

# Thyroid Gland

*Prof. Dr. AZZA SAJID*

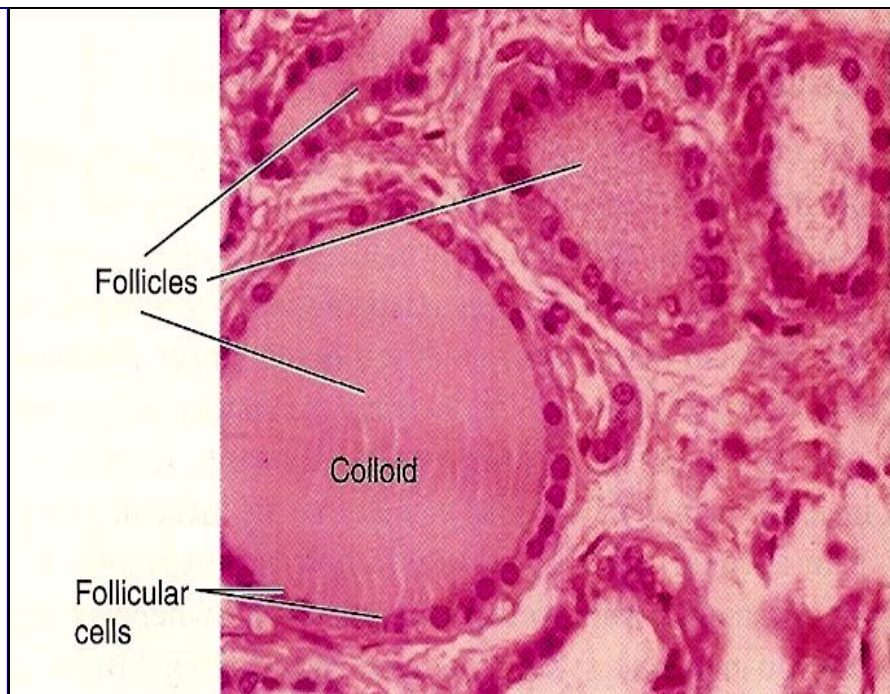
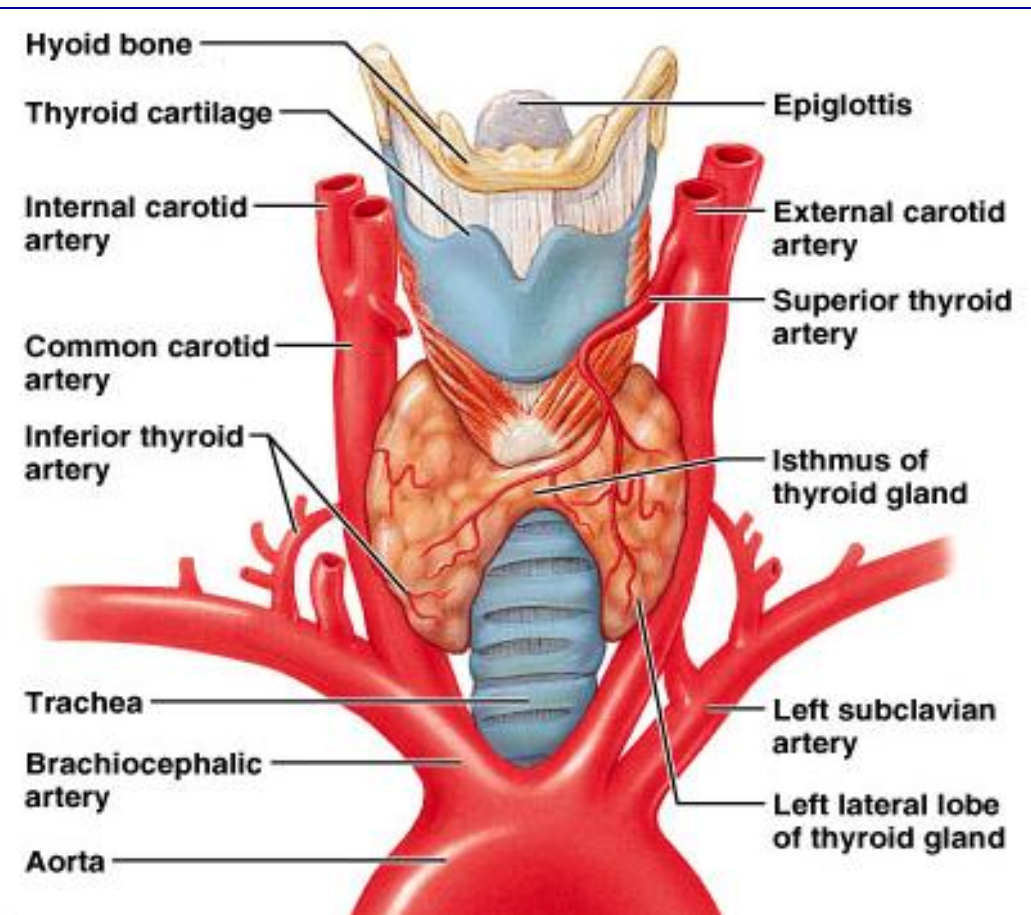
*2<sup>nd</sup> STAGE*

