



AUTOIMMUNE THYROIDITIS - HASHIMOTO'S DISEASE INFORMATION

Autoimmune thyroiditis (also named Hashimoto's thyroiditis after its first descriptor) is the most common disease in adults that leads to long-term hypothyroidism.

The cause...

is a disorder of the immune system. Antibodies are formed in the blood, which leads to an inflammatory reaction in the thyroid gland and to a disturbance in thyroid hormone production.

Symptoms

In some patients, the thyroid gland becomes enlarged, while in others it becomes smaller over time. The enlargement often becomes noticeable through the formation of nodules or cysts.

The antibodies in the blood that are typical for Hashimoto's thyroiditis are the antibodies against thyroid peroxidase (TPO-AK) and the antibodies against thyroglobulin (Tg-AK). Thyroid function and antibody levels are not always linked. Thus, high antibody levels do not necessarily mean severe hypothyroidism and vice versa. Antibody levels are often highly variable during the course of the disease and higher levels do not automatically mean a worsening of the disease. Also, the antibodies do not give any information about how clinically conspicuous the disease is. There is a large proportion of patients with still normal thyroid hormone levels.

Course and consequences

If the disease is not detected early, the typical symptoms of hypothyroidism may occur.

Hashimoto's thyroiditis may be associated with one or more autoimmune diseases. Some patients also suffer from white spots on the skin (vitiligo), vitamin B12 deficiency (caused by autoimmune damage to the gastric mucosa), gluten intolerance (celiac disease), adrenal insufficiency (Addison's disease), or type 1 diabetes mellitus (very rare M Basedow, Autoimmune parathyroiditis).

In severe forms of the disease, the consequences of the damaged organs are often in the foreground, such as vitamin D deficiency, iron deficiency, anemia, depression, fatigue, weight gain, PCO syndrome, infertility, and increased numbers of miscarriages. If several of these autoimmune diseases are present, it is a so-called polyglandular ("multi-glandular") autoimmune syndrome.

Treatment

Treatment is aimed at replacing the failure of thyroid hormone. In most cases, failure of thyroid hormone production requires lifelong thyroid hormone intake. A familial accumulation is present, but there is no definite hereditary pattern.



Thyroid gland and childbirth

Since there is a renewed change in the immune system after childbirth, acute forms of autoimmune thyroiditis occur. This thyroid disease, which occurs postpartum, more frequently affects women in whom thyroid antibodies were previously detectable. Occasionally, hyperthyroidism occurs briefly at the onset of the disorder, as preformed thyroid hormone is released from destroyed thyroid cells by inflammation. The lack of subsequent production can then lead to temporary or permanent hypothyroidism.

The disease is often diagnosed at a late stage because, especially after the first childbirth, the disorders (fatigue, exhaustion, depressed mood) are associated with the general situation of the young mother and not necessarily associated with M Hashimoto.

HASHIMOTO REGIME

- twice a year blood draws all thyroid parameters including antibodies and red blood count (iron deficiency syndrome; Fe Vit B12 Vit D TSH, fT3 T3 fT4 T4 TK-AK, mTK-AK, TSH Rp AK) and Vit D (Vit D deficiency syndrome)
- once a year thyroid ultrasound
- Every 3 years gastroscopy due to long term effects (suspected atrophic autoimmune gastritis = a-gastritis)
- Thyrex/Euthyrox therapy to reduce AK (below 100)
- Target Values: TSH below 1, Ft3 T4 upper range

Hashimoto leads to thyroid under function, to inflammatory infiltration of the endometrium and is often part of a multi-autoimmune disease.