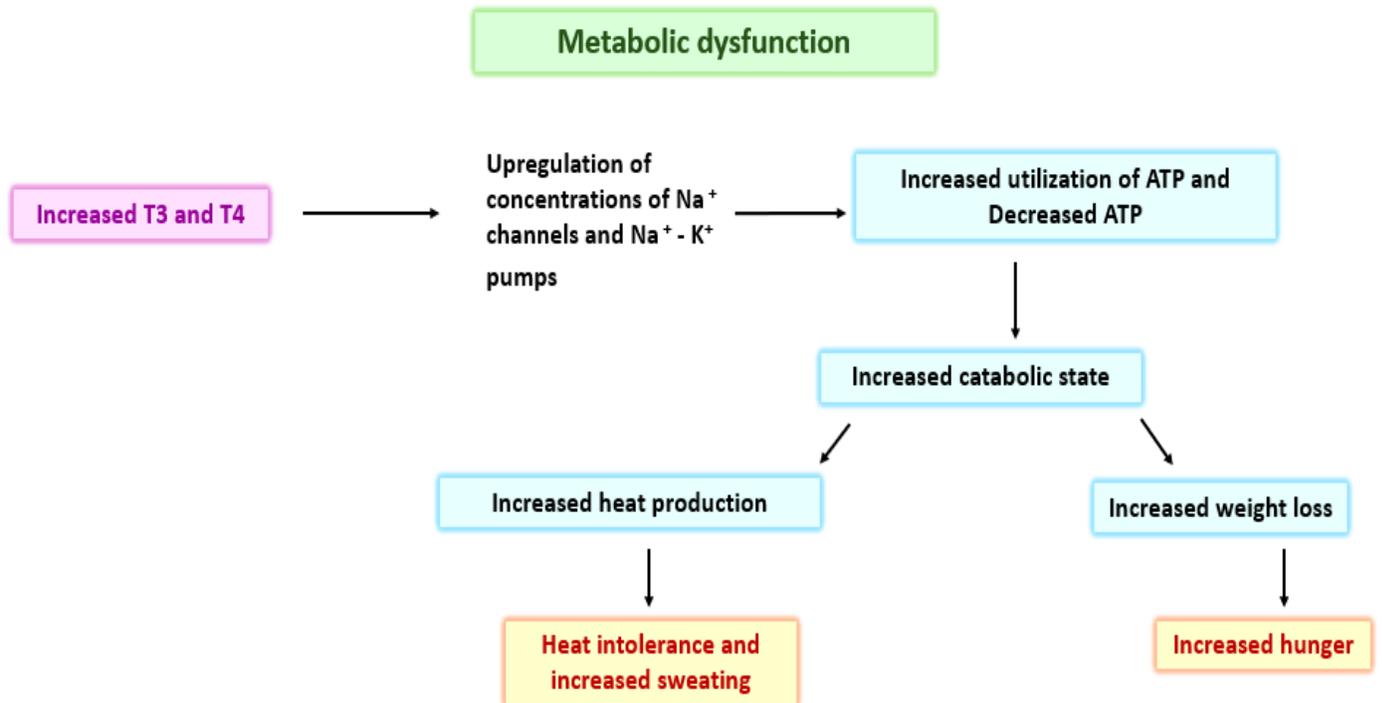
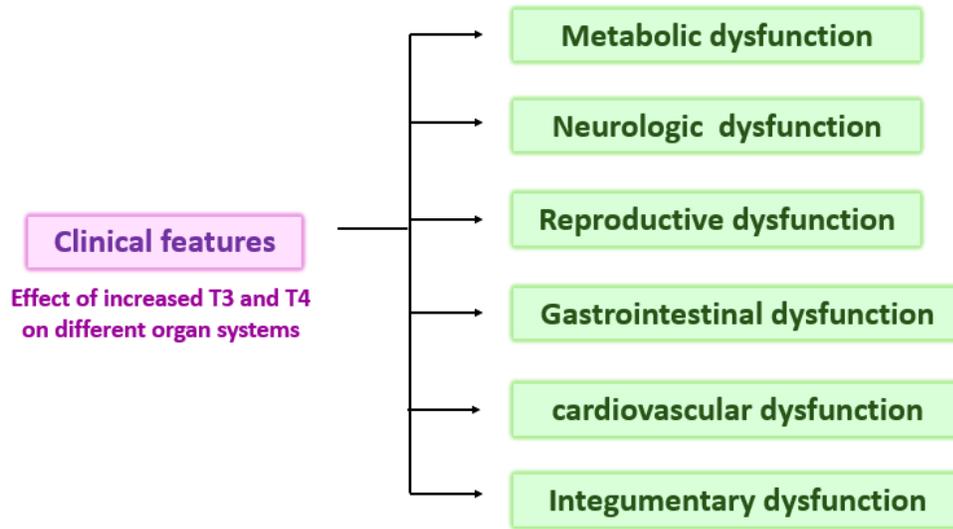
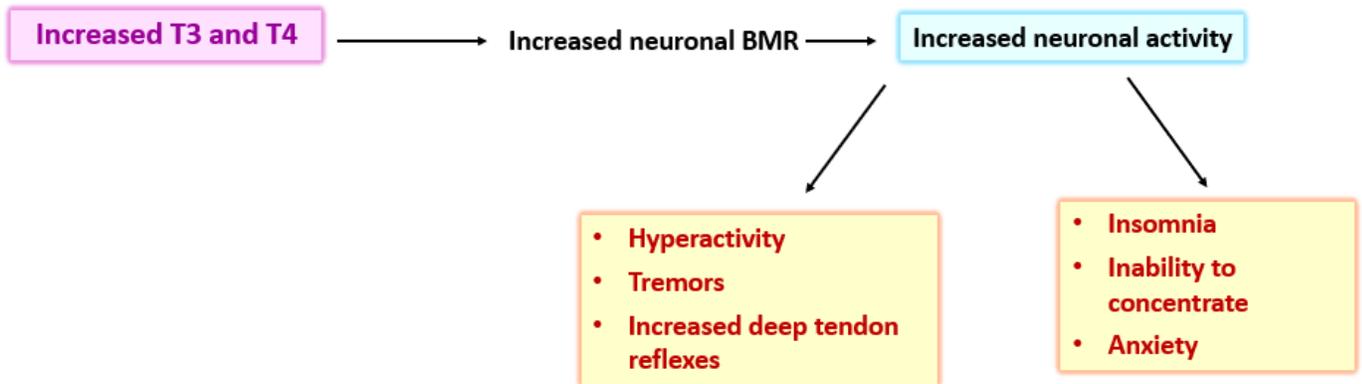


