



**Qalqonsimon bez kasalliklari diagnostikasi.
Klassifikatsiya. Qalqonsimon bez palpatsiyasi.
Sintigrafik tekshiruv usuli. Qalqonsimon bezni
aspiratsion biopsiyasi**

Klinik Ordinator: Allayorov A.O.

Diagnostik usullar

■ Fizikal:

- Palpatsiya

■ Instrumental:

- Ultratovush tekshiruvi
- MRT
- MSKT
- Sintigrafiya
- Aspiratsion biopsiya

■ Labarator:

- TTG
- T₄
- T₃
- Tireoglobulin
- AT-TG
- AT-TPO
- AT-rTTG
- Kalsitonin

Qalqonsimon bez kasalliklari klassifikatsiyasi

Qalqonsimon bez kasalliklari klassifikatsiyasi oxirgi marta Amerika tireoid assotsatsiyasi (American thyroid association) tomonidan 1969 – yilda taqdim etilgan. Bu klassifikatsiya qalqonsimon bezning barcha vazifalarini qamrab olgan bo'lib etiologik nuqtai nazardan samarali ammo klinisistlar uchun qo'llash noqulay edi.

Ko'plab qalqonsimon bezkasalliklarida funksional yondashuv o'zida diagnostik va davolash asosini aks ettiradi. Eutireoz, gipertireoz, gipotireoz qalqonsimon bez gormonlarining normal, ortiqcha yoki tanqisligini anglatib klassifikatsiyaning asosini tashkil etadi.

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CLINICAL PERSPECTIVE

Classification of Thyroid Diseases: Suggestions for a Revision

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Qalqonsimon bez kasalliklarining qisqartirilgan klassifikatsiyasi

I. Eutireoz bilan xarakterlanuvchi kasalliklar:

A. Eutireoid bo'qoq

1. Diffuz (surunkali)
2. Tugunli (surunkali)
3. Diffuz (o'tib ketuvchi - tranzitor)

B. O'smalar

1. Yaxshi sifatli (yagona tugun)
2. Malignizatsiyalanuvchi
 - a. Differensirlangan (papillyar and follikulyar)
 - b. differensirlanmagan (anoplastik)
 - c. Medullyar

C. Tireoiditlar

1. O'tkir tireoidit
2. O'tkiosti tireoidit (De Kerven tireoiditi)
3. Surunkali autoimmun tireoidit - Hashimoto kasalligi
4. tug'ruqdan keyingi va latent tireoidit
5. Ridel tiroiditi

II. Gipertireoz bilan xarakterlanuvchi kasalliklar:

A. Qalqonsimon bez giperfunksiyasi bilan

1. Diffuz toksik buqoq - Greyvs kasalligi
2. Ko'p tugunli toksik buqoq or Plummer's disease
3. Avtonom tugun (gipertiroid)
4. Kam uchraydigan shakllar: ortiqcha ekzogen yod, Hashimoto kasalligi natijasida kelib chiqqan gipertireoidizm (Hashitoxicosis), tug'ruqdan keyingi tireoidit (gipertireoid davri), tireoid gormonlarga gipofizning turg'unligi, TTG sekretsialovchi gipofiz adenomasi, xorionik gonodotropin sekretsialovchi o'sma, qalqonsimon bez (follikulyar) adenomasi yoki karsinomasi

B. Tireotoksikoz (Qalqonsimon bez giperfunksiyasiz)

1. Ortiqcha ekzogen tireoid gormonlar (medikamentoz – yatrogenik tireotoksikoz)
 2. Qalqonsimon bez yallig'lanishdan yoki destruksiyasidan keyingi tireotoksikoz
 3. Amiodaron-indutsirlangan tireotoksikoz
- C. Tranzitor gipertireoidizm

III. Gipotireoz bilan xarakterlanuvchi kasalliklar:

A. Qalqonsimon bez gipofunksiyasi bilan

1. Birlamchi gipotireoidizm
 - a. Kattalarda (operatsiyadan keyingi, 131I bilan davolash, nur bilan davolash), surunkali autoimmun tireoidit (gipotireoid davri), Graves kasalligi (terminal davri), diffuz va tugunli buqoq, yod yetishmovchiligi
 - b. Tug'ma gipotireoz (ektopiya, agenezis, disgormonogenez)
2. Ikkilamchi gipotireoidizm: gipotalamo-gipofizar gipotireoidizm (markaziy)
3. Disgormonogenetik tug'ma bo'qoq

