

A study of 100 cases of hyperthyroidism



Medical Science

KEYWORDS :

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ABSTRACT

100 patients of Graves' hyperthyroidism from August 2009 to July 2011 are studied for the Clinical Profile of hyperthyroidism and theresponse to therapy (Carbimazole and Radioactive iodine) in hyperthyroidism from which the conclusion drawn is increasing age is associated with clinically less severe hyperthyroidism and The full dose of radioactive iodine therapy and Antithyroid drugs are equally effective (80 to 90%) in the management of Graves' hyperthyroidism.

INTRODUCTION:

Thyroid disorders are the most common among all the endocrine disorders in India Among the thyroid disorders hyperthyroidism is a common clinical problem, which is frequently missed due to wide range of clinical manifestation, varying from subclinical hyperthyroidism to life threatening thyroid storm.

In India, According to a projection from various studies on thyroid disease, it has been estimated that about 42 million people in India suffer from thyroid diseases (10). The prevalence of hyperthyroidism is estimated around 0.1% in India (9) In India, According to a projection from various studies on thyroid disease, it has been estimated that about 42 million people in India suffer from thyroid diseases (10). The prevalence of hyperthyroidism is estimated around 0.1% in India (9). The most common cause of thyrotoxicosis is Grave's disease followed by toxic multinodular goiter (TMNG), solitary toxic adenoma and thyroiditis.

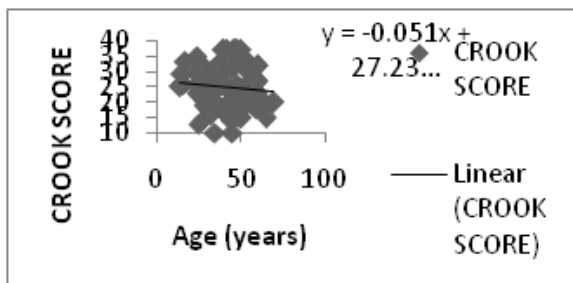
AIMS AND OBJECTIVES:

Aims and objectives of our study are,

- To Study the Clinical Profile of hyperthyroidism.
- To study the effect, side effect and response to therapy (Carbimazole and Radioactive iodine) in hyperthyroidism.

METHODS AND MATERIALS:

We have studied 100 patients with hyperthyroidism from August 2009 to July 2011. All the patients were evaluated regarding detailed history and thorough physical examination was done. All the patients were investigated in the form of routine investigation and Thyroid function test (S. TSH, S. Free T4, S. Free T3). ECG, Chest X-Ray, USG Thyroid, Thyroid scan and 2D ECHO was done when required. Response to the therapy was noted. Crook Waynes Index is also considered for this study.



RESULTS:

Age (Year)	In study (n = 100)
15 to 30	30
31 to 44	29
45 to 60	32
≥ 61	03

All over mean crook score in our study is 20.21 ± 6.62 , In our

study we found that there was a negative correlation ($r = -0.9949$) between age and crook score, which suggests that increasing age, is associated with clinically less severe hyperthyroidism. It is also supported by study of Xander et al (21) carried out with Hyperthyroid Symptom Scale (HSS).

SYMPTOMS	Present study (n = 100)
Tachycardia	99
Palpitation	97
Finger tremor	97
Tiredness / weakness	95
Hyper kinesis	94
Weight loss	90
Anxiety	89
Heat intolerance	80
Excessive sweating	75
Warm & moist hand	67
Goiter	66
Increased appetite	63
Diarrhea	50
Lid lag	35
Exophthalmos	31
Oligomenorrhea	25
Breathlessness	14
Proximal myopathy	2
Dermopathy	1
Atrial fibrillation	1

SUMMARY & CONCLUSION:

- Graves' disease is more common in young adult population, affecting female more than male. Increasing age is associated with less severe hyperthyroidism.

