

Thyroiditis

Not always a pain in the neck

Thyroiditis

- Group of inflammatory thyroid disorders
- Comprise:
 - 1) Chronic Lymphocytic/Hashimoto's
 - 2) Subacute Granulomatous/De Quervain's
 - 3) Subacute Lymphocytic
 - 4) Acute (Suppurative)
 - 5) Invasive Fibrous/Riedel's

Chronic Lymphocytic/Hashimotos

- Most common thyroiditis
- Most common goitre in USA
- Autoimmune condition - ↑ **Ab Titres** to thyroid peroxidase and thyroglobulin
- Association with other AI conditions (SLE, RA, DM, Sjögrens)
- Usually women, 30-50yrs of age

Chronic Lymphocytic/Hashimotos

- Clinically: Firm, irregular, non-tender goitre
- ESR, WCC (N)
- Presence of Thyroid Specific **AutoAb's**
>200 IU/ml
- RAIU variable
- Treat with T4 only if hypothyroid
(to decrease goitre) or in high risk pts

Subacute Lymphocytic

- 2 Subgroups – **Postpartum** vs **Sporadic**
- 29-50% of all Thyroiditis
- Women 30-50yrs of age
- Initially Hyper-, then Hypo- then Euthyroid
- Postpartum thyroiditis carries ↑risk for recurrence in subsequent pregnancies
- Antibodies: Antimicrosomal, Anti TPO

Subacute Lymphocytic

- Present with Sx of Hyperthyroidism
- 50% have a small painless goitre
- ESR, WCC (N)
- T4 ↑↑ T3 ↑ (T4>T3)
- RAIU < 3%
- Treatment: β-Blockers in active phase, supplements in hypo phase

Subacute Granulomatous / De Quervains

- **Most common cause** of a painful thyroid
- Most likely cause – **Viral** infection, often from a preceding viral URTI
- Agents implicated include: Mumps, Coxsackie, Echo, EBV, Adeno, Flu-viruses
- Women > Men (3-5x)
- Geographical and seasonal distribution (Summer, Autumn)

Subacute Granulomatous / De Quervains

- Acute onset thyroid area pain
- ↑Pain with swallowing, head turning
- Radiation to jaw, ear or chest
- **ESR ↑**
- Thyroid: Firm, nodular, exquisitely **tender**
- T4 ↑↑ T3 ↑

Subacute Granulomatous / De Quervains

- ↑ Thyroglobulin
- RAIU ↓ < 2%
- 4 Phases –
 - 1) Acute pain, thyrotoxicosis (3-6 weeks)
 - 2) Transient euthyroidism
 - 3) Hypothyroidism (weeks to months)
 - 4) Recovery
- Rx: β -Blockers, NSAIDs, Prednisone

Inflammatory/Suppurative

- Rare, mostly Gr+ infection of the thyroid
- **Staph aureus**
- Other causes: Syphilis, mycobacterial, parasitic, fungal
- Mainly women 20-40yrs of age, with pre-existing thyroid nodules
- Sx of infection and inflammation, worse on swallowing. ESR ↑, WCC ↑
- TSH, T4, T3 usually (N)

Invasive Fibrous/Riedel

- Rarest, 83% Females
- Dense thyroid fibrosis
- Association with **multifocal fibrosclerosis**
- Hard Thyroid mass which may involve surrounding structures, usually unilateral
- ESR ↑, TFT (N)
- Diagnosis – Open biopsy.

An approach to Thyroiditis

