

# NEO Summit

**28<sup>th</sup> May 2016, Hyderabad, Telangana, India**

"Neo Summit was held at Sitara, Ramoji Film City, Hyderabad, Telangana, India was organized by of Asian Society of Continuing Medical Education.

The sole objective of the CME was to update practicing doctors about Thyroid diseases, Hyperthyroidism and its associated spectrum of complications and thyroid management as the disease is now highly visible across all societies within India.

The session was open with an introductory session by Asian Society of continuing Medical Education and followed by the scientific agenda.

**Date** : 28<sup>th</sup> May 2016  
**Venue** : Sitara, Ramoji Film City, Hyderabad, Telangana, India  
**Total Participants** : 55

**TOPICS** :

1. **Discussion: Interpretation of TFT – Case Scenarios**
2. **Subclinical Thyroid disorders, Hyperthyroidism and Hypothyroidism.**
3. **Anti-Thyroid Drugs - How Long and How Much?**
4. **Endocrine Emergencies.**
5. **Compare and Contrast -Graves Disease & Thyroiditis.**

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## SPEAKERS



**Dr. Bipin Kumar Sethi**  
MBBS, MD, DM

**Consultant Endocrinologist at CARE Hospitals,  
Hyderabad, Telangana.**



**Dr. Rabindera Nath Mehrotra**  
MBBS, MD, DM, DNB (ENDOCRINOLOGY)

**Senior Consultant, Department of  
Endocrinology, Apollo Hospitals, Hyderabad,  
Telangana.**



**Dr. Prasun Deb**  
MBBS, MD

**Senior Consultant Endocrinologist, Krishna  
Institute of Medical Sciences (KIMS),  
Secunderabad**



**Dr. K. D. Modi**  
MBBS, MD, DM (Endo), DNB (Endo)

**Consultant Endocrinologist at CARE Hospitals  
and Dr. Modi's Clinic, Hyderabad.**



**Dr. Neelaveni K.**  
MBBS, MD, DM

**Associate Professor of Endocrinology at  
Osmania Medical College & Osmania General  
Hospital, Suraksha children's Hospital, and  
Osmania General Hospital, Hyderabad**

**1. Dr. Bihin Kumar Sethi** talked about **Discussion: Interpretation of TFT – Case Scenario**. The informative session was highlighted upon: -

- Why focus on thyroid function tests
- Signs and symptoms provide the best indication to request thyroid tests
- Screening patients at increased risk?
- Which test should be used?
- Thyroid Nodule
- Limitations of thyroid function tests
- Thyroid Function Tests in Special Patient Populations

**2. Dr. Rabindera Nath Mehrotra**. discussed about **Subclinical Thyroid disorders – Hyperthyroidism & Hypothyroidism**. The scientific session was deliberated on:

- Why Focus On Thyroid diabetes
- Thyroid disorders and diabetes mellitus are the two most common endocrinopathies
- Both conditions frequently co-exist
- Prevalence of thyroid dysfunction in patients with diabetes is higher than in the general population
- Spectrum of Thyroid Dysfunction in DM
- Prevalence of thyroid dysfunction in DM

**3. Dr. Prasun Deb** discussed about **Anti Thyroid Drugs- How Long and How Much?** The scientific talk was deliberated on: -

- Anti thyroid drugs
- Thionamides
- Thionamides Inhibit Peroxidase-catalyzing Reactions
- Two treatment strategies for using ATDs
- Hypothalamic-Pituitary Thyroid Axis
- Thionamides And Immune System
- Immunomodulation v/s Euthyroidism
- Incidence of Major Toxic Reactions to ATDs In Adults
- Agranulocytosis
- Beta Blockers
- Thyrotoxicosis
- Choice of Therapy

**4. Dr. K. D. Modi** discussed about **Endocrine Emergencies**. The Scientific session was based on:-

- Thyroid storm is a rapid decompensation of severe hyperthyroidism which can best be described by the three criteria of hyperthermia, tachycardia and altered mental state with severe agitation. There has to be a precipitating factor such as infection, iodine contamination, surgery or even I-131 treatment. Severe hyperthyroidism not fulfilling the criteria of thyroid storm can also be an indication for emergency treatment, particularly in the elderly with heart disease. Suppressed serum TSH and elevated free T4 levels are essential to confirm the diagnosis. When rapidly available, radioiodine uptake of the thyroid can be useful. Therapy aims at rapidly reducing the active circulating hormone pool, hypermetabolic state, tachycardia, and finally hormone synthesis. Thyroid secretion can be blocked by ipopropanoic acid or ipodate while hypermetabolic state can be reduced with beta-blockers or calcium channel-blockers. Treatment of hyperthyroidism in patients with iodine contamination is a real therapeutic challenge. Myxoedema coma, a complication of severe hypothyroidism, is defined by hypothermia (rectal temperature less than 36 degrees C), bradycardia, slow mentation, precipitating factor such as infection or drug overdose, and increased serum creatine phosphokinase levels. Diagnosis of severe hypothyroidism should be confirmed by serum measurements of TSH and free T4. Treatment consists of general supporting measures including rewarming, correction of serum electrolyte disturbances, and adequate alimentation. Thyroid hormone treatment should initially be aggressive using either 300-400 micrograms of T4 or 20-40 micrograms of T3 intravenously. Cortisone therapy may be added. Patients should be under close monitoring as arrhythmias and myocardial infarction are frequent complications of myxoedema coma and/or its treatment with thyroid hormones.

**5. Dr. Neelaveni K.** discussed about **Compare and contrast - Graves Disease & Thyroiditis**. The Scientific Session was based on:-

- Both Graves' disease and chronic thyroiditis (Hashimoto's thyroiditis) are autoimmune diseases of thyroid gland. Graves' disease is caused by stimulation of TSH receptor located on the thyroid gland by an antibody, which is known as TSH receptor antibody (TRAb)
- Furthermore, this may lead to hyperplasia and hyperfunction of the thyroid gland. On the contrary, the cause of Hashimoto's thyroiditis is thought due to a TSH stimulation-blocking antibody (TSBAB) which blocks the action of TSH hormone and subsequently brings damage and atrophy to thyroid gland. Approximately 15-20% of patients with Graves' disease had been reported to have spontaneous hypothyroidism resulting from the chronic thyroiditis (Hashimoto's disease).

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- Pathogenesis for chronic thyroiditis following anti-thyroid drug treatment in patients with Graves' disease remains unclear. It has been estimated that chronic thyroiditis or Hashimoto's disease, which occurs following the Graves' disease episode is due to extended immune response in Graves' disease.
- It includes the immune response to endogenous thyroid antigens, i.e. thyroid peroxidase and thyroglobulin, which may enhance lymphocyte infiltration and finally causes Hashimoto's thyroiditis. We report four cases of chronic thyroiditis (Hashimoto's disease) in patients who have been previously diagnosed with Graves' hyperthyroidism. In three cases, Hashimoto's thyroiditis occurs in 7 to 25 years after the treatment of Grave's disease; while the other case has it only after few months of Grave's disease treatment.

The diagnosis of Hashimoto's disease (chronic thyroiditis) was based on clinical manifestation, high TSHs level, positive thyroid peroxidase antibody and thyroglobulin antibody, and supported by positive results of fine needle aspiration biopsy. Moreover, the result of histopathological test has also confirmed the diagnosis in two cases. All cases have been successfully treated by levothyroxine treatment.

## SNAPSHOTS





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