

# Thyroiditis

## Acute thyroiditis

Acute thyroiditis is currently a relatively rare infectious purulent inflammation of the thyroid gland.

### Etiology

It is usually caused by a bacterial inflammatory condition in the orofacial area or by septic metastasis in immunocompromised persons, or it may have a tuberculous origin.

### Clinical picture

- Local redness above the thyroid gland;
- palpable pain;
- fever.

### Diagnostics

The clinical picture is the basis for diagnosis. There is increased sedimentation, leukocytosis and high CRP in the laboratory findings. These imaging methods are used: USG and thin needle aspiration biopsy (FNAB).

### Therapy

Broad-spectrum antibiotics in high doses, but best targeted after culture examination.

## Subacute thyroiditis

Subacute thyroiditis (De Quervain's, granulomatous, giant cell thyroiditis) is a relatively common inflammation of the thyroid gland, more common in women. Unlike acute thyroiditis (which has bacterial etiopathogenesis), subacute is most often caused by viruses. The disease often begins immediately or very shortly after a viral infection of the upper respiratory tract.



Thyroid ultrasound

### Clinical picture

The symptoms are:

- painful swelling in the thyroid gland, which can shoot into the jaw and ear,
- general symptoms (fatigue, subfebrile),
- symptoms of transient destructive hyperthyroidism (when a large part of the parenchyma is affected) – palpitations, sweating, nervousness.

### Diagnostics

The basis for diagnosis is the clinical picture of the patient. In the laboratory, we find increased sedimentation and slightly increased CRP. In transient hyperfunction, there is a decrease in TSH and an increase in free-T4. Ultrasound and FNAB are used for imaging methods.

### Therapy

The treatment consists of the administration of anti-inflammatory drugs: the first choice is non-steroidal anti-inflammatory drugs, if the difficulties do not subside, we administer glucocorticoids. Subacute thyroiditis, which affects a large part of the gland volume, can progress to hypothyroidism, then we indicate thyroxine.

### Prognosis

Most patients are curable, 10% of patients turn into permanent hypothyroidism.

## Chronic thyroiditis

Chronic thyroiditis (chronic autoimmune thyroiditis, Hashimoto's thyroiditis, etc.) is a chronic *autoimmune* thyroiditis. It is the most common cause of hypothyroidism, but it may not develop in all cases.

### Epidemiology

A common disease, it occurs in about 5% of the population with a predominance of women (4:1).

## Etiopathogenesis

The etiology is unknown, the production of antibodies and the sensitization of lymphocytes by thyroid antigen are involved in the pathogenesis.

## Clinical picture

It usually occurs completely asymptotically for a long time. Hypothyroidism is the most important clinical set of symptoms. In the initial phase, diffuse goiter may occur (usually painless), but in the further course, the thyroid gland usually shrinks (atrophy).

## Diagnostics

Diagnosis is based on the card

1. antibodies against thyroid Ag (TgAb, TPOAb),
2. USG (hypoechoic inhomogeneous thyroid gland).

We will also add an examination of thyroid function (free-T4, TSH).

## Therapy

Thyroid hormone replacement therapy is initiated in hypothyroidism. We monitor a patient without a significant thyroid disorder.

## Riedel's thyroiditis

Riedel's thyroiditis is a rare form of chronic thyroiditis, the incidence is estimated at 0.04-0.3%, it affects women more often. It is often associated with other disorders of the immune system in terms of autoimmune diseases. This is probably a manifestation of IgG4-associated disease.

The clinical manifestation is non-specific, the usual manifestation is solid goiter with manifestations of rather mechanical oppression. Thyroid hypofunction may be present in some patients, in another part it may develop during the course of the disease, but it is not a characteristic manifestation. A relatively common feature is local invasion. Histopathology is diagnostically important, Riedel's thyroiditis may be less distinguishable from the fibrous form of Hashimoto's thyroiditis and from tumor changes. Only one case report with a fatal course has been published, otherwise the disease does not seem to shorten life.

## References

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