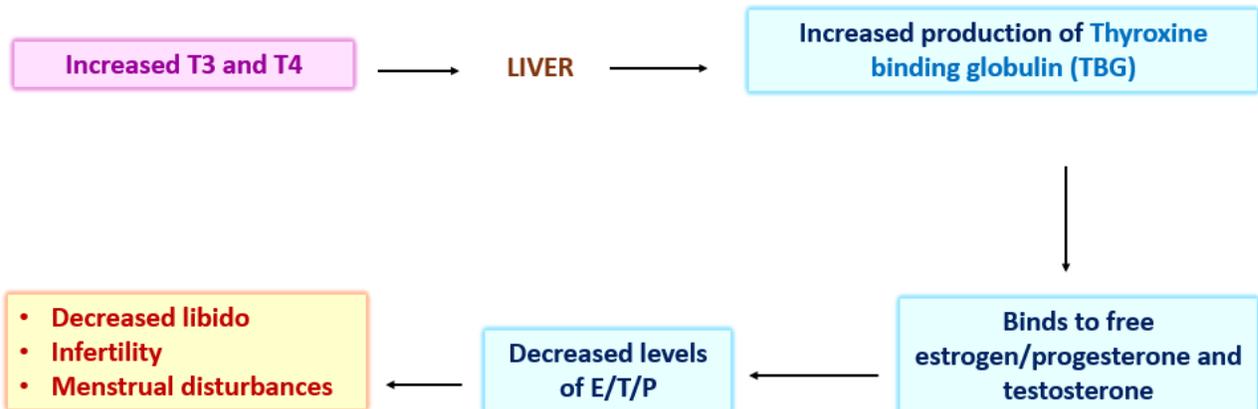
HYPERTHYROIDISM – CLINICAL FEATURES AND DIAGNOSIS



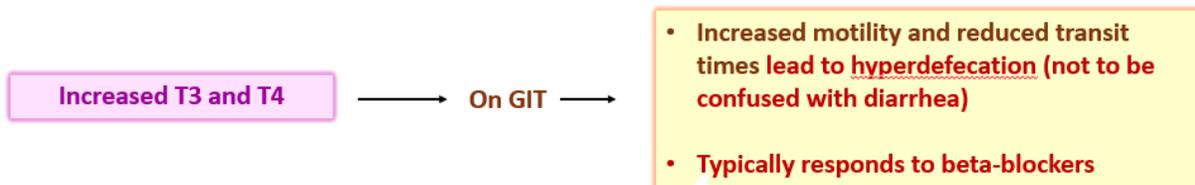
Neurologic dysfunction



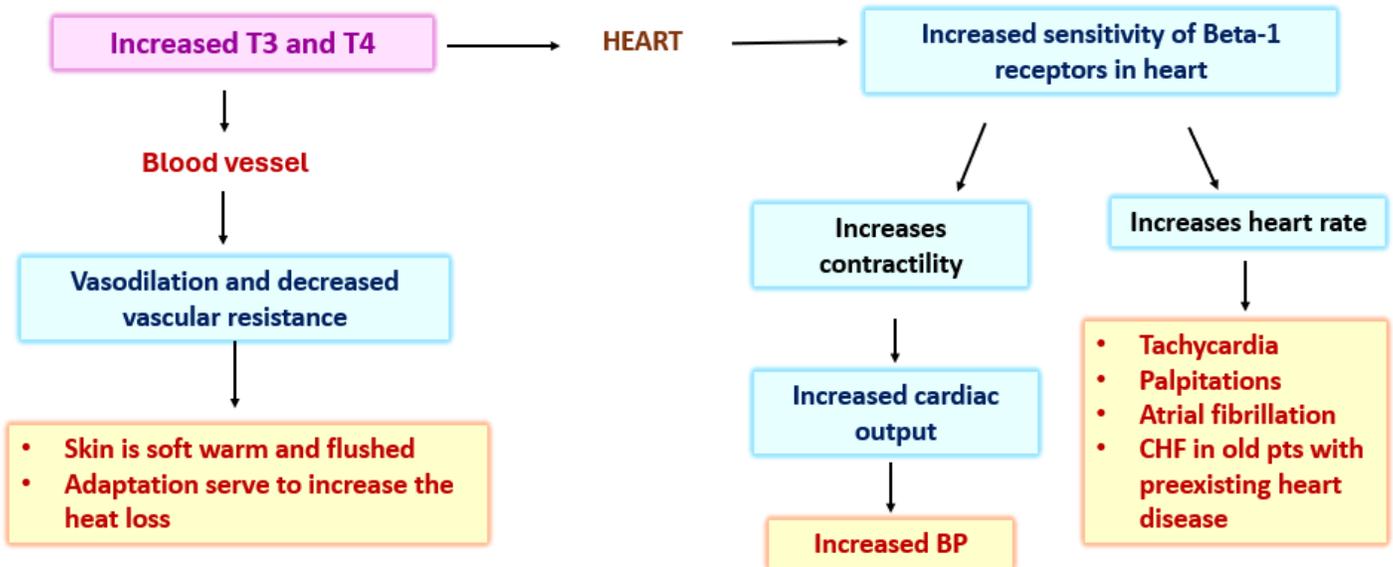
Reproductive dysfunction



Gastrointestinal dysfunction



