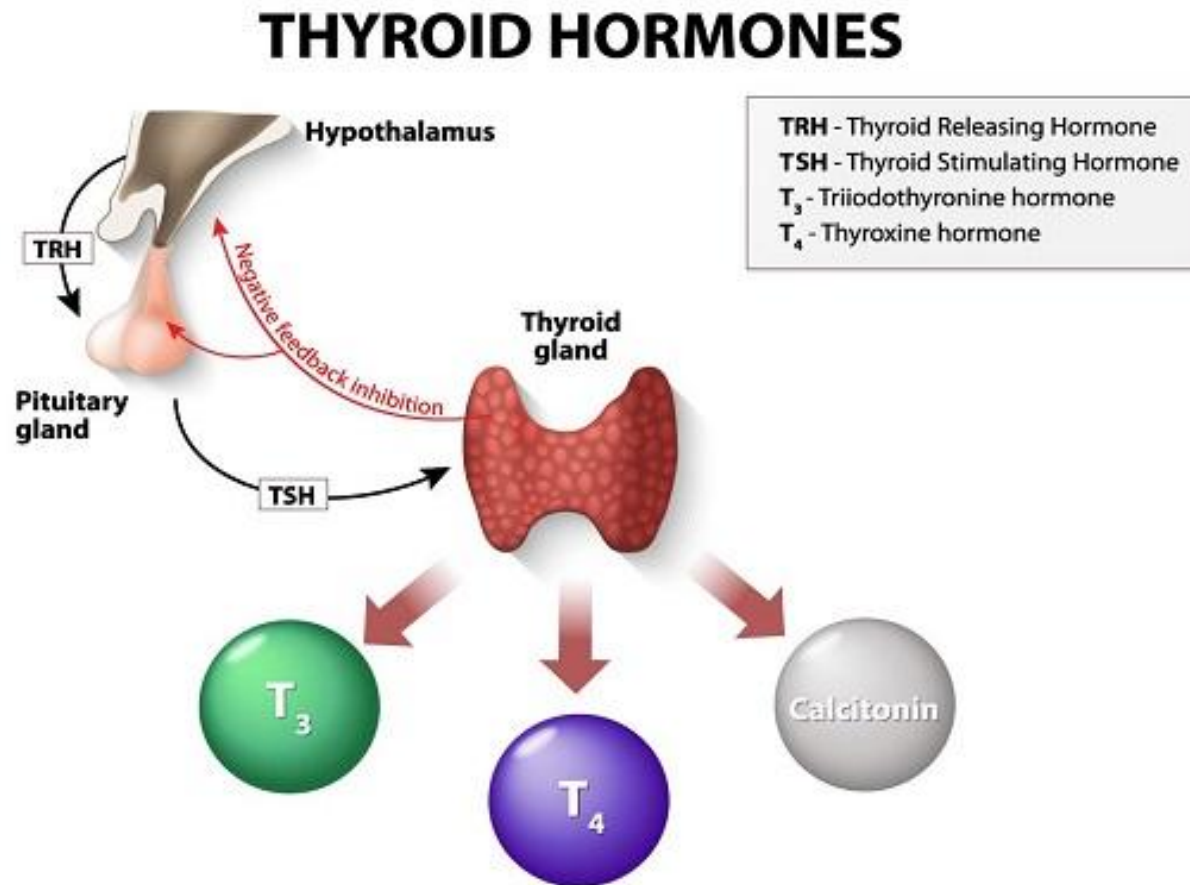
# Feedback mechanism of endocrine system

In the endocrine system, feedback refers to the response of a target tissue after stimulation by a specific hormone that then influences the continued release of that hormone.



