DIFFUSE TOXIC GOITER

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Annotation: *In the etiology of diffuse toxic goiter, infection is not of great importance, but at least 5-6% of patients associate their illness mainly with severe influenza or angina. It has also been proven that constitutional and genetic factors predisposing to diffuse toxic goiter are also caused by the influence of exogenous factors on the body in the presence of disorders of the endocrine system. In patients with diffuse toxic goiter, a long-acting stimulant - LATS - was detected in the blood, which acts as a specific antibody to the thyroid gland and causes a similar stimulation of the thyroid gland under the influence of thyrotropin. Increased accumulation of T3 and T4 in the body disrupts the processes of oxidative phosphorylation in tissues, which is clearly manifested in disorders of all types of metabolism, disruption of the functioning of the central nervous system, heart, liver and other organs. Diffuse toxic goiter, in most cases, affects women aged 20 to 50 years.*

Diffuse toxic goiter (Bazed's disease, thyrotoxicosis, thyrotoxic goiter) is an endocrine disease that occurs as a result of an excessive increase in the secretion of thyroid hormones and is accompanied by severe disorders in various organs and systems. Etiology. There are many theories about the origin of diffuse toxic goiter. Analyzing materials from goiter expeditions and observations, they noted the great importance of psychological trauma (stress) in the etiology of diffuse toxic goiter (up to 40-60%). Diseases of the female genital organs and disorders of hormonal activity are the second most common factor (33.6%) (pregnancy, menstrual irregularities, infertility with a desire to have children, loneliness, etc.). The ratio of the number of sick women to men

is ≈10:1. The prevalence of the disease in women is due to a slight violation of the normal relationship between the gonads and the hypothalamic-pituitary system, which is accompanied by an increased synthesis of thyroid hormones. Clinic and diagnostics. According to scientific literature, diffuse toxic goiter is more common in intellectual workers from a professional point of view. The population living in rural areas is 3-5 times less likely to suffer from thyrotoxicosis. Apparently, a relatively calm and comfortable environment (natural factors, outdoor work) plays a significant role in this. Symptoms characteristic of thyrotoxicosis are found not only in the form of toxic goiter with diffuse hyperplasia, but also in pathological forms such as nodular (or multinodular), mixed.

The degree of development of thyrotoxicosis does not always depend on the degree of enlargement of the thyroid gland: sometimes, despite the small size of the gland, the degree of development of thyrotoxicosis is high, or, conversely, despite the large size of the gland, thyrotoxicosis may not develop at all. Thus, in goiter, the size of the thyroid gland does not always correspond to the severity of clinical symptoms. It should be noted that the high degree of development of thyrotoxicosis is often more pronounced in sporadic goiter. In endemic goiter, despite the often increased (or very large) size of the thyroid gland, the degree of thyrotoxicosis may be low or not detected at all. Therefore, if in sporadic goiter the indication for surgery is due to the severe development of thyrotoxicosis, then, on the contrary, in endemic goiter the indication for surgery is often due to the excessive enlargement of the gland, its compression or displacement of nearby organs (esophagus, trachea, etc.), which leads to impaired functioning, or from a cosmetic point of view. The main symptoms of thyrotoxicosis are changes in the nervous and cardiovascular systems. Changes in the nervous system are clearly manifested in such symptoms as irritability (excessive mental excitability), anxiety, mood swings, irritability and tearfulness. In addition, there is a sharp increase in the activity of the

sympathetic nervous system: profuse sweating, tremor of all parts of the body, especially the fingers (Marie's symptom). The face often turns red, the neck and chest are covered with diffuse red spots. Body temperature does not change. Tendon reflexes are preserved or hyperkinesis is observed. The patient's hair falls out, its color changes, nails become brittle and break. Anxiety, fear, lack of will, irritability, confusion, and blinking are noted. In most patients, disorders of the cardiovascular system: tachycardia (rapid heartbeat), arrhythmia, attacks of pain in the heart area, shortness of breath, circulatory failure in the body come to the fore in the early stages. In patients with type 1, doctors consider the neuropsychiatric form of thyrotoxicosis, while patients with type 2 are classified as patients with more cardiovascular changes due to thyrotoxicosis.

Early signs of thyrotoxicosis include general weakness without any reason. These symptoms of thyrotoxic myopathy are closely related to metabolic disorders, and patients often note the following pronounced symptoms in the functioning of the gastrointestinal system: attacks of abdominal pain, vomiting, a tendency to diarrhea, and constipation. In men, sexual activity is somewhat reduced, and in women, the menstrual cycle is disrupted (even up to amenorrhea), ovarian and uterine hypoplasia, and mammary gland atrophy may occur. These changes often cause infertility. Intensification of metabolic processes in thyrotoxicosis leads to excessive breakdown of proteins and fats, as a result of which the patient loses weight, despite the fact that he eats more food than usual.

Disturbances in water and electrolyte metabolism in the body (increased diuresis 19, thirst, severe sweating) lead to impaired pancreatic function (latent diabetes mellitus). As the disease progresses, most patients develop “eye symptoms” one after another. “Enlargement” or protrusion of the eye (exophthalmos) is inextricably linked to swelling, thickening or covering of the retrobulbar cell with fibrous tissue, and metabolic disorders. Exophthalmos is

one of the main symptoms of the disease that occurs early. Delrympel's symptom - wide opening of the eyelids and widening of the palpebral fissure - is called lagophthalmos, as a result of which a striped line appears between the sclera and the upper eyelid. Stellvag's symptom - a periodic blinking of the eye (opening and closing), giving the eye a special immobile expression - "fixed gaze" and a decrease in the sensitivity of the cornea.

Grefe's symptom - when the patient looks down, the upper eyelid lags behind the edge of the pupil. In this case, a white striped line of the sclera remains between the upper eyelid and the iris. Kocher's symptom - the opposite sign to Grefe's symptom, when looking up, the same part of the sclera appears as a white striped line as a result of incorrect, frequent, contraction of the eyelid - "eyelid contraction". Moebius's symptom - that is, the loss of the ability to see at close range (convergence disorder). Melikhov's symptom - "angry look". Ellinek's symptom - darkening of the skin of the upper eyelid. Rosenbach's symptom - trembling of the eyelids when closing. Zenger's symptom - swelling and baggy drooping of the eyelids. Dalmédy's symptom - "frozen face" (amimia). As a result of increased tone of the facial muscles, mimic movements are inhibited, while other movements are preserved.

REFERENCE:

1. Babalich A.K. Surgical Treatment of Patients with Duodenal Ulcers. Surgery No. 7. 1999. pp. 19-22.

2. Baibekov M.M., Khoroshaev V.A., Kalish Yu.I., et al. Functional Morphology of the Peritoneum in Normal Conditions, with Peritonitis, Adhesion Formation, and
Laser Treatment. Tashkent, 1996.

3. Baldina E.A. Thyroid Diseases. Moscow, 2001.

4. Bejan L., Zitti E.G. Lung Resection. Anatomical Principles and
Surgical Technique. Bucharest, 1981.