*Physiology #II*

# Thyroid Gland

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- **Overview**
- Thyroid gland is composed of two lobes connected by a narrow band of thyroid tissue (**isthmus**).The lobes are lateral to the upper portion of the trachea, inferior to the larynx.
- Thyroid gland is one of the largest endocrine gland with a weight of 20 gm.
- It is highly vascularized and appears more red than the surrounding tissues.
- It contains numerous small **sphere follicles**..The center of each thyroid follicle is filled with proteins called **thyroglobulin**, which is synthesized and secreted by the cells of the thyroid follicles.
- Large amount of thyroid hormones are stored in the follicles as part of the thyroglobulin.
- Between the follicles there is a network of loose connective tissue which contains capillaries.
- There are scattered **parafollicles** among the follicles these parafollicles secrete **calcitonin**.
- **Calcitonin** regulates calcium level in the body fluid .It Reduce  $\text{Ca}^{2+}$  level in the body fluid when  $\text{Ca}^{2+}$  level become elevated.



- **Thyroid Hormones**
- The major secretory products of the thyroid gland are:
- **Triiodothyronine (T<sub>3</sub>)**, which constitutes 3-10% of the thyroid hormones.
- **Tetraiodothyronine or thyroxin (T<sub>4</sub>)** constitutes 90-97% of the thyroid hormones.
- **T<sub>3</sub> and T<sub>4</sub>** are of a clinical importance, secreted from the thyroid follicles.
- **Calcitonin**: is other hormone secreted by the **parafollicular cells** of thyroid gland.

