



FEATURES OF THE CLINIC, REHABILITATION, TREATMENT OF AUTOIMMUNE THYROIDITIS IN THE CONDITIONS OF THE IODINE-DEFICIENCY REGION

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ABSTRACT

We set a goal: to study the features of the endocrine system of patients with autoimmune thyroiditis, as well as to develop an algorithm for treatment, clinic and rehabilitation.

The developed algorithm for the diagnosis, treatment and rehabilitation of patients with autoimmune thyroiditis allows timely identification of rational diagnostic criteria, treatment and rehabilitation. To do this, you need to carefully study the questionnaires with the patient's clinical history, genealogical status, social status, treatment received, screening, determination of thyroid hormones.

Relevance. Autoimmune thyroiditis is a chronic process of autoimmune genesis which is accompanied by severe lymphoid infiltration and destruction of thyrocytes. More than 80 years have passed since the description of which by the Japanese surgeon Hashimoto. [1,3,5] At the same time, there are still a number of unresolved problems in relation to AIT: the etiology and pathogenesis of the disease are not clear enough; there is no single generally accepted classification of AIT; there are no clear criteria for diagnosis; pathogenetic therapy of the disease is absent, and approaches to symptomatic therapy are ambiguous. [1,2,4,6] AIT is a genetically determined disease that is realized under the influence of environmental factors. The genetic predisposition to the development of AIT is confirmed by the fact of its association with certain antigens of the HLA system; more often with HLADR3 and DR5. [9,11, 12] Among thyroid diseases, there is an increase in patients with autoimmune thyroiditis, so according to (Ismailova S.I., 2017.) an annual increase of 2.1%. [15,16,17] According to the Russian Academy of Medical Sciences among children, autoimmune thyroiditis occurs in 0.1-1.2%, and in women 6-11%. [7,8,10] In this regard, it is necessary to study the features of the clinic, diagnosis, treatment in an iodine-deficient region. [11,12,13,14]

Purpose of the study: To study the features of the endocrine system of patients with autoimmune thyroiditis to develop an algorithm for treatment, clinic and rehabilitation.



Materials and research methods. To solve the tasks set, 25 patients with autoimmune thyroiditis will be examined, 25 patients with goiter without autoimmune manifestations will be examined in the control group. Questionnaire with clinical history, genealogical status, social status, treatment received, screening, determination of thyroid hormones - triiodothyronine (T3), tetraiodothyronine (T4), antibody titer to thyreopyroxidase (anti-TPO); pituitary hormones - thyroid-stimulating hormone (TSH), ultrasound of the thyroid gland, excretion of iodine in the urine. For the first time, a program will be researched and developed to identify patients with autoimmune thyroiditis, taking into account the ecological features of an iodine-deficient region.

Results and discussion:

The developed algorithm for the diagnosis, treatment and rehabilitation of patients with autoimmune thyroiditis allows timely identification of rational diagnostic criteria, treatment and rehabilitation. After the diagnosis was established, it was recommended to use L-thyroxine (Berlin-Chemie AG menarin groups) for 6 months at a dose of 1.5-3 ml/kg/day. Some children with subclinical hypothyroidism (in the first group 12 people, in the second - 9 people) continued to use iodine preparations at a dose of 50-200 mcg/day, depending on age. After 6 months, the second part of the study was conducted. In the group of children receiving L-thyroxine, there was an improvement in well-being, there was no or decreased "feeling of a lump in the throat", memory improvement, normalization of stool, as well as positive dynamics in ultrasound examination of the thyroid gland and laboratory parameters. So the increased volume of the gland decreased on average in the first group by 10-15%, in the second group by 13-18%, as well as changes in echostructure and echo density in the second group became much less pronounced. In a laboratory study, the following results were obtained: In the course of treatment, normalization of thyroid hormones and a 2-fold decrease in autoimmune inflammation markers are noted, which indicates a positive trend.

Table 1.

Indicators	1st group	2nd group
TSH (mIU/l)	1.4 ± 0.8	1.6+0.9
CT4, pmol/l	15.3 ± 0.8	14.6 + 0.87
ATkTG (IU/ml)	354.14 + 187.35	531.47 + 268.96

When examining a patient who received iodomarin, there was a slight improvement in well-being ("feeling of a lump in the throat" persisted, a slight improvement in memory, normalization of the stool). When performing ultrasound of the thyroid gland, there is an increase in volume, compared with the initial one, as well as an increase in changes in the echostructure and echo density, which indicates an increase in the activity of the autoimmune process. When conducting laboratory studies, there is a slight normalization of thyroid hormones and an increase in the level of thyroid antibodies, compared with the initial ones, which indicates an increase in the activity of autoimmune inflammation.

Consequently, when using iodomarin in the case of chronic autoimmune thyroiditis, there is a negative trend.



At the first stage of the study, all patients were divided into 6 groups depending on the treatment regimen used. The results of the distribution of patients by groups are given in table. 2

Table 2.

group number	Dose of the drug (L-thyroxine), in ml	population
1	25	9
2	50	79
3	75	62
4	100	26
5	125	13
6	150	13

The following indicators were selected as defining signs influencing the choice of the dose of the drug: age, volume (cm), TSH (mIU / l), T4 (pmol / l), Ant TPO (IU / ml), ATkTG (IU / ml).

Analysis of clinical data showed that the age of patients ranged from 4 to 18 years. The average age values in each group of the prescribed treatment regimen are shown in fig. 3.1, from which it follows that with an increase in the age of the patient, the dose of the drug also increases. The distributions of five other indicators by groups are shown in fig. 3.2-3.6, from which it can be concluded that with an increase in volume, TSH and ATkTG, the dose of the drug increases; with an increase in T4, on the contrary, it decreases, and the analysis of the average values of Ant TPO did not reveal a clear dependence.

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