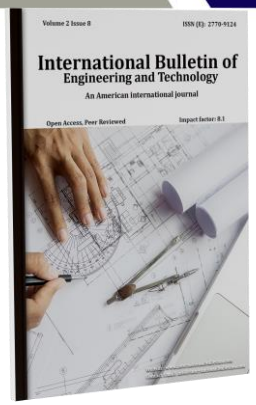

THYROID DISEASES: HYPOTHYROIDISM AND HYPERTHYROIDISM

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Abstract: This article provides information on thyroid disorders, including hypothyroidism and hyperthyroidism.
Key words: dysgenesis, hypoplasia, endemic bucok, colds, thyroidectomy,

Classification of diseases of the CALCONIMON GLAND (KB).

I. Thyrotoxicosis syndrome:

1. Glandular hypersecretion of hormones (diffuse toxic cyst, thyrotoxic adenoma, cystic nodule and disseminated functional autonomy, iodine-induced, TTG-induced thyrotoxicosis and gestational transient thyrotoxicosis);
2. With increased synthesis of thyroid hormones outside the gland (Struma ovarii, metastases of gland cancer);
3. It is not associated with excessive production of glandular hormones (iatrogenic and artificial thyrotoxicosis, de Kerven's subacute thyroiditis in the stage of thyrotoxicosis).

II. Hypothyroidism syndrome:

1. Primary - hypothyroidism with a decrease in the amount of functional gland tissue (nodular hypothyroidism, postoperative, atrophic form of autoimmune thyroiditis, postradiation, acute subacute viral injury, due to tumors and others);
2. Central (pituitary genesis and hypothalamic genesis) hypothyroidism;

III. Thyroid goiter with intact activity: euthyroid goiter, thyroid neoplasia - dangerous and safe, thyroiditis.

TOXIC BUKOC is a genetic disease caused by the production of thyroid hormones in large quantities.

Etiology - unknown;

Predisposing factors - infectious and mental injuries, insolation, stressful situations.

Pathogenesis - a defect of the immune system (mutation of the enhanced T-lymphocyte clone, their cytotoxic effect on KB;

Production of antibodies by V-lymphocytes and their stimulation of KB - thyrostimulating ATs).

1. Light heart rate (pulse - less than 100 beats per minute, basic

metabolism did not exceed 30%, signs of disease
not manifest);
2. Average heart rate (pulse beats -100-120 times per minute, basic
metabolism is 30-60%, body weight is slightly reduced);
3. Heavy heart attack (pulse over -120, sometimes oscillating).
symptoms such as arrhythmia, heart failure, and liver damage decrease, and metabolism of the main substance exceeds 60%, body weight decreases sufficiently).
Thyrotoxic crisis represents the greatest danger for Khaet.
HYPOTHYROISIS is a disease caused by insufficient or no production of thyroid hormones in the thyroid gland.
According to the reasons for the emergence:
• primary (the pathological process is located in the heart).
Reasons: abnormalities in gland development, dysgenesis, hypoplasia, endemic bucok, colds, thyroidectomy, taking thyroid drugs;
According to the reasons for the emergence:
• secondary (the pathological process is observed in the pituitary gland).
Causes: tumors, infection, injury;
• tertiary (the pathological process is observed in the hypothalamus).
Causes: tumors, infection, injury.
Antibodies against thyroid hormones (TZ and T4) are produced in the peripheral tissue, or as a result of the reduction of nuclear receptors, intolerance to the effects of thyroid hormones occurs in peripheral tissues.
• Classification of primary hypothyroidism according to severity
• Latent (subclinical): TTG amount is high, T-4 amount is normal;
• Manifest: hypersecretion of TTG, low amount of T-4:
clinical manifestations:
- compensated; - decompensated.
3. Weight loss (complicated): cretinism, heart failure.
Characteristics of secondary hypothyroidism compared to primary hypothyroidism:
• Metabolic-hypothermic syndrome without obesity,
sometimes it can be accompanied by weight loss;
• Dermopathy of poorly developed, solitary tumors
weight, thin skin, weight loss;
• Insufficiency of blood circulation, hypothyroid polyserositis,
hepatomegaly, V-12 deficiency anemia does not occur.
Severe complications of hypothyroidism
(hypothyroid or myxedematous coma)
• Contingent encounter: patients who have not been treated at all or have been treated incorrectly, are often observed in 60-80-year-old women in the cold season of the year, in various stressful situations.
Cause: total or sudden lack of thyroid hormones.
• Predisposing factors: various colds, concomitant diseases (cardiovascular system deficiency, various fevers), drug sedation, severe cold.

