

* hypothyroidism → menorrhagea, regular period, but heavy #

* in thyroid → The signs & symptoms are not specific

100 micro/g ← Thyroxine دosis
normal range ← 4.9 = TSH
Thyroxine دosis
يمكن مع ذلك يعتبر شيء كالتالي، لأنه يمكن تزيده خلال الايام الحاي لذلك فالحال تكون هي 2 ← Normal Range
Target
← اذا زاد بعد اعادة الفحص (بعد ايام) ← بزيادة dose

* if TSH suppressed (low) & T₄ = Normal → subclinical hyperthyroidism
→ No symptoms

→ what's management : Just follow-up to prevent ...

* → الحالات التي ينبغي فيها subclinical hyper?

في ذلك 8 في نتائج
biochemical results

① → if there is symptoms of hyperthyroidism (sweating, tachycardia, AF in ECG, ...)

② → or with osteoporosis ← Risk factor لها
لذلك 8 من الكالسيوم

Primary care لا يولي في hyperthyroidism
monitoring complications / Thyroid Medic. / follow-up

* hypothyroidism, Thyroxin replacement therapy, U/S? → May has goiter dysphagia
→ Nodules → FUA
→ Cancers (السرطان)

* sub clinical hypothyroidism → ↑ TSH / Normal T₄

physiologically → 60 ← العمر مع تقدم السن

* if TSH more than 10 , نباش علاج

→ infertility و ممكن يكون سبب في العقم

* if Patient Goiter → we start LTT

* anti-bodies + of Hashimoto (TPO)

↓
hyper

↓
eu

↓
hypo

3- A nulliparous 34-year-old female comes to your office for evaluation of fatigue, hair loss and anterior neck pain. These symptoms have been gradually worsening for the past few months. Her past medical history is unremarkable. She has gained 5 kg (11 lb) since her last office visit 18 months ago. Examination of the thyroid gland reveals tenderness but no discrete nodules. Her TSH level is 7.5 U/mL (N 0.4–4.2), her T4 level is low, and her thyroid peroxidase antibodies are elevated. Which one of the following would be the most appropriate next step? Select one:

- a. Continue monitoring TSH every 6 months
- b. Begin thyroid hormone replacement and repeat the TSH level along with a T3 level in 6–8 weeks

c. Begin thyroid hormone replacement and repeat the TSH level in 6–8 weeks

- d. Order ultrasonography of the thyroid
- e. Order fine-needle aspiration of the thyroid

Question 1

Which of these is **not a risk factor for atrial fibrillation?**

- A. Hypertension
- B. Diabetes
- C. Hypothyroidism****
- D. Congestive heart failure

3- A 45-year-old **G2P2 woman** presents for annual examination. She reports regular menstrual cycles lasting 3 to 5 days. She exercises five times per week and reports no difficulty sleeping. Her weight is stable at 140 lb and she is 5 ft 8 in tall. Physical examination is unremarkable. Lab studies are normal with the **exception of a TSH**

value of 6.6 mU/L (normal 0.4–4.0 mU/L). Free T4 is normal. Which of the following represents the best option for management of **this patient's elevated TSH?**

- a. Repeat TSH in 3 months and reassess for signs of hypothyroidism.***
- b. Begin low-dose levothyroxine (25–50 µg/d).
- c. Recommend dietary iodide supplementation.
- d. Order thyroid uptake scan.
- e. Measure thyroid peroxidase antibodies (TPO Ab).

5. most common cause of hypothyroidism .-> primary hypothyroidism

Station 6

Pregnant women in her second trimester with history of one month fatigue

High TSH (**Normal Rang (0.4-4)**)

Normal T3,4

What is your diagnosis??

Subclinical hypothyroidism

What is your management??

Levothyroxine (because pregnancy is indication for treatment of subclinical hypothyroidism)



Station 7

What's called
??

Goitre


Mention the cause of
this condition ?

**Hashimoto's
thyroiditis**



Q8

- An asymptomatic patient coming for a check-up, turns out he has an elevated tsh yet normal t3,t4
- What is the diagnosis ?
- When do we treat it with levothyroxine

- 
- Subclinical hypothyroidism
 - When the TSH level is greater than 10
 - TSH level 5-10 with goiter or positive anti TPO antibodies
 - **مؤكد** patients at risk of coronary artery disease

Q6:

Hx of Asymptomatic patient with TSH 6.2 mIU/L

- A. What is the Dx?
- B. What is your management?

- A. Subclinical hypothyroidism
- B. Conservative (just follow up)



صورة فيها قيم ال T3, T4, TSH و كانت حاطه ال normal values

TSH high, T4, T3 normal

1- diagnosis : subclinical hypothyroidism

2- when do you treat it: pregnancy, infertility, when patient becomes symptomatic, goiter, dyslipidemia, refractory iron def. Anemia

بس 3

Q1 Case :

Table with value of (T3 / T4 / TSH)

T3 AND T4 normal كان فيه

TSH decrease

What diagnosis ? subclinical hyperthyroidism

Q3

What is this called?

Goiter

Test that you should do?

Serum TSH,T4,T3

Mention a differential diagnosis:

Hashimoto disease
(hypothyroidism)

