

BÖLÜM 7

HİPERTİROİDİZMİN İNSANLAR ÜZERİNDEKİ ETKİSİ

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GİRİŞ

Hipertiroidizmin görülme sıklığı, iyot açısından yeterli bölgelerde %0,2 ile %1,3 arasında değişmektedir. (1). Subklinik hipertiroidizm, normal FT3 ve FT4 değerleri ve sürekli düşük TSH düzeyleri ile karakterizedir (2). Hipertiroidizm, toksik nodüler guatr veya Graves hastalığına bağlı olarak tiroid hormon salgısının artmasını tanımlar. Tanı, yüksek konsantrasyonlarda serbest tiroksin ve toplam veya serbest triiyodotironin ile birlikte tiroid uyarıcı hormonun serum konsantrasyonlarının baskılanmasına dayanır. Hipertiroidizmin nedeni, radyonüklid tiroid sintigrafisi ve TSH reseptör antikorlarının saptanmasıyla belirlenir. Hipertiroidizm için tedavi seçenekleri arasında radyoaktif iyot tiroidektomi ve antitireoid ilaçlar bulunur (3). Hipertiroidizme ayrıca immün kontrol noktası inhibitörleri, tirozin kinaz inhibitörleri ve amiodaron (9%) gibi ilaçlar ve subakut granüloamatöz tiroidit (3%) de neden olabilir (4).

Graves hipertiroidizminin klinik bulguları çocuklarda da yetişkinlerde olduğu gibi simetrik olarak büyümüş tiroid bezi şeklindedir. Bu hastalıkla ilişkili diğer bulgular arasında kemik yaşının ilerlemesiyle birlikte artan büyüme hızı, kalp atış hızının artması, titreme, kilo kaybı ve terleme sayılabilir. Dikkatsizlik, anksiyete ve depresyon gibi duygusal bozukluklar da ortaya çıkabilir ve akademik ve davranışsal zorluklara yol açabilir. Ayrıca, 4 yaşın altındaki çocuklarda hipertiroidizm, nöro gelişimsel dil gelişimi ve konuşma bozukluklarına da yol açabilir, ancak bunlar tedavi sonrasında düzelir (5). Yetişkinlerde hipertiroidizm ayrıca soğuğa karşı hassasiyet, kabızlık, kilo alımı, saç dökülmesi, yorgunluk, geri dönüşümlü bilişsel bozukluk ve cilt kuruluğuna neden olabilir (6). İyot yeterli bölgelerde, belirgin ve subklinik hipertiroidizm, nüfusun yaklaşık %0,5'ini etkiler ve vakaların çoğu Gra-

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Pulmoner hipertansiyon		(28).
Anne sağlığı	Hipertiroidizmi olan kadınlarda sezaryen doğum oranı, karıştırıcı faktörler kontrol edildikten sonra bile, hipertiroidizmi olmayan kadınlara göre önemli ölçüde daha yüksekti.	(33).
Enerji metabolizması	Sağlıklı katılımcılarla karşılaştırıldığında, hipertiroidizmi katılımcıların 3 kat daha yüksek kahverengi yağ doku (BAT) glikoz Emilimi (GU), %90 daha yüksek iskelet kası GU, %45 daha yüksek enerji harcamasına (EE) ve %70 daha yüksek lipid oksidasyon oranına sahip olduğu bulundu.	(43).

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