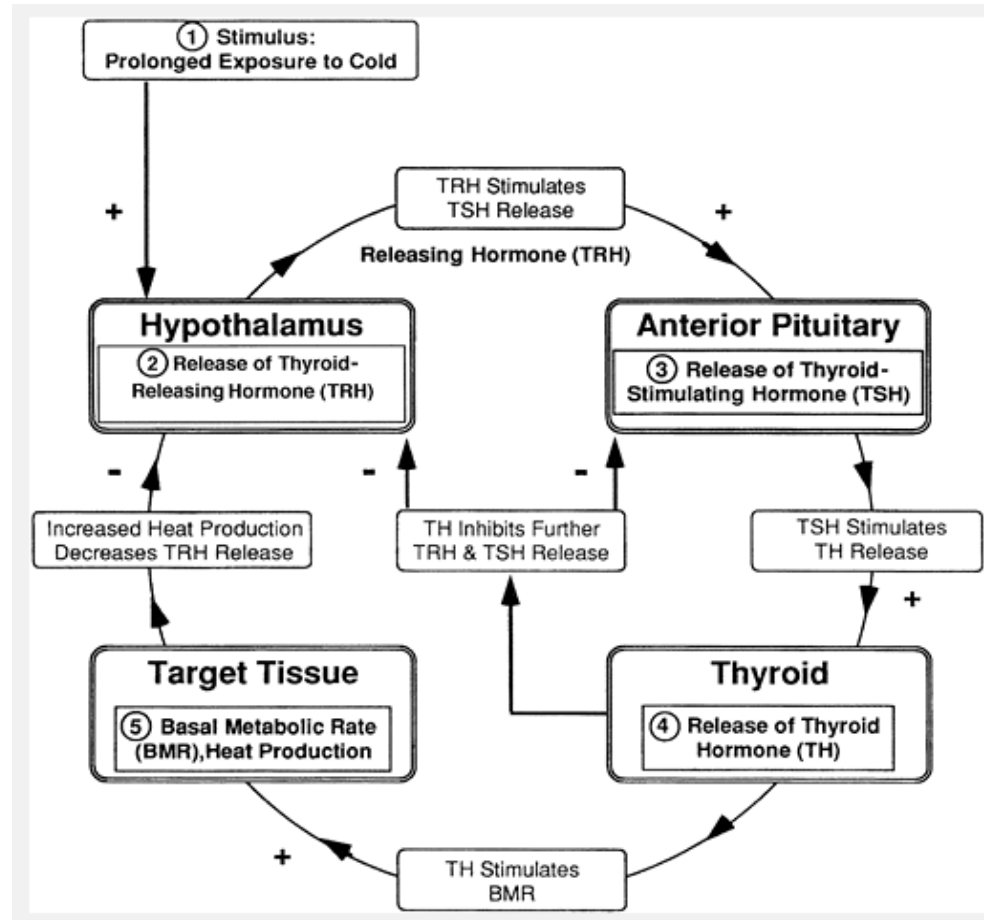
# Thyroid Hormone

Thyroid hormone (TH) is an amine hormone synthesized and released from the thyroid gland (25 T3 and 75% T4) then T4 converted peripherally to T3 the more active form..



# Effects of Thyroid Hormone

Target cells for TH include almost **all cells of the body**. The primary effect of TH is to stimulate the metabolic rate of all target cells by **increasing the metabolism of protein, fat, and carbohydrate**.



The stimuli responsible for increasing TRH secretion include exposure of the body to:

**cold temperature**, physical and perhaps psychological stress, and low levels of TH.

When the secretion of TRH is stimulated by cold temperature, the result is an increase in TH, which **increases basal metabolic rate**.

