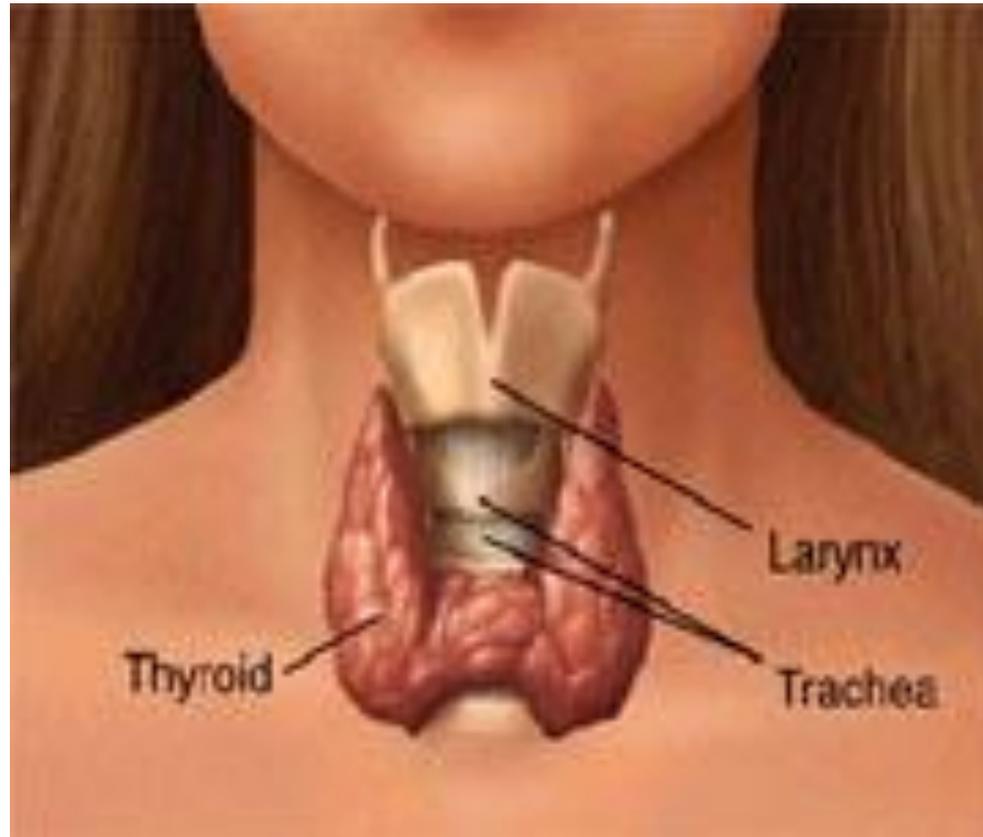


Doenças da Tireoide

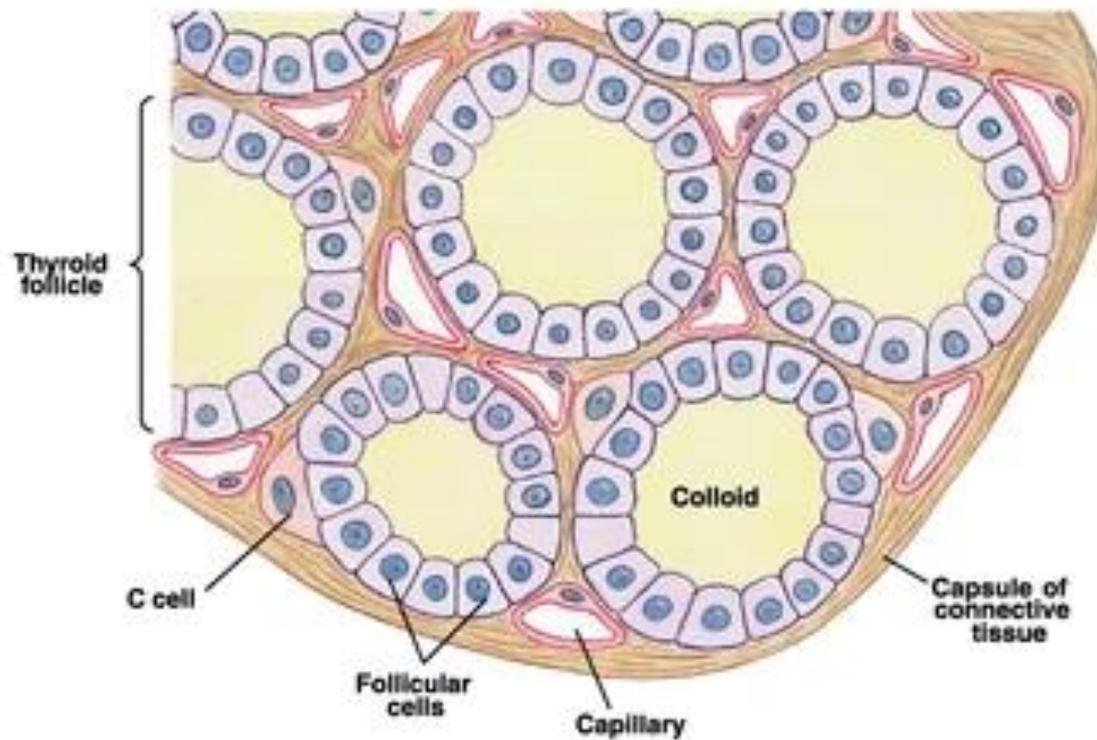