## Synthesis of T<sub>3</sub>, T<sub>4</sub>

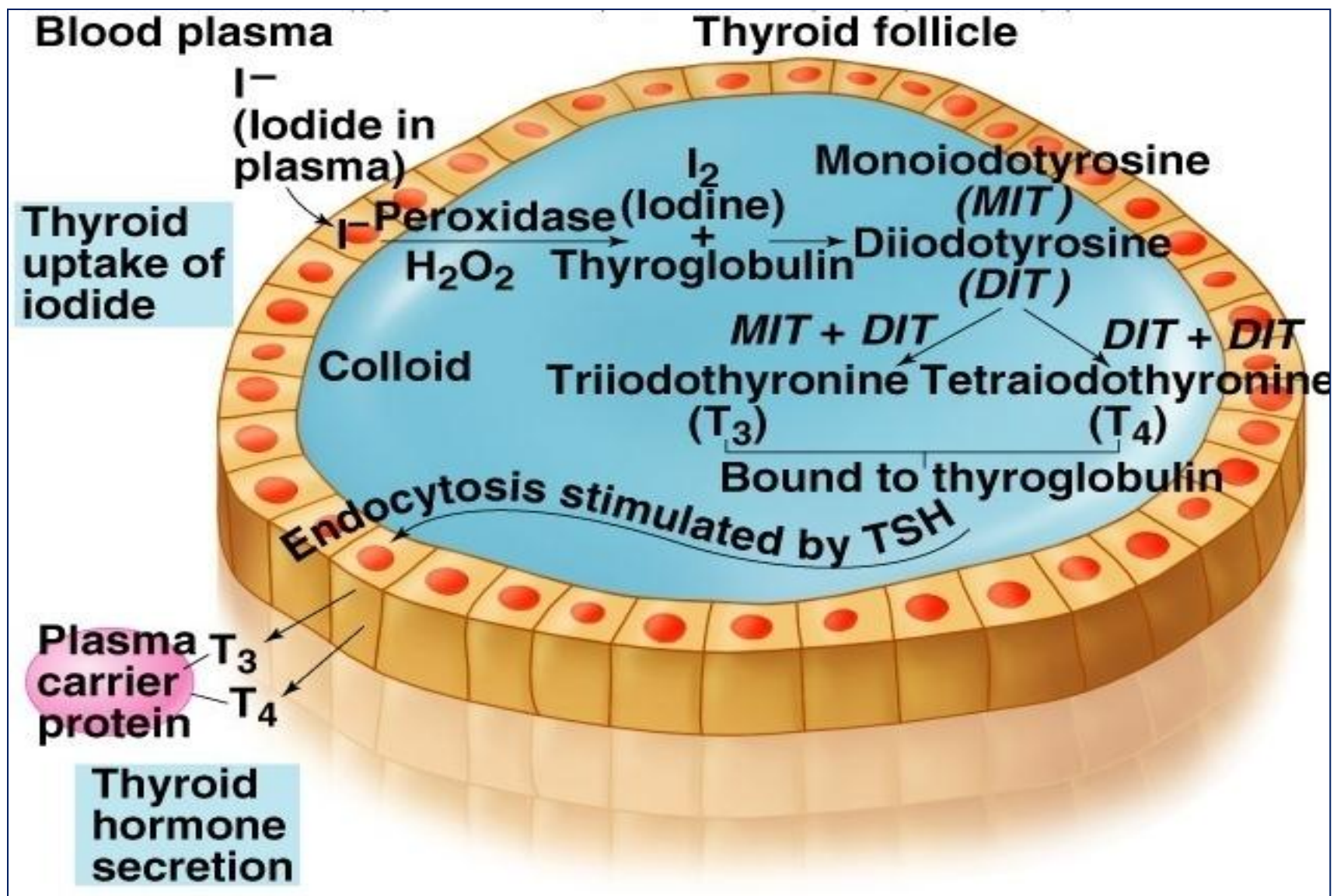
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- **TSH** from anterior pituitary stimulates thyroid hormones (**T<sub>3</sub>,T<sub>4</sub>**) synthesis and secretion.
- **T<sub>3</sub>andT<sub>4</sub>** then stored in the follicles and released to the circulation by the effect of TSH.
- Because **iodine** is a component of T<sub>3</sub>and T<sub>4</sub>, an adequate amount of iodine in diet is required for thyroid hormones.
- The steps for synthesis of thyroid hormones include:
- **Iodide (I<sup>-</sup>)** are taken up by thyroid follicle cells by active transport.
- **Thyroglobulins** which contain numerous **tyrosine** amino acid molecules are synthesized within the cells of the follicles.
- I<sup>-</sup> is oxidized to **iodine I** by **peroxidase** .
- **Either** one iodine atom is bound to each tyrosine molecules of the thyroglobulin to form **monoiodotyrosine (MIT)**,
- **Or** two of iodine atoms bound to tyrosine to form **diiodotyrosine** . This event occurs close to the time the thyroglobulin molecules are secreted by **exocytosis** into the lumen of the follicle.
- $I + \text{TYROSINE} \longrightarrow \text{MIT}$
- **Or:**  $2I + \text{TYROSINE} \longrightarrow \text{DIT}$

- In the lumen **two diiodotyrosine molecules** combine to form **T<sub>4</sub>**,  
or **one monoiodotyrosine** and **one diiodotyrosine** combine to form **T<sub>3</sub>**. Large amounts of T<sub>3</sub> and T<sub>4</sub> are stored within the thyroid follicles as part of thyroglobulin .
- Thyroglobulin is taken into the follicle cells by **endocytosis**.
- Thyroglobulin breaks down to **amino acids** and **T<sub>3</sub> and T<sub>4</sub>** by **proteolytic enzymes**. T<sub>3</sub>, T<sub>4</sub> diffuse out of the follicle cells and enter the circulation. The remaining amino acids are used again to synthesize more thyroglobulin.