B. Qalqonsimon bez gipofunksiyasiz

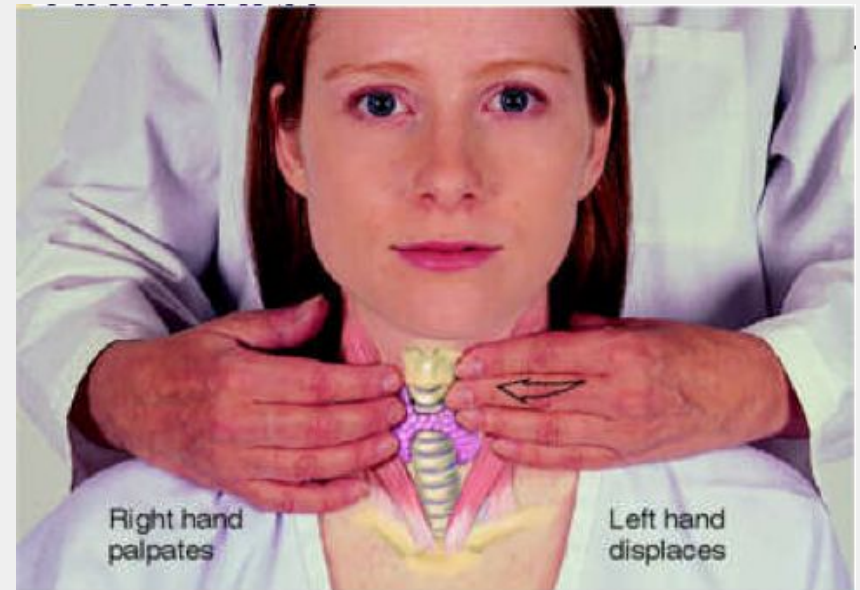
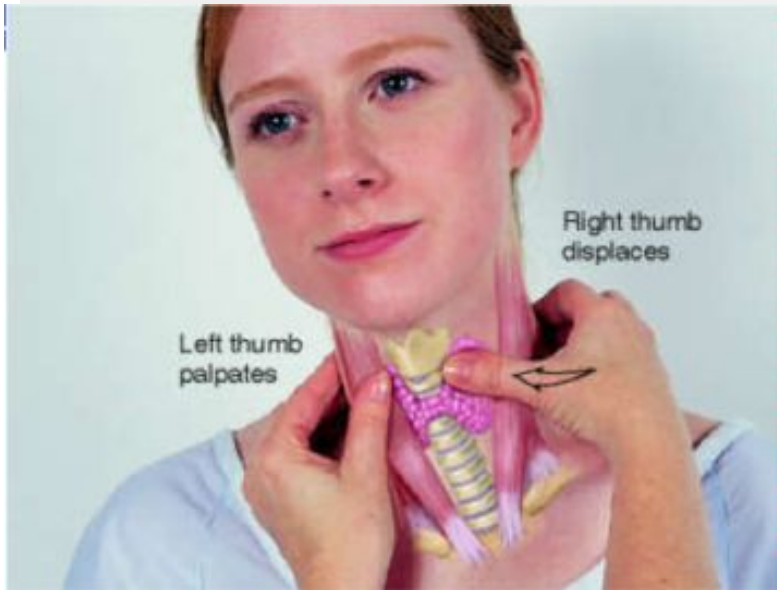
1. Tireoid gormonlarga tarqoq va periferik turg'unlik (retseptor va postretseptor nuqsonlar)
- C. Tranzitor gipotireoidizm
- IV. Tireoid-assotsirlangan oftalmopatiya
- V. Qalqonsimon bez kasalliklarisiz kechuvchi tireoid anormal ko'rsatkichlar (boshqa kasalliklar, TBG tanqisligi.)