Chiara Beletato

Anatomia

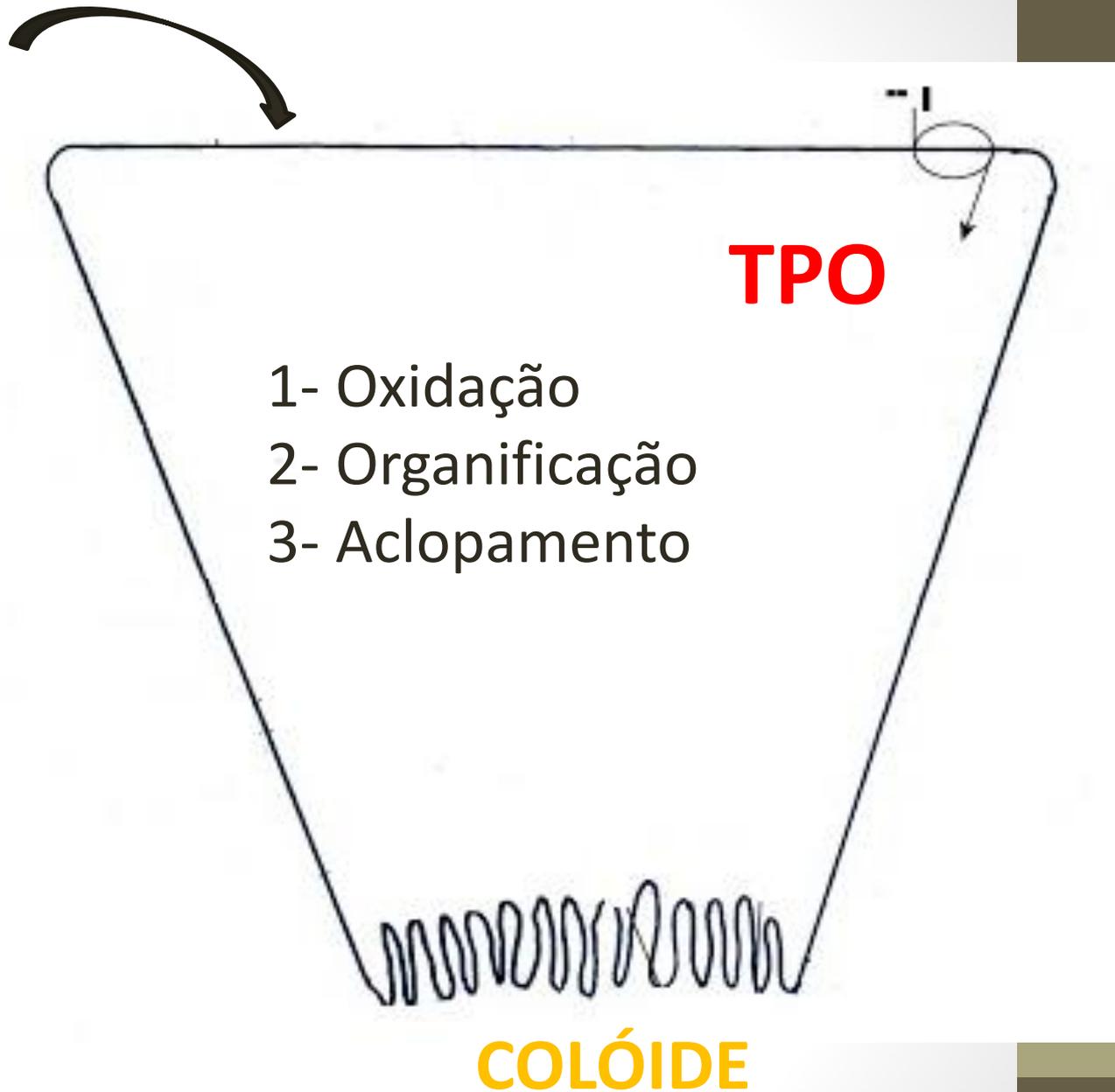
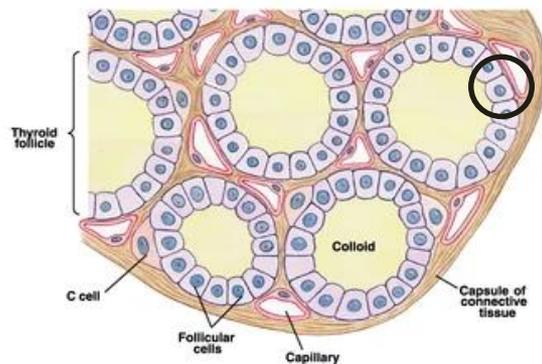