# Effects of Thyroid Hormone

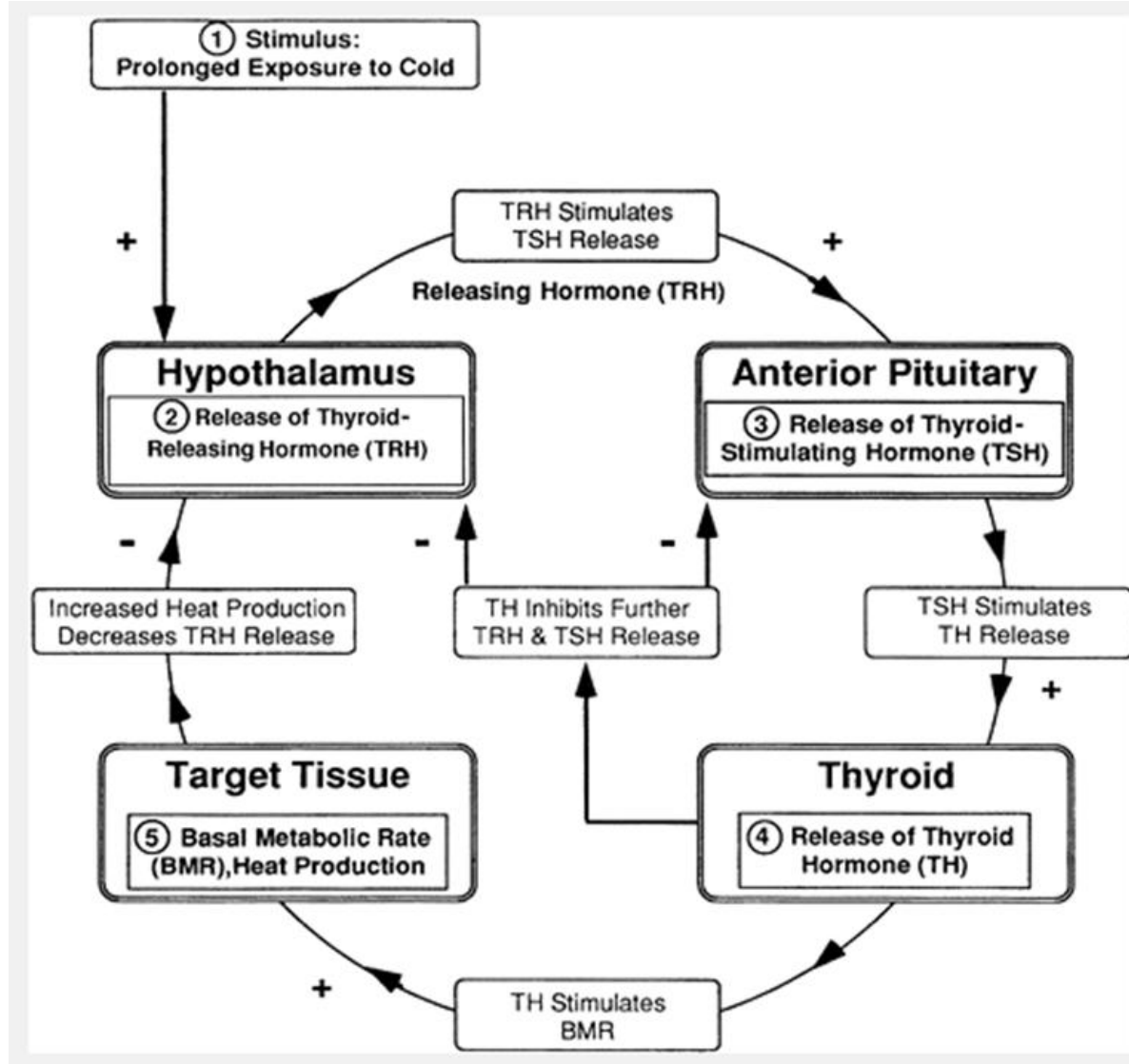
The thyroid hormone is essential to:

- 1- Normal body growth in infancy and childhood.
- 2- Controlling body temperature.
- 3- Regulating protein, fat and carbohydrate catabolism in all cells.
- 4- It keeps up growth hormone release, skeletal maturation, and heart rate, force and output.
- 5- It promotes central nervous system growth.
- 6- Stimulate synthesis of many enzymes.
- 7- Thyroid is necessary for muscle tone and vigor.

# Disorders of thyroid function

**Hypothyroidism:** Hypothyroidism results from decreased levels of circulating thyroid hormone.

Hypothyroidism may result from malfunction of the thyroid gland, the pituitary, or the hypothalamus.



If it results from thyroid gland malfunction, low TH levels with high TSH and high TRH because of the lack of negative feedback on the pituitary and hypothalamus by TH.