Palpatsiya

Oldindan

2 xil usulda

Orqadan



Palpatsiyada

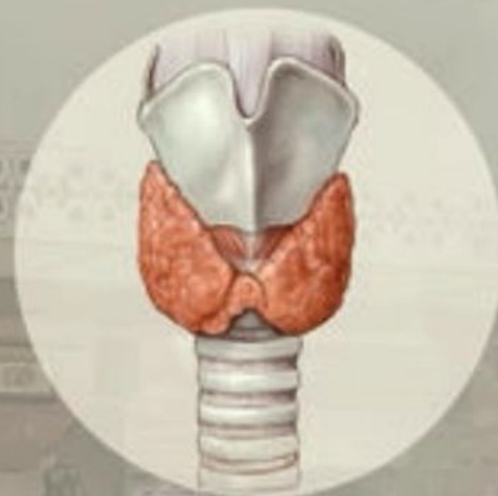
- **O'lchami** (norma, kattalashgan)
 - **Konsistensiyasi** (yumshoq-elasti, zich-elastik)
 - **Yuzasi** (siiliq, g'adir-budur)
 - **Tugunlar** (bor yoki yo'q, o'lchami)
 - **Og'riqliligi** (bor yoki yo'q)
- Xatolik darajasi 30% dan katta

Qalqonsimon bez o'lchamini baholash

■ World Health Organisation 2001



Daraja	Xarakteristika
0	Bo'qoq yo'q. (Bez o'lchami bosh barmoq distal falangasidan oshmaydi)
I	Palpatsiyada QB kattalashgan bo'laklari seziladi, ammo vizual ko'rinmaydi.
II	QB kattalashganligi ko'rinib turadi



Normal
thyroid



Enlarged
thyroid

Qalqonsimon bezni sintigrafik tekshiruv usuli



Sintigrafiya

- Sintigrafiya qalqonsimon bezning morfofunktsional holatini baholash uchun zarur. Bunda radiofarmpreparatning yig'ilishi va tarqalishini ko'rish mumkin.
- Sintigrafiya QB hajmi, struktur o'zgarishlari va funksional holatini bilish uchun kam informativ hisoblanadi.
- Sintigrafiya uchun eng ko'p texnetsiy ^{99m}Tc pertexnitat ishlatiladi

Thyroid Scintigraphy

JAF de Jong, Instituut Verbeeten, Tilburg

B de Keizer, University Medical Centre, Utrecht

■ Ko'rsatma:

- Tireotoksikozning sababini farqlash
- Palpatsiyada aniqlangan anomaliyalarning funksiyasini aniqlash
- QB funksional massasini aniqlash (^{131}I dozasini belgilash)
- Buqoq hajmi va tarqalganligi aniqlash (retrosternal)
- Ektopik QB ni tasvirlash yoki istisno qilish
- Tug'ma gipotireozni differensial diagnostikasi

■ Qarshi ko'rsatma:

Sintigrafiyaga ko'rsatma

Tireotoksikozda differensial diagnostika

Haqiqiy tireotoksikoz

(Greyvs kasalligi,
funktional avtonom QB)



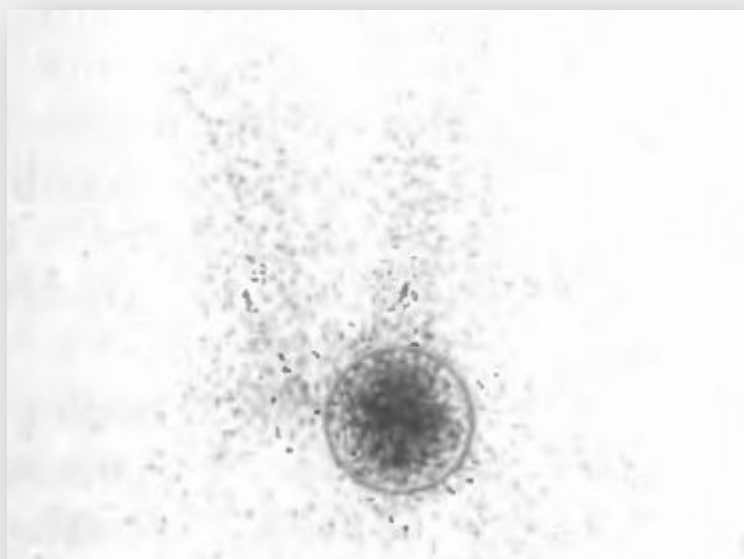
Destruktiv tireotoksikoz

(o'tkirosti tireoidit,
tug'ruqdan keyingi tireoidit,
amiadaron indutsirlangan tireoidit)

