

THYROIDITIS

Definition

Thyroiditis is an inflammation of the thyroid gland.

Incidence

- It is more common in females than in males.
- Average age of onset is between 30 – 50 years of age.
- Seasonal – more common in summer and fall.

Etiology

It is an auto immune disorder where in the immune system attacks the thyroid causing inflammation and damage to the thyroid cells.

1. Autoimmune pancreatitis
2. Retroperitoneal fibrosis
3. Non-infectious aortitis
4. Drugs – lithium, interferon, Amiodarone
5. Pathogenic bacteria and viruses

Types

1. Acute thyroiditis
 - a. Caused by bacterial or fungal infection.
 - b. Have an abrupt onset.
2. Sub-acute granulomatous thyroiditis
 - a. Caused by viral infection.
 - b. Have an abrupt onset.
3. Hashimoto's thyroiditis (chronic autoimmune thyroiditis)
 - a. Occurs in hypothyroidism which is caused by the destruction of the thyroid tissues by antibodies.
 - b. Risk factors include – female gender, positive family history, older age, white ethnicity.
 - c. Develops gradually or rapidly.
 - d. Antithyroid antibodies are present
4. Silent, painless thyroiditis

- a. Occurs in post-partum women (within 6 months after delivery)
- b. It is due to an autoimmune reaction to fetal cells in the mother's thyroid gland.

Clinical Manifestations

1. In acute thyroiditis and sub-acute granulomatous thyroiditis:
 - Pain localized in the thyroid or radiating to the throat, ears and jaws
 - Fever, chills, sweats and fatigue
2. In Hashimoto's thyroiditis:
 - Change in voice and difficulty in breathing due to thyroid enlargement
3. If associated with hyperthyroidism –
 - Tachycardia, palpitations, nervousness, tremor, increased blood pressure and heat intolerance, irritability, weight loss, heat intolerance, anxiety.
4. If associated with hypothyroidism –
 - Weight gain despite poor appetite, fatigue, depression, dry skin, constipation, swelling of legs, vague aches, decreased concentration, puffiness around eyes, slowing of heart rate, hypothermia

Diagnostic Evaluation

1. History and physical examination including palpation of the thyroid gland.
2. Clinical presentation
3. Thyroid function test
4. Antithyroid antibodies
5. Blood test
6. Radioactive iodine uptake

Management

1. Antibiotics
2. Surgical drainage
3. NSAIDS – aspirin and naproxen to relieve symptoms
4. Corticosteroid therapy – prednisone to relieve discomfort
5. Propranolol and atenolol – to treat cardiovascular symptoms
6. Thyroid hormone therapy in case of hypothyroidism

Nursing Management

Assessment

1. Obtain history of patient
2. Perform physical examination
3. Obtain vital signs
4. Obtain necessary investigation reports

Nursing Diagnosis

1. Acute pain related to thyroid enlargement as evidenced by neck discomfort, painful swallowing, increased score in pain rating scale and facial expression.
2. Risk for ineffective airway clearance related to obstruction of trachea secondary to thyroid enlargement as evidenced by breathing difficulties.
3. Impaired verbal communication related to vocal cord damage/compression as evidenced by person's difficulty in speaking
4. Risk for imbalanced nutrition less than body requirement related to painful swallowing and obstruction of the oesophagus secondary to thyroid enlargement.
5. Anxiety related to change in health status, outcome of treatment regimen and change in environment as evidenced by facial expression and verbal response.

Assignment

“Write atleast 5 specific nursing interventions for each nursing diagnosis mentioned above.”