If hypothyroidism results from pituitary malfunction, low levels of TH are caused by low TSH. TRH from the hypothalamus is high because there is no negative feedback on its release by TSH or TH.

Hypothyroidism caused by hypothalamic malfunction results in low TH, low TSH, and low TRH.

## Mechanisms of hypothyroidism

Secondary causes

Primary thyroid  
malfunction

Lack of TH negative  
feedback on pituitary  
TSH secretion and  
hypothalamic  
TRH secretion

Low levels of TH  
and high levels of  
TSH and TRH

Pituitary  
malfunction

Lack of negative  
feedback to  
hypothalamic release  
of TRH by TSH and  
thyroid TH

Low levels of TSH  
and TH and high  
levels of TRH

Hypothalamic  
malfunction

Decreased  
TRH

Low levels of  
TRH, TSH,  
and TH

## Diseases of Hypothyroidism

. **1- Hashimoto's disease**, also called **autoimmune thyroiditis**, results from **autoantibody destruction of thyroid gland tissue**. This results in decreased TH, with increased TSH and TRH levels caused by minimal negative feedback.

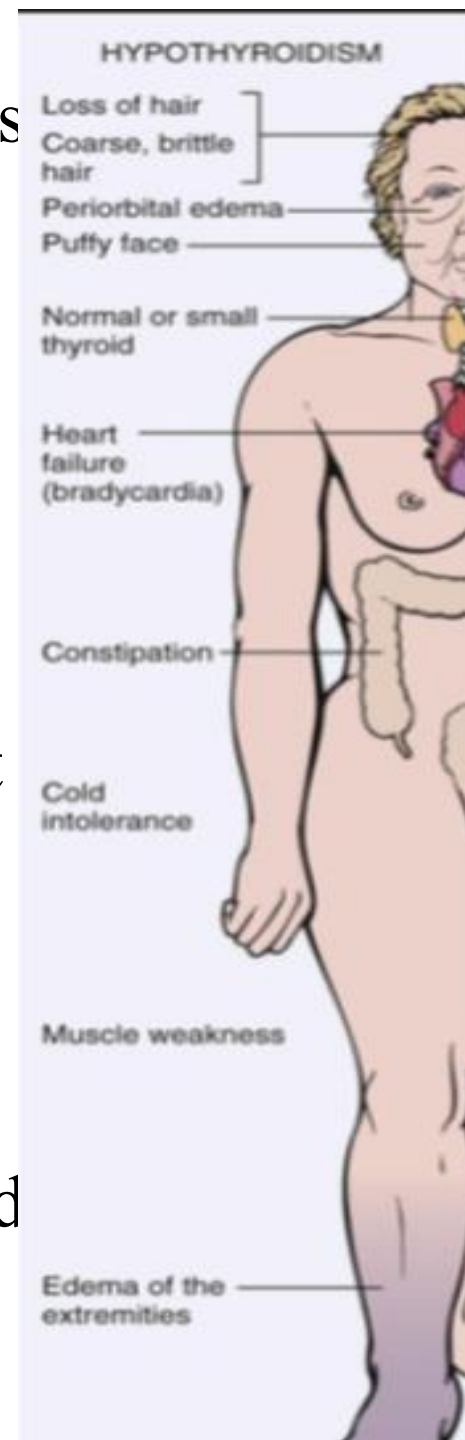
**2- Thyroid carcinoma** may cause hypothyroidism or hyperthyroidism.

- . **3- Endemic goiter** is hypothyroidism caused by a **dietary deficiency** of iodide. A goiter is an enlargement of the thyroid gland.

**Diagnosis:** early change is T3 & T4 ↓ , TSH ↑, subclinical hypothy. Show normal T3 & T4, TSH ↑, & should be treated early before complications start.

# Clinical Manifestations

- Sluggishness, slow thinking, slow movements
- Decreased heart rate and cardiac output, enlarged heart.
- Edema of the skin.
- Intolerance to cold temperatures.
- Decreased metabolic rate, decreased caloric requirements, decreased appetite and nutrient absorption across the gut.
- Constipation.
- Change in reproductive function.
- Dry, flaky skin and brittle, thin body and head hair.