- **Pharmacology note:** Formation of **DIT** and **MIT** is called **organification**, which is inhibited by **thionamides propylthiouracil (PIU)** and **methimazole**, which are used to treat **hyperthyroidism**







- **Transport of T<sub>3</sub>, T<sub>4</sub>**
- 70-75% of circulating T<sub>3</sub> and T<sub>4</sub> are bound to **thyroxin binding globulin (TBG)**, which is synthesized by the liver.
- 20-30% of T<sub>3</sub>, T<sub>4</sub> are bound to other plasma proteins (**Albumin**).
- 30-40% of T<sub>4</sub> is converted to T<sub>3</sub> in the body tissues.
- T<sub>3</sub> is the major hormone that interacts with the target cells and is several times more potent than T<sub>4</sub>.
- Much of circulating T<sub>4</sub> eliminated by conversion to **tetraiodothyroacetic acid**.

## Physiological effects of T<sub>3</sub>, T<sub>4</sub>

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- T<sub>3</sub> and T<sub>4</sub> affect every tissues in the body but not in identical response:
- They regulate the metabolism at a normal metabolic rate:
- ↑ Thyroid hormones lead to ↑ the basal metabolic rate.
- ↑ Thyroid hormones level lead to ↑ the rate of metabolism of protein, fat and glucose.
- Metabolic rate produces heat, causing **heat intolerance**.
- Blood level of cholesterol decline.
- Activity of Na<sup>+</sup> – K<sup>+</sup> pump which leads to ↓ body temperature.
- They can alter the number and activity of mitochondria to produce more ATP.
- They potentiate **catecholamine actions**.
- Thyroid hormones up regulate expression and stimulate activity of **β-adrenergic receptors** in the tissues such as heart and skeletal muscles causing enhanced sensitivity to circulating catecholamine.
- They act directly on the heart, stimulate contractility and increase the heart rate, result in high output **congestive heart failure**.
- In muscles, they contribute to **muscle tremors**

- **Regulation of thyroid hormones (T<sub>3</sub>, T<sub>4</sub>)**
- **TRH** released from the hypothalamus pass through the hypothalamohypophysial portal system to the anterior pituitary.
- Anterior pituitary secrete **TSH** which pass through the general circulation to the thyroid gland.
- **TSH** causes increased release of **T<sub>3</sub>** and **T<sub>4</sub>** from thyroid gland into general circulation.
- **T<sub>3</sub>** and **T<sub>4</sub>** act on target tissues to produce a response.
- T<sub>3</sub> and T<sub>4</sub> have an inhibitory effect on the secretion of TRH from the hypothalamus and TSH from the anterior pituitary.

## Pathological conditions

- **Hyperthyroidism**
- It refers to a pathological **increase** in thyroid hormones synthesis.
- Manifestations of hyperthyroidism include:
  - Weight loss with increased appetite.
  - Heat intolerance.
  - Diarrhea
  - Often atrial fibrillation.
- T<sub>3</sub> and T<sub>4</sub> concentrations are elevated in hyperthyroidism. TRH and TSH vary in concentration depending on the cause of hyperthyroidism.

## Hypothyroidism

- It refers to decrease synthesis of thyroid hormones.
- Manifestation of hypothyroidism :
- Weight gain ,constipation
- Cold intolerance.
- Bradycardia and atrial fibrillation
- Dulled mentation.
- Congenital hypothyroidism may cause mental retardation (**cretinism**).
- T<sub>3</sub>, T<sub>4</sub> are decreased, TRH, TSH concentration vary with the cause of hypothyroidism.
- **Euthyroid sick syndrome**
- Low to normal T<sub>3</sub>, T<sub>4</sub> in ill patients with no appearance signs of thyroid dysfunction.

## Calcitonin Hormone

- **Calcitonin** is secreted by the **parafollicular cells** of the thyroid gland.
- Increased level of  $\text{Ca}^{2+}$  in the blood leads to an increase secretion of calcitonin.
- The primary target tissue for calcitonin is the **bone**.
- Calcitonin causes decrease in **osteoclast** and lengthens the life span of **osteoblast** result in decrease in blood  $\text{Ca}^{2+}$  level and phosphate.
- $\text{Ca}^{2+}$  level is regulated primarily by another hormone (**parathyroid hormone**) that is why complete **thyroidectomy** does not result in high blood  $\text{Ca}^{2+}$ .



THANKS