Fisiologia

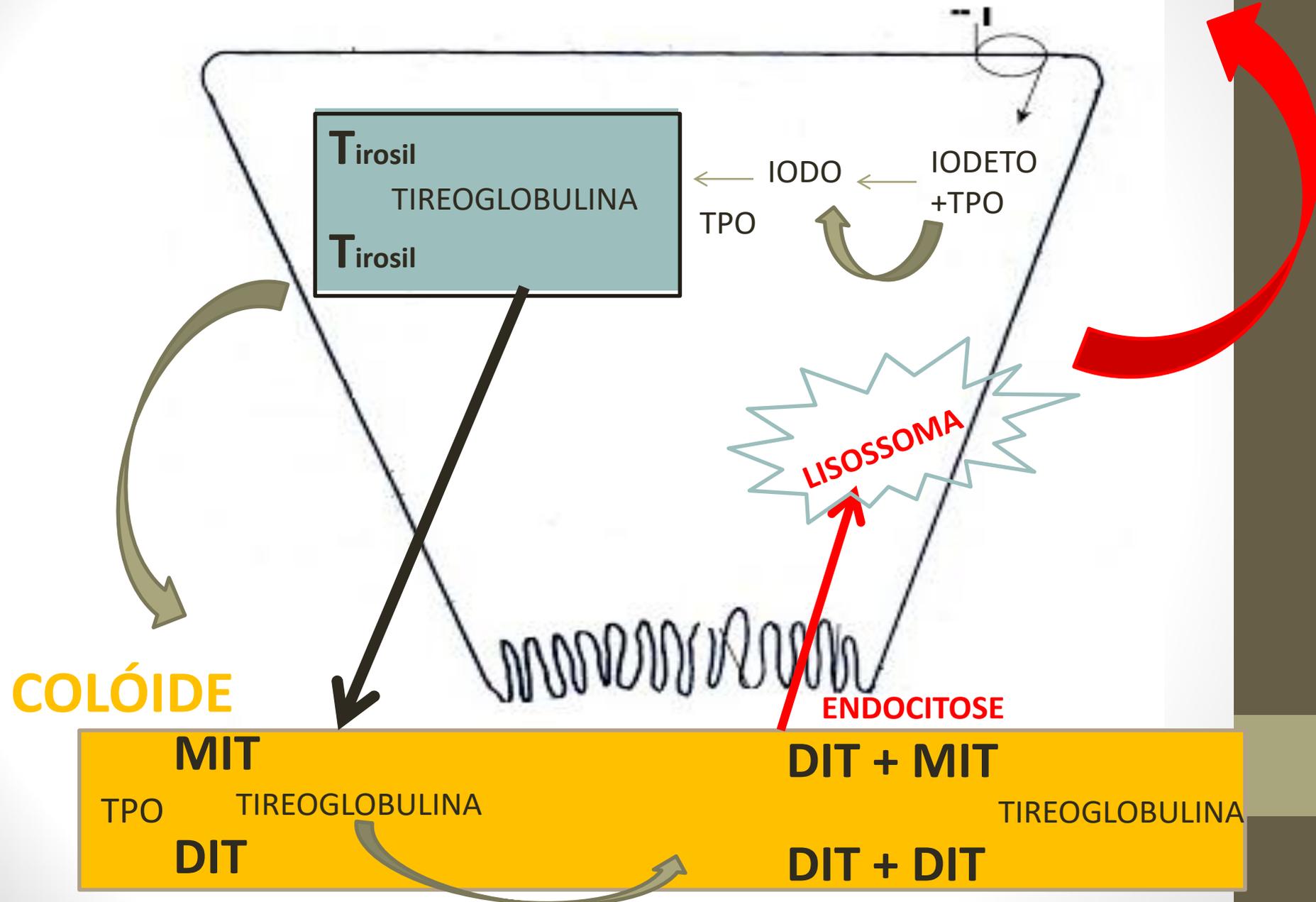
Section of thyroid gland

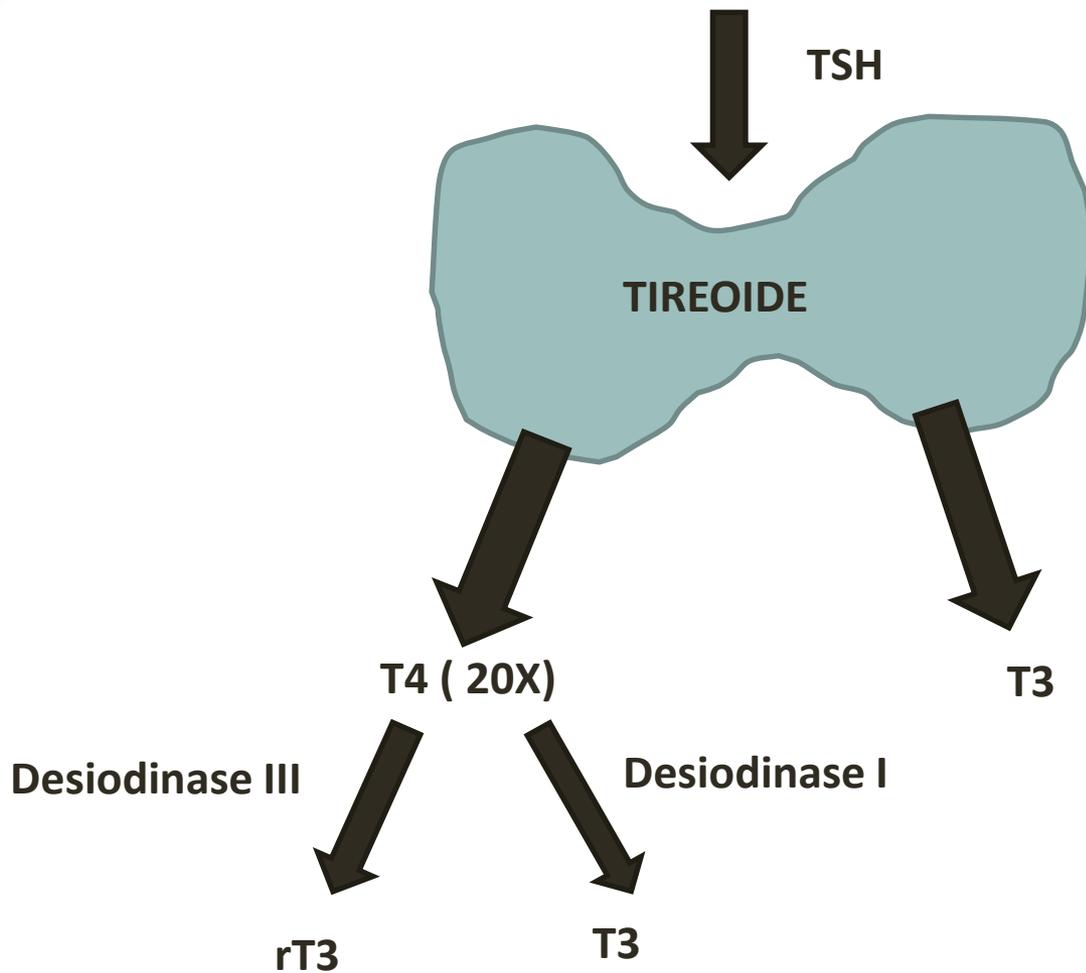


Section of thyroid gland



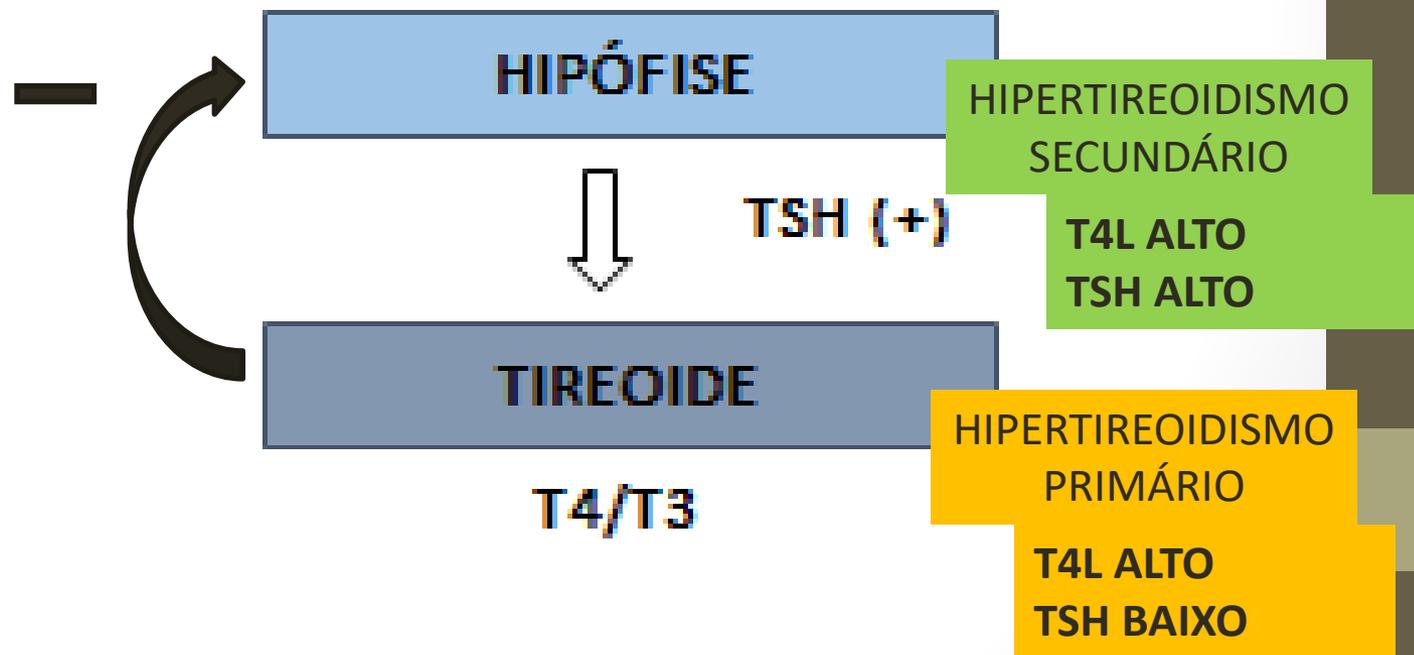
T3 e T4





- propicia recep Beta-adrenergico
- Estimula met. Basal
- Produz calor