Response to RAI	Hyperthyroidism	Hypothyroid	Euthyroid
Our study (n=50) (%)	26	74	0

- The full dose of radioactive iodine therapy and Antithyroid drugs are equally effective (80 to 90%) in the management of Graves' hyperthyroidism. In both the group treatment response and outcome were more favorable in female patients, old age, small goiter, mild exophthalmopathy and low basal free T4 level. Predilection of treatment failure is seen in male gender, young age, large goiter, moderate to severe exophthalmopathy, high basal free T4 level, higher 24hr radioactive iodine uptake and longer duration of pretreatment with antithyroid drugs. All the patients put on radioactive iodine therapy will get hypothyroid stat and lifelong levothyroxine supplement to maintain euthyroid stat. Carbimazole is also effective and requires dose titration and monitoring for side effects like hepatotoxicity, agranuloc-

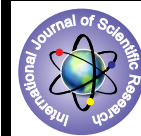
tosis and dermatopathy at regular interval. Fortunately in our population these side effects are negligible.

Response to drugs		3 month	6 month	12 month
Our study (n=44) (%)	Euthyroid	81.81	86.36	90.9
	uncontrolled	18.19	13.64	09.1

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Study Of 50 Cases of Neuropathy in Type II Diabetes Mellitus



Medical Science

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ABSTRACT

Study of 50 cases of diabetic neuropathy of type 2 DM patients having complication of diabetic neuropathy studied with clinical examination and other parameters. Conclusion showing sensory type of autonomic neuropathy 62%, sensory-motor type in 38% and autonomic neuropathy in 52%.

INTRODUCTION:

Long standing diabetes mellitus is usually complicated by some form of neuropathy which may be symmetrical or asymmetrical. It may be rapidly reversible, persistent symmetrical, focal or mixed. This is a study of 50 cases of neuropathy in type II diabetes mellitus.

AIMS AND OBJECTIVES:

- (1) To study clinical presentation of diabetic neuropathy in type 2 DM.
- (2) To study biochemical parameters in diabetic neuropathy.
- (3) To study outcome of patients of diabetic neuropathy.

MATERIALS AND METHODS:

50 patients of type 2 DM having diabetic neuropathy taken for study from august 2009 to November 2011. Detailed history, clinical examination including CNS with biochemical parameters like FBS, PPBS, HbA1c, CBC, ESR, RFT, SGPT, S.electrolytes, S.TSH, urine albumin, fundus, chest X-ray, USG kidney are seen in each patients with standardized protocol.

OBSERVATION AND DISCUSSION:

AGE: SEX:

Sex	Numbers
Male	31(62%)
Female	19(38%)

Age(yrs)	Numbers
<30	2(4%)
31-40	5(10%)
41-50	11(22%)
51-60	14(28%)
61-70	12(24%)
>70	6(12%)

TYPE OF NEUROPATHY:

TYPE	NUMBERS
Sensory	31(62%)
Sensory-motor	19(38%)
autonomic	26(52%)

Duration of DM:

Duration	Numbers
<5 years	14(28%)
6-10 years	13(26%)
>10 years	23(46%)

PRESENTING COMPLAINS:

Numbness and/or tingling in limbs	45(90%)
Burning pain in feet	22(44%)
Dyspepsia/ flatulence	18(36%)
Ulcers and/or fissures in feet	18(36%)
Motor weakness of limbs	16(32%)
Vision problems	15(30%)
Giddiness	11(22%)
Decreased or increased sweating	10(20%)
Urinary hesitancy /retention/urgency/ incontinence	8(16%)
Cranial nerve involvement	4(8%)
Charcoat joint	4(8%)
Chronic diarrhea	3(6%)

SUMMARY AND COCLUSION:

- 50 patients of type 2 Dm having neuropathy, age group 41-70(74%), males more than females (M:F ratio 1.62:1) mainly from upper middle class(64%) were studied from Aug 2009 to Nov 2011.
- Clinical presentation of neuropathy in type 2 DM was mainly sensory symptoms (tingling, numbness, burning feet in 94% patients) followed by autonomic symptoms (52%), motor symptoms(32%), vision problems(30%) and cranial nerve involvement(8%).
- 62% patients had pure sensory neuropathy while 38% patients had sensory-motor neuropathy. Autonomic neuropathy seen in 52% patients.
- 52% patients had small fiber neuropathy, 42% patients had small and large fiber neuropathy, 3% patients had large fiber neuropathy.

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