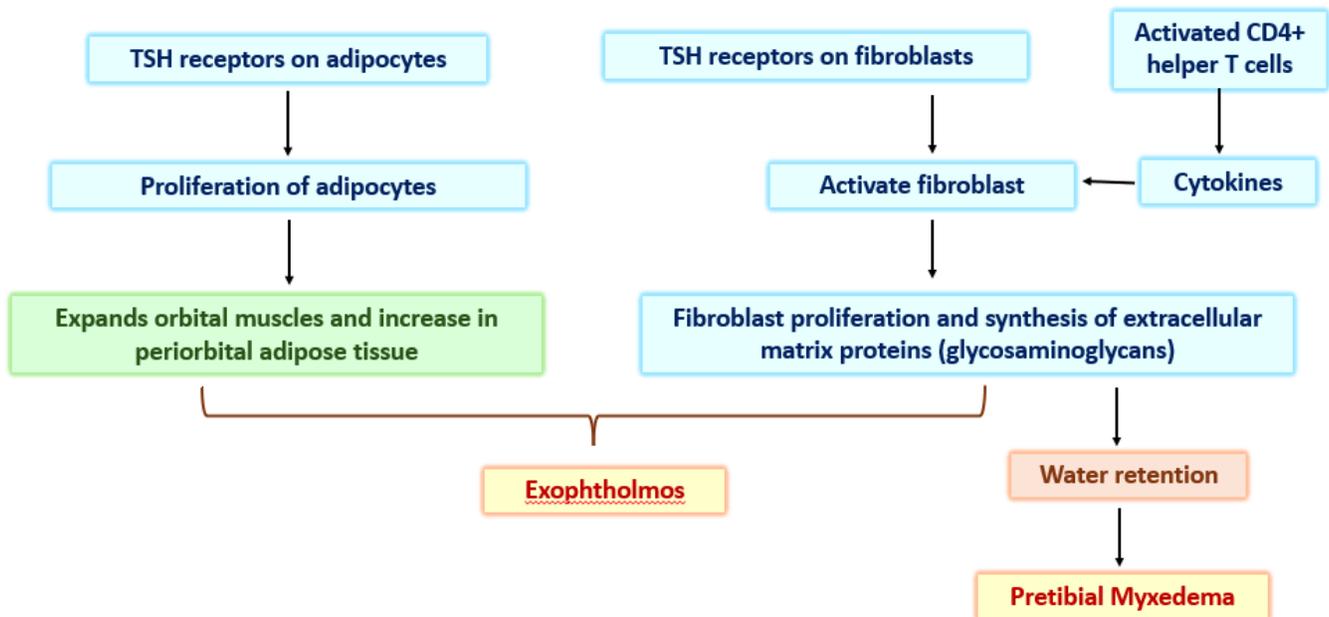
cardiovascular dysfunction



Integumentary dysfunction

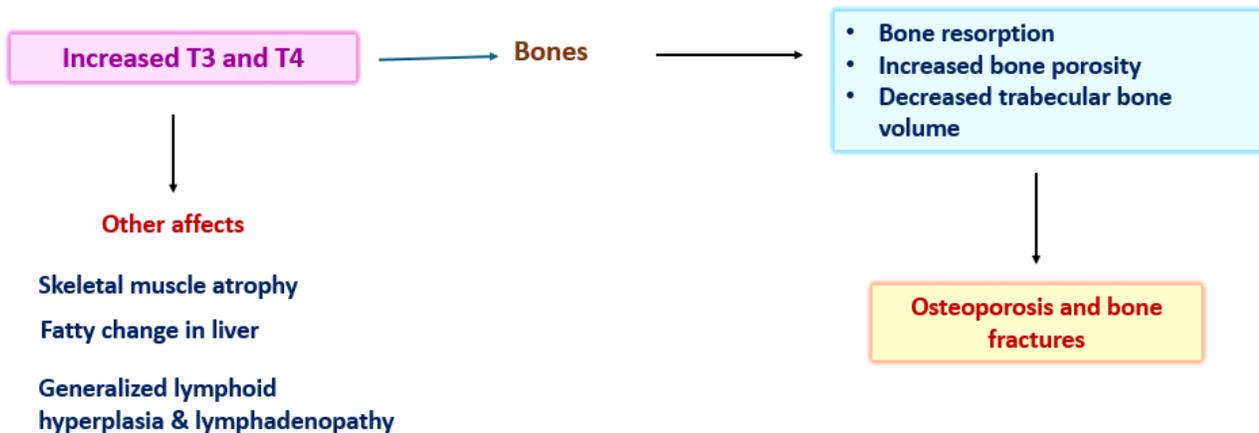
SEEN ONLY IN GRAVES DISEASE

TSH receptors are also found in extrathyroidal tissue including lymphocytes, pituitary, testis, bone, adipocytes, and fibroblast



