# BÖLÜM 8

# KONJENİTAL HİPOTİRODİ: TANI, TEDAVİ VE YENİDOĞAN TARAMA PROGRAMININ ÖNEMİ

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## 1. KONJENİTAL HİPOTİROİDİYE GİRİŞ

Embriyogenezin 4. haftasında primitif farinksin tabanındaki endodermal kalınlaşmadan gelişen primordial tiroid bezi, gestasyonun ilk 10-12. haftasına kadar normal yeri olan trakeanın üst kısmı ile larinksin aşağısı arasındaki boyun ön bölgesine doğru doğru göç eder. Dar bir isthmus ile birbirine bağlı bilober şeklini alır ve iyotu tutma ve tiroid hormonlarını salgılama kapasitesini geliştirir. Tiroid bezinin uyarıcı TSH hormonu aracılığı ile hipofiz tarafından kontrolü ikinci trimesterde başlar (1). Tiroid bezi 15-20 gram arasında değişen ağırlığı ile erişkin vücudundaki en büyük endokrin bezdir. Boynun ön yüzünde tiroid lobları sternohyoid ve sternotiroid kaslarıyla örtülüdür. Üzerinde serum kalsiyum konsantrasyonunun düzenlenmesinden sorumlu Paratiroid hormon (PTH) salgılayan 4 adet paratiroid bezi bulunur.

Tiroid bezinin yapısal ünitleri içleri kolloid ile dolu foliküllerdir. Foliküller, tiroid hormon salınımından sorumlu esas/foliküler hücreler ile kalsitonin salınımında görev alan parafoliküller (C) hücrelerden oluşur. Kolloid tiroid bezinin %30'unu oluşturur ve glikoprotein yapıdaki Tiroglobulin (TG) depolar. Tiroglobulin ise folikülde 2-3 ay yetecek kadar T3 ve T4 hormonlarını depo edebilir. Normalde kanda çok düşük düzeylerde bulunur, Graves hastalığı ve Tiroiditte çok yüksek düzeylere ulaşır.

Tiroid hormonu fiziksel ve nörolojik gelişimde kritik rol oynar. Konjenital hipotiroidi (KH) erken tanınıp uygun şekilde tedavi edilmezse geri dönüşümsüz olarak büyüme- gelişme geriliği ve kognitif fonksiyon bozuklukları ile sonuçlanabilir (2,3).

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