BÖLÜM 10

KRONİK TİROİDİTLER

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Tiroid fonksiyonu için gerekli bir element olan iyot dünya genelinde diyetle alımın yeterli olmadığı durumlarda hipotiroidiye yol açmaktadır. Hipotiroidinin en sık nedeni iyot eksikliğidir. İyot yetersizliği görülmeyen ya da iyot yetersizliği açısından replasman programları yürütülen bölgelerde hipotiroidinin en sık sebebi kronik otoimmün tiroidit (hashimato tiroiditi)tir(1). Bunun dışında fibrosklerozis ile giden riedel tiroiditi de IgG_4 ilişkili kronik tiroiditтir(2). Karahatay ve ark. globus ile gelen hastalarda kronik tiroidit eşlik etme ihtimalinde dolayı tetkik edilmesi gerekliliğini vurgulamakta ve 3,7 kat daha fazla tiroidit görüldüğünü belirtmektedir(3).

KRONİK OTOİMMÜN TİROİDİT (HASHİMOTO TİROİDİTİ)

Hashimoto tiroiditi progresif olarak tiroid bezinin fonksiyonunun kaybı ile giden bir hastalıktır. Kadınlarda daha fazla olmakla birlikte her iki cinsiyette de otoimmün tiroiditlerden en sık görülenidir. Görülme sıklığı 1000'de 0,3-1,5 arasında değişmektedir. Genellikle 30-50 yaş aralığında izlenir ve diğer otoimmun hastalıklar eşlik edebilir(4). Lenfositik infiltrasyon ile başlayan ve folikül yıkımı ile sonuçlanan bir mekanizma rol oynamaktadır. İnfiltrasyon ve destrüksiyonda plazma hücreleri de rol alır ve infiltrasyon nedenli tiroid bezi büyür. Başlangıçta hashitoksikoz olarak isimlendirilen, tirotoksik bir dönem görülür. Bunun nedeni tiroid folikül hasarı nedenli dolaşıma geçen tiroid hormonudur(4). Hasara neden olan hücre lenfositlerdir ve antijen olarak tiroglobulin, tiroid peroksidazı tanır. Antitiroglobulin (antiTg) ve antitiroid peroksidaz antikorları (antiTPO) oluşur.

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Primer aldesteronismde sağlıklı kişilere göre otoantikorların yüksek olma ihtimalinin arttığı belirtilmiş olup kronik tiroiditlerle ilişkili olabileceği savunulmuştur. Bunun nedeni minerelokoritkoid reseptörlerin otoimmünite üzerine etkileri aracılığı ile olabileceği belirtilmiştir(38). Bu konuda daha çok araştırmaya ihtiyaç vardır.

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