Relembrando - EIXO



Hipertireoidismo

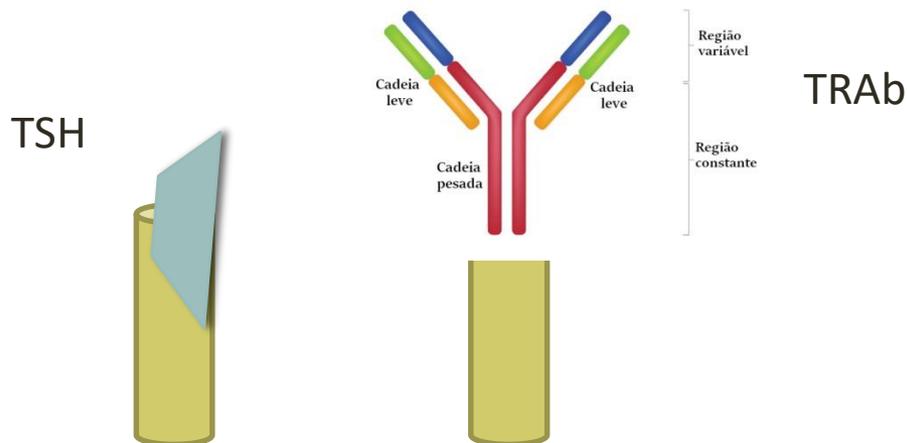
- Hipertireoidismo
 - Doença de Graves
 - 85 – 90% responsável
 - Distúrbio autoimune
 - Bócio Multinodular tóxico
 - Doença idosa
 - Causa desconhecida
 - Adenoma Tóxico (Doença de Plummer)