# Thyrotoxicosis

**Thyrotoxicosis** is a condition that results from any cause of increased TH levels.

**Hyperthyroidism** is a form of thyrotoxicosis in which excess amounts of TH are secreted from the thyroid gland.

**Hyperthyroidism** include Graves disease, toxic multinodular goiter.

Thyrotoxicosis not associated with hyperthyroidism like ingestion of excessive TH.

## Diseases of Hyperthyroidism

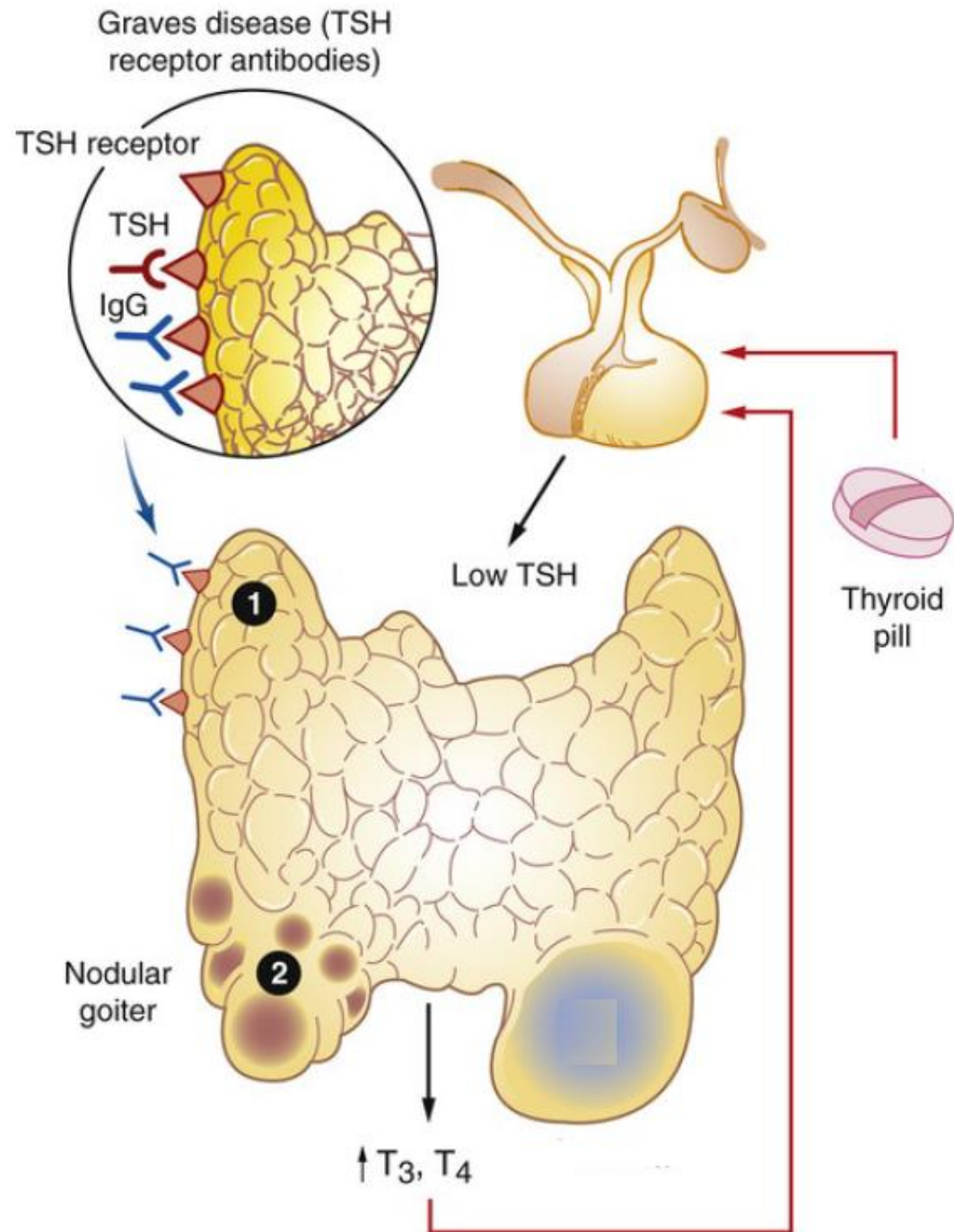
**Graves' disease**, the most common cause of hyperthyroidism, is an **autoimmune disorder** usually characterized by production of **autoantibodies that mimic the action of TSH on the thyroid gland**.

