CLINICAL CASE OF PRIMARY HYPOTHYROIDSIS

Scientific adviser: **Daminov Abdurasul Taxirovich**
Assistant of the Department of Endocrinology,
Samarkand State Medical University

[1] Yuldoshev Bobur
[2] Ikromov Murodullo
[3] Naimova Nilufar
[1,2,3]studends, Samarkand State Medical University

ABSTRACT

Due to the fact that the population of Uzbekistan lives in conditions of iodine deficiency. Hypothyroidism is one of the most common disorders of the functional state of the thyroid gland, which negatively affects the quality of life of people, which makes this clinical problem relevant for doctors of various specialties. Thyroid hormones (TG) regulate the rate of metabolic processes in the body, change the activity of the adrenergic system, affect peripheral vascular resistance, enhance glycogenolysis and glycogenesis with specific contrainsular activity. During the aging process, the dynamics of many processes in the thyroid gland change: the thyroid gland's absorption of radioactive iodine and thyroxine secretion decrease, the metabolism and clearance of thyroxine slow down, as well as the peripheral conversion of thyroxine to triiodothyronine.

Keywords: *hypothyroidism, glycogenolysis, glycogenesis, triiodothyronine, thyroxine clearance.*

Introduction. Hypothyroidism a common endocrine pathology, manifested by a decrease in the functions of the thyroid gland and a sharp decrease in the amount of hormones it produces.

Target: consider a clinical case of primary hypothyroidism with erased symptoms.

Materials and methods: medical history of patients, results of supervision. The information was analyzed, summarized, and conclusions were formulated.

Results: patient Nazarova, 53 years old, in December 2023. was admitted to the local clinic in Samarkand with complaints of muscle pain, weakness, drowsiness, impaired sensitivity and constant numbness of the fingers and toes, dry skin, constipation, and memory loss. Anamnesis morbi: considers himself sick for the last 2

years, when the above complaints first appeared. Over the past 2 years, weight gain has been 10 kg. I first filed these complaints on September 22, 2021. To a neurologist, a diagnosis was made: “Sensory-motor polyneuropathy of unknown origin,” and the use of pathogenetic drugs was recommended. The ongoing therapy has no effect. In connection with this, he was consulted by an endocrinologist. During the analysis: TSH = 98.22 μIU/l, free T4 = 1.4 nmol/l, a/t to thyroid peroxidase = 1117 units. Ultrasound of the thyroid gland: signs of chronic thyroiditis. Taking these data into account, a diagnosis was made: “Autoimmune thyroiditis (AIT). Primary manifest GT." L-thyroxine (150 mcg), treatment of concomitant pathologies, and a balanced diet were prescribed. Positive dynamics were noted, but TSH was higher than normal (34.2 μIU/l). The dose of L-thyroxine was increased to 250 mcg. However, neurological symptoms persisted; was examined and therapy was adjusted. From the beginning of 2023 his condition worsened: memory loss, drowsiness, chilliness, muscle pain, numbness in his fingertips. In this connection, 02/08/2023 was hospitalized in the city hospital of Samarkand. History: Concomitant diseases - arterial hypertension (2020), morbid obesity (resection of 2/3 of the stomach in 2022), cholecystectomy, appendectomy (2018), chronic B12-deficiency anemia, chronic iron deficiency anemia (2021) Infectious diseases, injuries, blood transfusions did not have. Allergy and hereditary history are not burdened. Denies bad habits and occupational hazards. Objectively: General condition is of average severity. Hypersthenic physique; weight=117 kg, height=180 cm. body t=36.7°C. The skin is dry and pale. Muscle tone in the legs is reduced. Muscle strength in the arms = 5b, in the legs = 3b. Decreased sensitivity in the limbs. The thyroid gland is not visually enlarged, has a dense elastic consistency, and is mobile. In the lungs, breathing is vesicular, there are no wheezes, respiratory rate = 22 per minute. Heart sounds are muffled, the rhythm is correct, there are no noises, heart rate = 65 beats. per minute, blood pressure = 120/80 mmHg. The abdomen is soft and painless. The liver is not enlarged. Stool with a tendency to constipation, urination without any peculiarities.

During the examination: General blood test: hypochromic anemia. Immunochemistry: TSH, free T4, free T3 – normal, vit. B12 – reduced. ECG: sinus bradycardia 60 beats. per minute Diagnosis: “AIT. Primary manifest HT, drug subcompensation. Constitutional-exogenous obesity, stage II. (BMI = 36.1 kg/m2).” In treatment: L-thyroxine (250 mcg); therapy aimed at treating concomitant pathologies. Dynamics: improvement in well-being and clinical and laboratory data.

Conclusions: Pit was found that the course of HT can be “erased.” Carrying out specific therapy not only compensates for HT, but also serves as a preventive measure against organ disorders.

REFERENCES:

1. Daminov Abdurasul Takhirovich RSU. FEATURES OF THE CLINIC, REHABILITATION, TREATMENT OF AUTOIMMUNE THYROIDITIS IN THE CONDITIONS OF THE IODINE-DEFICIENCY REGION. Published online April 12, 2023. doi:10.5281/ZENODO.7820412

2. Salimova DE, Daminnov AT. A CLINICAL CASE BASED ON THE EXPERIENCE OF TREATING HYPERTENSION IN A PATIENT WITH TYPE 2 DIABETES MELLITUS, OBESITY AND VITAMIN D DEFICIENCY. *Educ Res Univers Sci*. 2023;2(12):150-154.