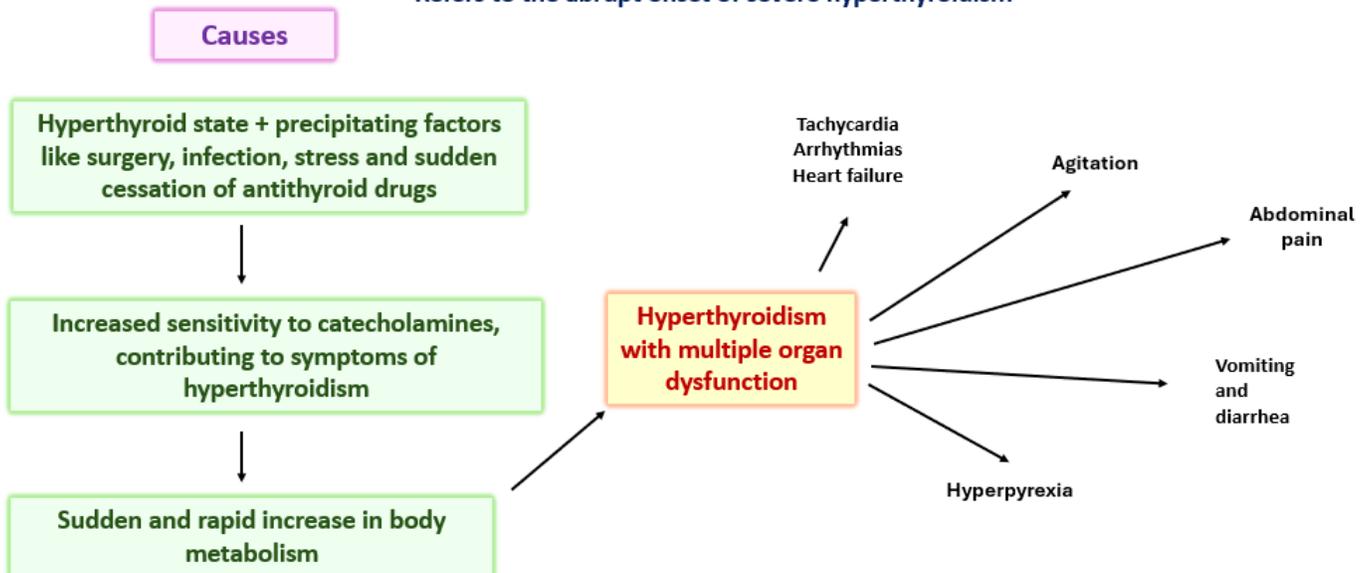
Ocular changes

- A wide, staring gaze and lid lag are present because of sympathetic overstimulation of the superior tarsal muscle (also known as Müller's muscle), which functions along side the levator palpebrae superioris muscle to raise the upper eyelid