 - Mutação de um grupo de folículo tireoidiano
 - Tumor hipofisário produtor de TSH

Hipertireoidismo

- Clínica
 - Insônia, nervosismo, intolerância ao calor, perda de peso, sudorese, polifagia, emagrecimento, hiperdefecação, tremor, taquicardia, queda de cabelo, pele quente, úmida, HAS divergente.

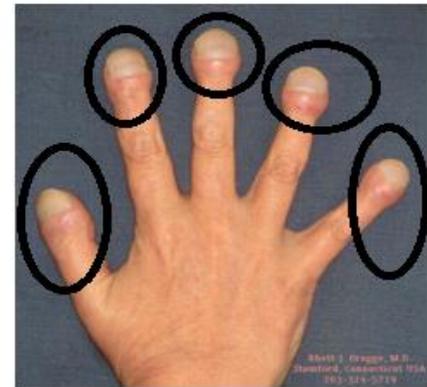
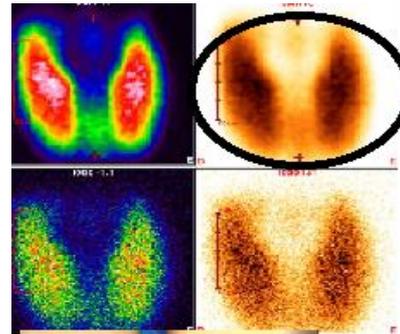
Doença de Graves

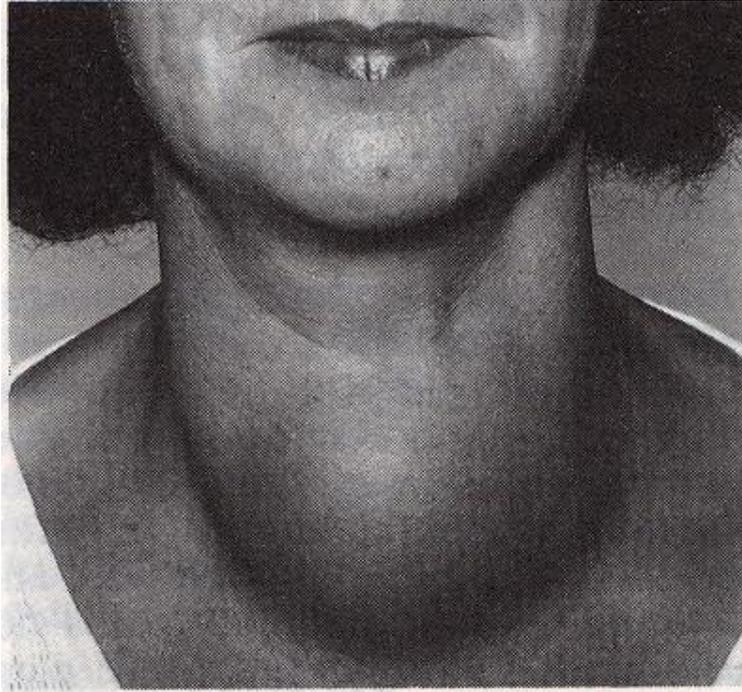
- Representa 85 – 90%
- Doença auto – imune (TRAb)
- 20 – 50 anos de idade
- 9 mulheres/ 1 homem