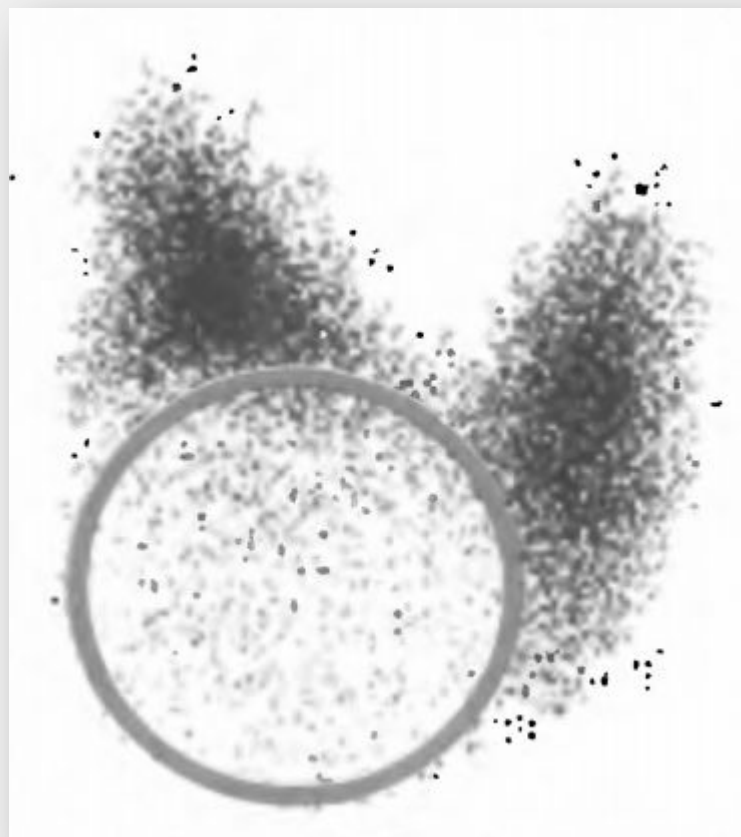


Funksional avtonom QB aniqlashda

“Qaynoq” tugun

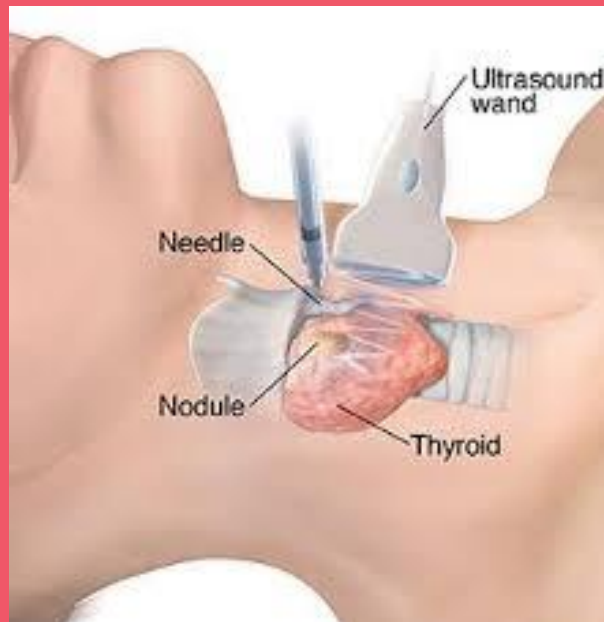


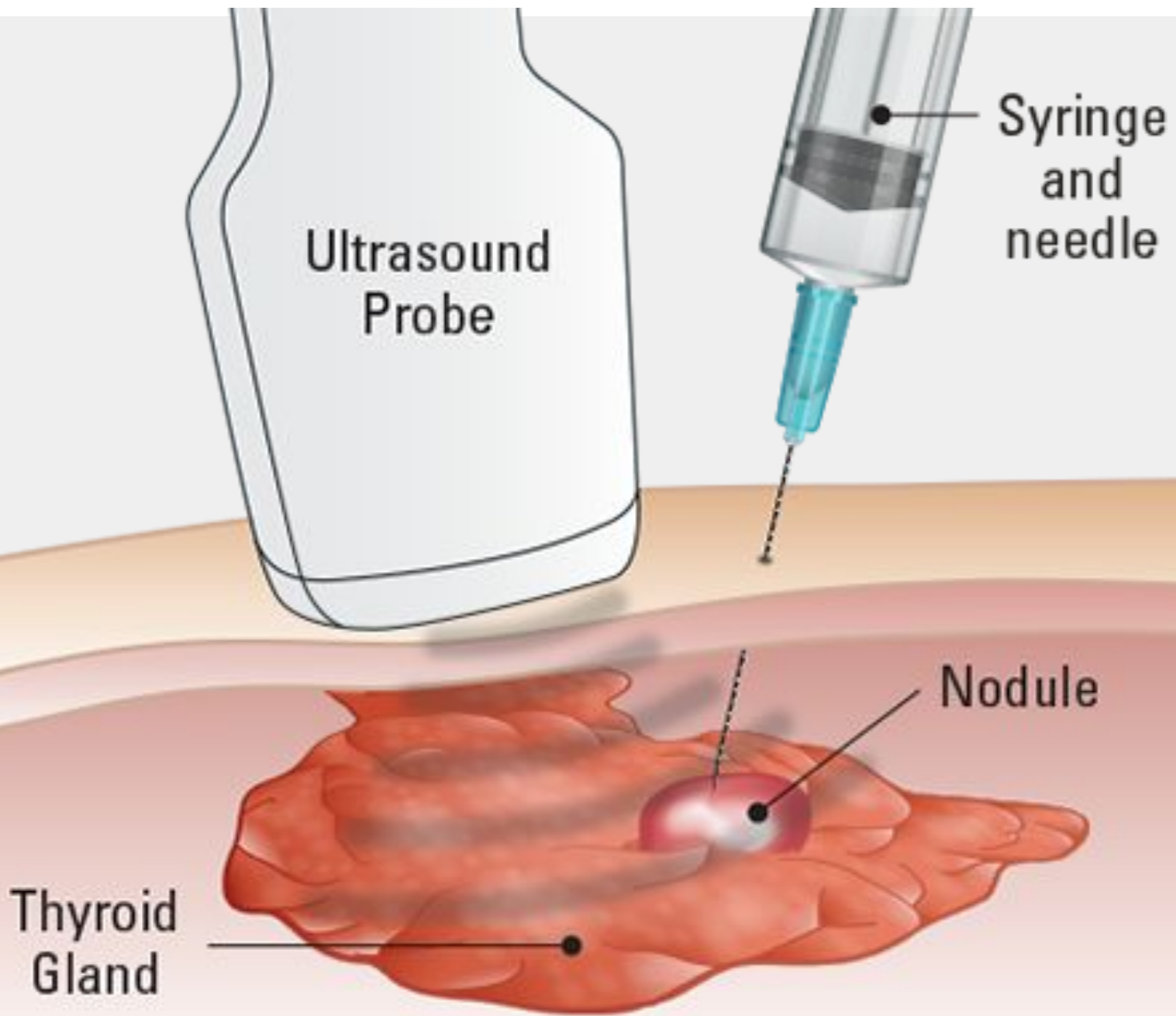
“Sovuq” tugun



QB aspiratsion biopsiyasi