- True thyroid ophthalmopathy associated with proptosis occurs only in Graves disease



THYROID STORM

Refers to the abrupt onset of severe hyperthyroidism



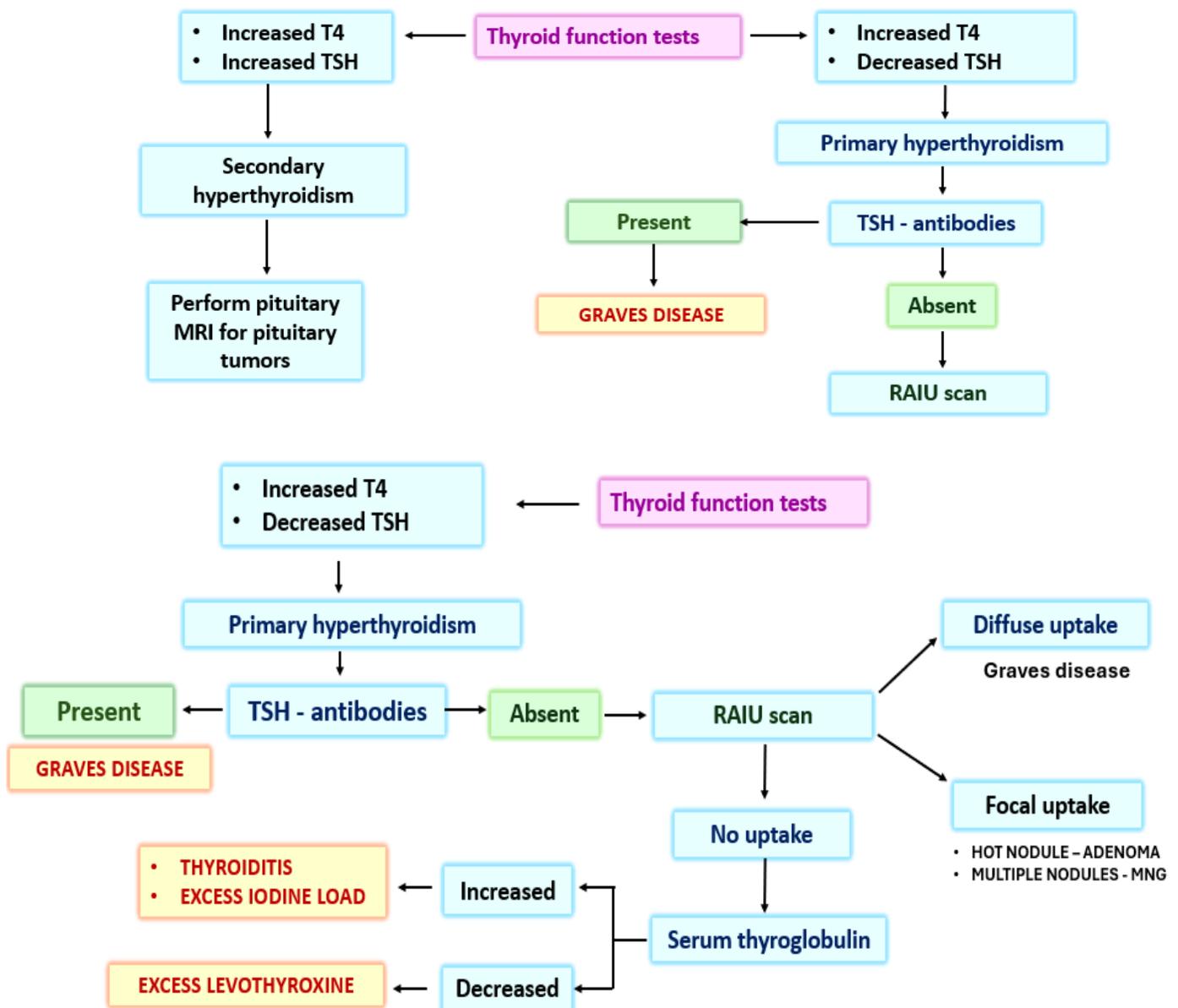
Thyroid storm is a medical emergency as untreated patients die of cardiac arrhythmias