Manifestações típicas

- Bócio difuso
- Exoftalmia
- Mixedema pré-tibial
- Baqueteamento digital





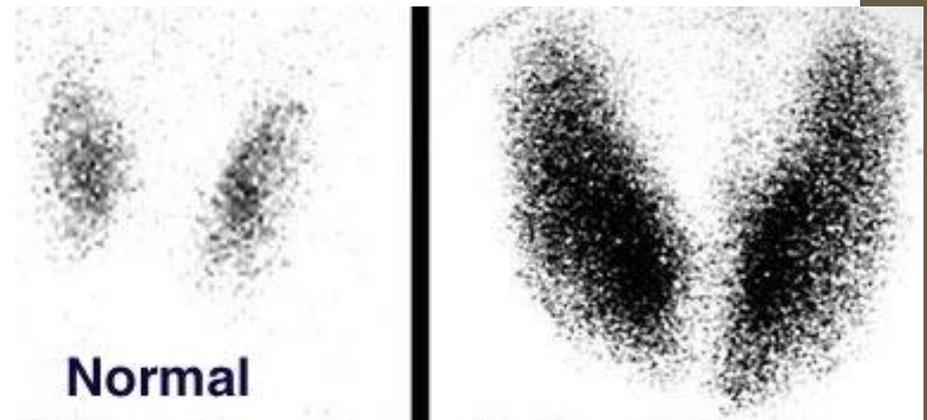
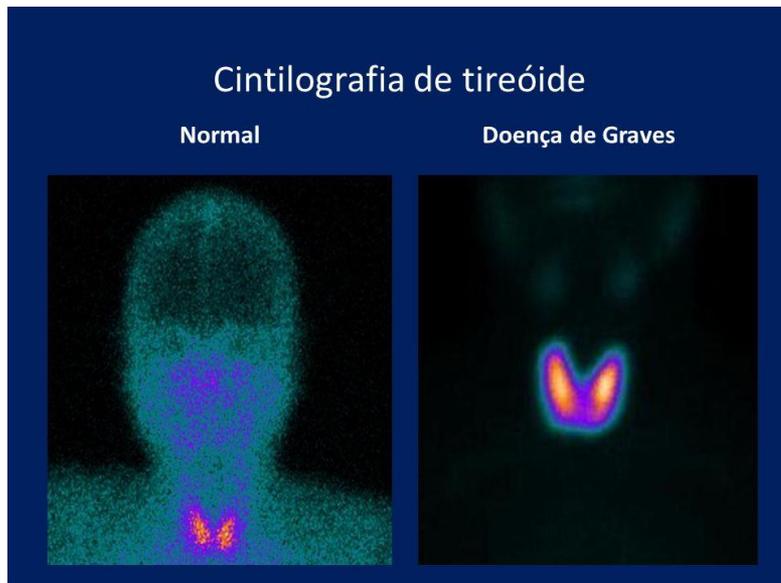
Sopro
Frêmito