• Mechanism of action: lack of thyroid hormones, reduction of brain metabolism, development of hypoxia, reduction of oxygen, carbohydrate, fat, salt and water metabolism, functional change of internal organs.

References:

1.Asfandyorov, Javodbek, et al. "SYPHILIS (DISEASE), ITS SYMPTOMS AND PRIMARY CONSEQUENCES." International Bulletin of Medical Sciences and Clinical Research 2.10 (2022): 10-11.

2. Tashboltayevna, Ahmedova Saodat, Asfandiyorov Javodbek Mirzaali o‘g‘li, and Odilov Ramziddin Dilshod o‘g‘li. "Xushvaqtova Osiyo Asadulla qizi, & Rashidova Farangiz Musulmon qizi.(2022). LEISHMANIOSIS DISEASE, ITS SYMPTOMS, PRIMARY CONSEQUENCES AND DISTRIBUTION. Galaxy International Interdisciplinary Research Journal, 10 (12), 836–838."

3.Asfandiyorov, Javodbek, et al. "OSTEOPOROSIS AND ITS PREVENTION." Eurasian Journal of Medical and Natural Sciences 3.1 (2023): 139-142.

4.o'g'li, AJM ., Xushvaqtov , XIS o'g'li, qizi, SSI ., o'g'li, SXE ., & qizi, SMZ . (2022). JIRRAJYATNING ESTETIK TURLARI, PLASTIK JARROZIYa. EVROPA ZAMONAVIY TIBBIYOT VA AMALIYOT JURNALI , 2 (10), 143–144. http://www.inovatus.es/index.php/ejmmp/article/view/1231

5.Abdukamol qizi, NZ, Raxmat qizi, SX, Alisher o'g'li, AA, Raxmon o'g'li, AM, & Mirzaali o'g'li, AJ (2022). Kardiojarrohlik haqida. Central Asian Journal of Medical and Natural Science , 3 (5), 694-696.

6.Mirzaali o’g’li A. J. et al. TERMINAL CASES LUNG AND HEART RESUSCITATION TRANSFER PRINCIPLES //Galaxy International Interdisciplinary Research Journal. – 2022. – Т. 10. – №. 10. – С. 729-731.

7.Mirzaali o’g’li, Asfandiyorov Javodbek, et al. "ANESTHESIA AND ITS GENERAL CHARACTERISTICS." Gospodarka i Innowacje. 28 (2022): 191-192.

8.Mirzaali o’g’li, Asfandiyorov Javodbek, et al. "Importance of medical prevention in medicine." Texas Journal of Medical Science 13 (2022): 175-176.

9.Choriyeva, Z., Asfandyorov, J., Aminova, M., Tojiddinov, D., & Bozorova, G. Z. (2022). KIDNEY ANATOMY, PATHOLOGY AND KIDNEY DISEASES: INFORMATION ABOUT NEPHRITIS. Академические исследования в современной науке, 1(15), 67-69.

10.Mirzaali o’g’li, Asfandiyorov Javodbek, et al. "Liver Anatomy, Histology And Physiology." Intellectual Education Technological Solutions And Innovative Digital Tools 1.11 (2022): 8-11

11.Mirzaali o’g’li A. J. et al. Liver Structure and Functions, Hepatocytes Information About //American Journal of Economics and Business Management. – 2022. – Т. 5. – №. 11. – С. 215-216.

12.Asfandyorov, Javodbek, et al. "Cardiovascular diseases. Hypertension and hypertenic crisis." Eurasian Journal of Medical and Natural Sciences 2.11 (2022): 209-210.