3. Karimova N.A., Kurbanova N.S. Disorders of physical development in adolescents and its complications // Journal of Cardiorespiratory Research. - 2021. - Vol. 2. - No. 2.

4. Sobirjonovna K. N. Factors determining the clinical significance of depiptidyl peptidase 4 inhibitors in the treatment of patients with type 2 diabetes mellitus //World Bulletin of Public Health. 2022. T. 8. – C. 67-72.

5. Shukhratovna SD, Suratovich OF. МОРФОЛОГИЧЕСКИЕ ОСОБЕННОСТИ КОРЫ НАДПОЧЕЧНИКОВ ПОТОМСТВА КРЫС В ОНТОГЕНЕЗЕ В УСЛОВИЯХ ВНУТРИУТРОБНОГО ВОЗДЕЙСТВИЯ ПЕСТИЦИДОВ ЧЕРЕЗ ОРГАНИЗМ МАТЕРИ (ОБЗОРНАЯ СТАТЬЯ). JOURNAL OF BIOMEDICINE AND PRACTICE. 2023;8(4). Accessed January 12, 2024. https://tadqiqot.uz/index.php/biomedicine/article/view/8217

6. Мизамова МАК, Эшпулатова ГНК, Эшмуродова ЗНК, Салимова ДЭ. Осложнения акромегалии, связанные со здоровьем, текущие и перспективные варианты лечения. Science and Education. 2023;4(4):187-195.

7. Курбонова Н.С. Негматова Г.Ш. “Ортиқча вазнли қизларда хайз даврининг бузулиши”// Тиббиётда янги кун. 9(47) 287-291 бет. 2022

8. Ибрагимов УС, Туракулов ЖТУ, Гуломов ШНУ, Салимова ДЭ. Просвещение пациентов: Гипогликемия (низкий уровень глюкозы в крови) у людей с диабетом. Science and Education. 2023;4(4):226-233.

9. Курбонова Н.С. Негматова Г.Ш. "Эриктильная дисфункция у больных сахарным диабетом и ее клинический анализ"//Биомедицина ва амалиёт 5.1 сон. 160-165 бет. 2022 йил.

10. Хамидова М.Н. ИИФ. САХАРНЫЙ ДИАБЕТ И COVID-19. Published online December 19, 2022. doi:10.5281/ZENODO.7456929

11. Шухратовна СД, Кахрамонович ЮУ, Махмудович КТ. Структурные изменения сосудисто-стромального комплекса щитовидной железы при

эутиреоидной и токсических формах зоба. Научный журнал. 2019;(10 (44)):67-69.

12. Salimova DE, Daminnov AT. A CLINICAL CASE BASED ON THE EXPERIENCE OF TREATING HYPERTENSION IN A PATIENT WITH TYPE 2 DIABETES MELLITUS, OBESITY AND VITAMIN D DEFICIENCY. Educational Research in Universal Sciences. 2023;2(12):150-154.
13. Takhirovich DA. ASSESSMENT OF HEARING FUNCTION IN INDIVIDUALS WITH TYPE 2 DIABETES. American Journal of Pediatric Medicine and Health Sciences (2993-2149). 2023;1(9):124-126.
14. Qahramonov FA, Amirov BY, Tursunboyeva LI, Daminov AT. Autoimmun tireoidit bilan kasallangan bemorlardagi funksional buzilishlarning differensional diagnostikasida qalqonsimon bez zichligini aniqlash. Science and Education. 2023;4(3):82-86.
15. Курбонова Н.С. "Clinical manifestations and classification of lesions of the macular area in diabetes." Eurasian scientific herald. Vol13/2022/ 97-101стр.
16. Nazira K, Siddikovna TG, Davranovna DA, Takhirovich DA, Tulkinovich OS. Cardiovascular complications in patients who have had covid on the background of diabetes mellitus 2. 1. 2021;2(3):37-41.
17. Choriyev S, Gadoeva Z, Mardonova F, Jurakulov F, Hafizov S, Daminov AT. Changes in the thyroid gland in the long period after a new coronavirus infection. Science and Education. 2023;4(12):102-106.
18. Kamalov T, Bahriev N, Yuldashev U, Sabirova D. CLINICAL AND HORMONAL CHARACTERISTICS OF PRIMARY HYPOGONADISM IN PRESCHOOL BOYS. MedFarm. 2019;10(9). doi:10.32743/2658-4093.2019.9.10.188
19. Daminov A, Khaydarov O, Hasanova M, Abdukakhorova R. COMPLICATIONS OF GLUCOCORTICOID THERAPY IN PATIENTS DIABETES SURVIVED COVID-19. Евразийский журнал медицинских и естественных наук. 2023;3(4):197-200.
20. Shukhratovna NG, Erkinovna SD, Suxrobovna XM, Ikromovna AZ. DIABETES MELLITUS, ISCHEMIC HEART DISEASE AND ARTERIAL HYPERTENSION. PEDAGOG. 2022;5(5):381-386.