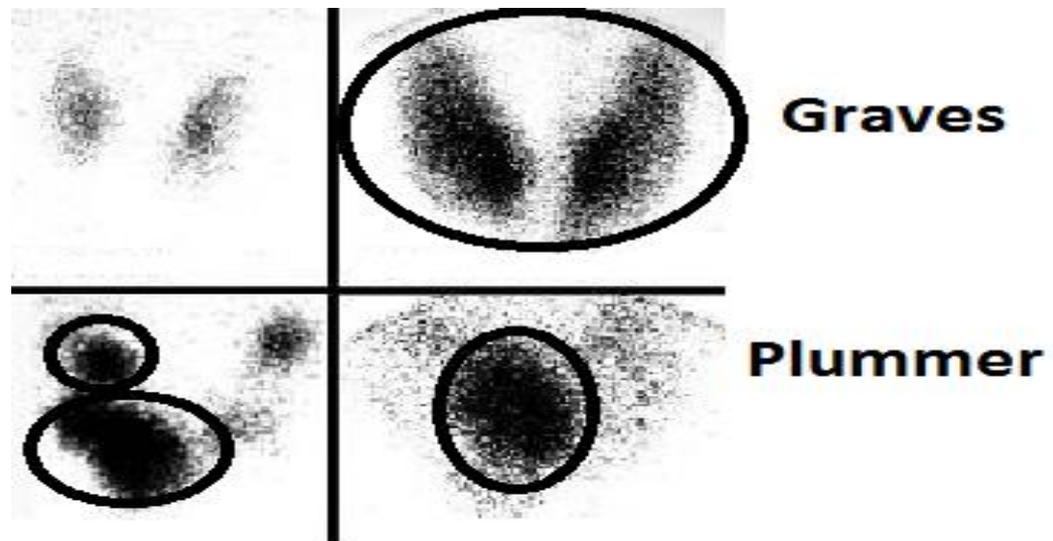
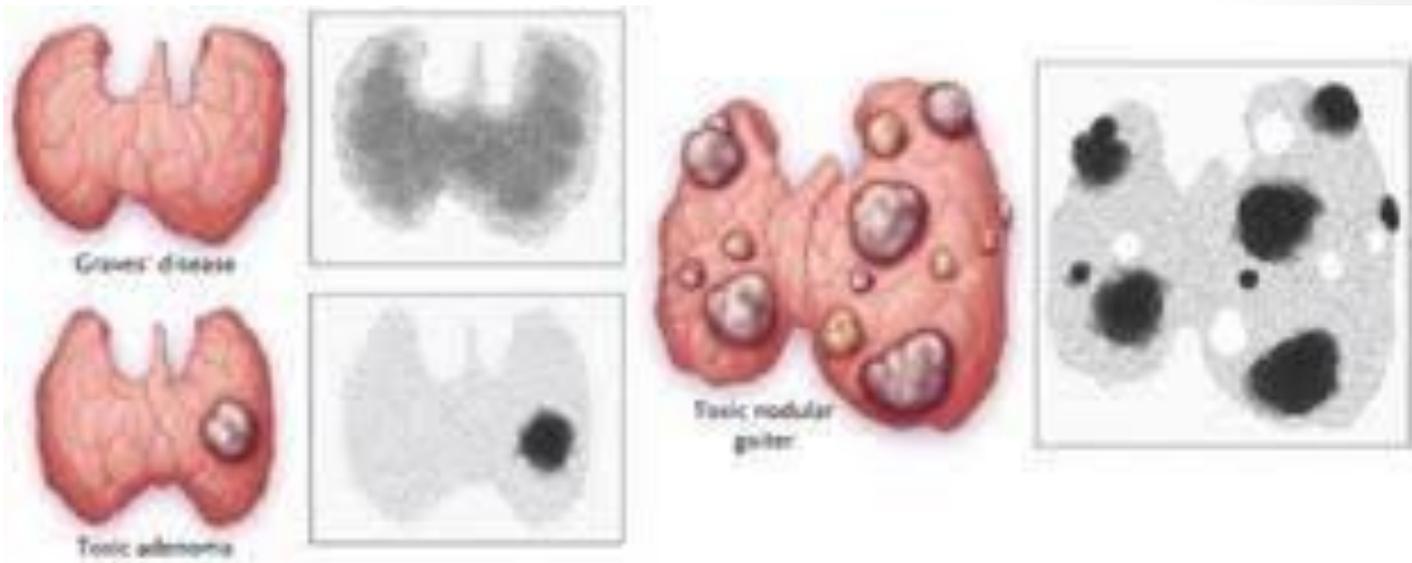
Doença de Graves

- Diagnóstico
 - Função tireoidiana
 - TSH suprimido $< 0,05\text{u/ml}$
 - T4 livre alto
 - Na dúvida:
 - Anticorpo – Anti – receptor de TSH (TRAb)
 - 100% dos casos

Doença de Graves

- Exame Complementar:
 - Cintilografia da tireoide – captação difusa





Doença de Graves

- RAIU 24h