Clinical Features

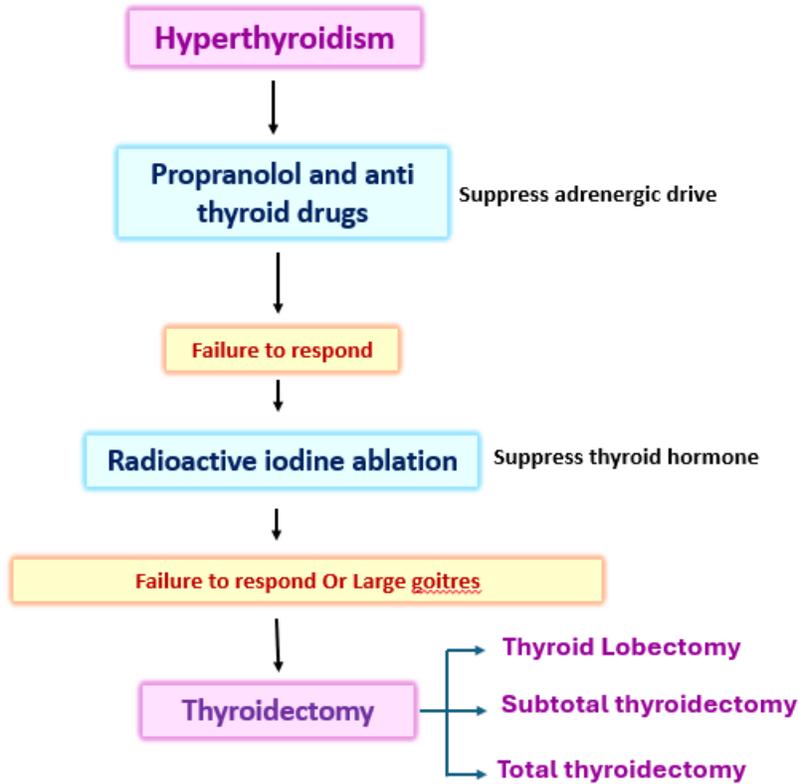
Apathetic hyperthyroidism

- refers to thyrotoxicosis occurring in older adults
- Typical clinical features of hyperthyroidism are blunted due to age and comorbidities
- Diagnosis is often made during laboratory workup for unexplained weight loss or worsening cardiovascular disease

LABORATORY DIAGNOSIS OF HYPERTHYROIDISM



HYPERTHYROIDISM- TREATMENT



SUMMARY

CLINICAL FEATURES OF HYPERTHYROIDISM