The cause of Graves' disease is unknown; however, there appears to be a genetic predisposition to autoimmune disease.

Women in their **20s and 30s** are most often diagnosed, although the disease may start during the teen years.

These IgG autoantibodies, termed thyroid-stimulating immunoglobulins, turn on the production of TH, but are not inhibited by rising levels.

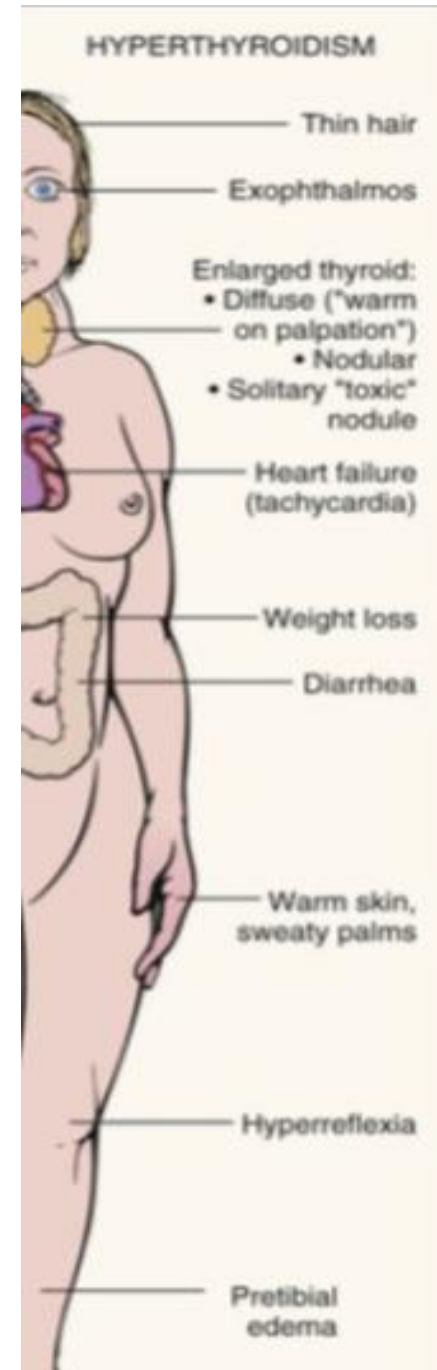
TSH and TRH levels are low because they are inhibited by high TH.



# Clinical Manifestations

The clinical features of thyrotoxicosis are attributable to the metabolic effects of increased circulating levels of thyroid hormones.

- Increased heart rate.
- Increased muscle tone, tremors, irritability, increased sensitivity to catecholamines.
- Increased basal metabolic rate and heat production, intolerance to heat, excess sweating.
- Weight loss, increased hunger.



- . A staring appearance.
- . Exophthalmos (bulging of the eyes) may develop.
- . Increased number of bowel movements.
- . Goiter (usually).
- . Changes in skin and hair condition may occur.
- . Reproductive irregularities.

## Complications

- . Arrhythmias are common

**Thyrototoxic crisis (thyroid storm)** is a rare but dangerous worsening of the thyrotoxic state in which **death can occur within 48 hours** without treatment.

The systemic symptoms of thyrotoxic crisis include hyperthermia; tachycardia, especially atrial tachydysrhythmias; high-output heart failure; agitation or delirium; and nausea, vomiting, or diarrhea contributing to fluid volume depletion.

Reference: Corwin , Pathophysiology, 3<sup>rd</sup> Edition



**THANK YOU!**