

In Endocrinology

Pearls for Simplified Approach in relation to Sub-acute thyroiditis

1. Check Thyroid-stimulating hormone (TSH)

It should be checked to see if the patient has hyperthyroidism or hypothyroidism.

2. Check Thyroid microsomal antibodies and thyroid receptor antibodies. It can be checked for confirmation of autoimmune thyroid disease.
3. ESR and CRP are significantly elevated if infectious thyroiditis (bacterial).
4. Thyroid ultrasound is the most important and most commonly used imaging modality.
5. A thyroid uptake and scan needs to be done to differentiate production thyroiditis or destruction thyroiditis in patients who present with thyrotoxicosis. It is characterized by low TSH with or without elevated T4 and T3.

Low uptake on thyroid scan would indicate destruction thyroiditis (Hashimoto thyroiditis, infectious thyroiditis)

Increased or normal uptake indicates production thyroiditis (Graves' disease).

A thyroid scan is a very useful pointer to further differentiate production thyroiditis into Graves' disease. Graves disease will show increased uptake throughout the thyroid gland. Toxic adenoma will show increased uptake in the nodule (hot nodule) with suppression of rest of the thyroid gland.

6. Fine-needle aspiration should be planned to evaluate suspicious thyroid nodules to rule out malignancy. Usually any thyroid nodule, which is less than 10 mm, can be monitored without fine-needle aspiration.

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