Sitologik tekshiruv usuli





QB aspiratsion biopsiyasi

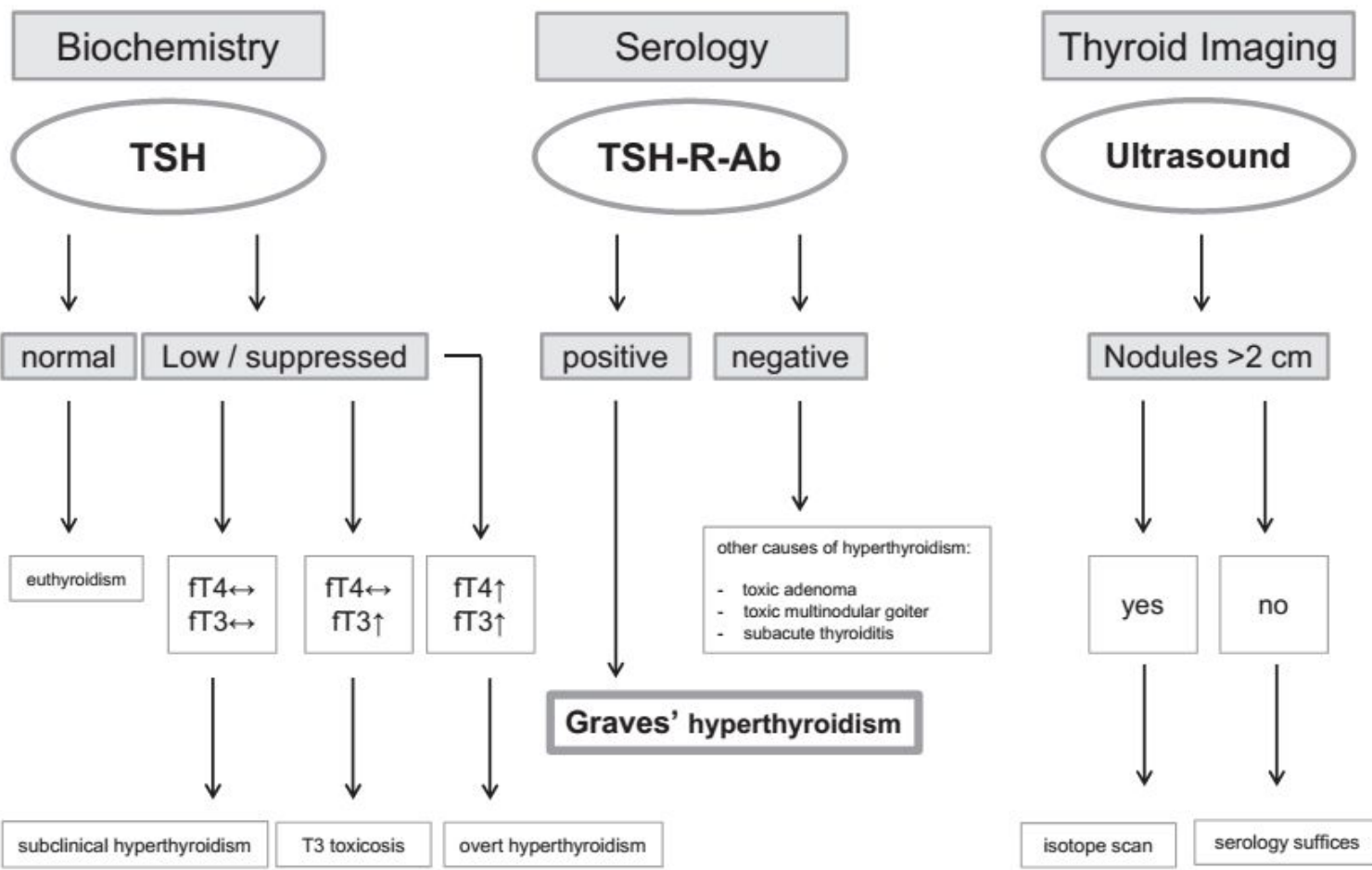
Maqsad:

- Hosilalar aniqlanganda differensial diagnostika

Ko'rsatma:

- Palpatsiya va UZI da aniqlangan 1,0 sm dan katta hosilalar
- Agar rakga shubha bo'lsa 1,0 sm kichik hosilalar
- Tez kattalashib borayotgan buqoq

2018 European Thyroid Association Guideline for the Management of Graves' Hyperthyroidism



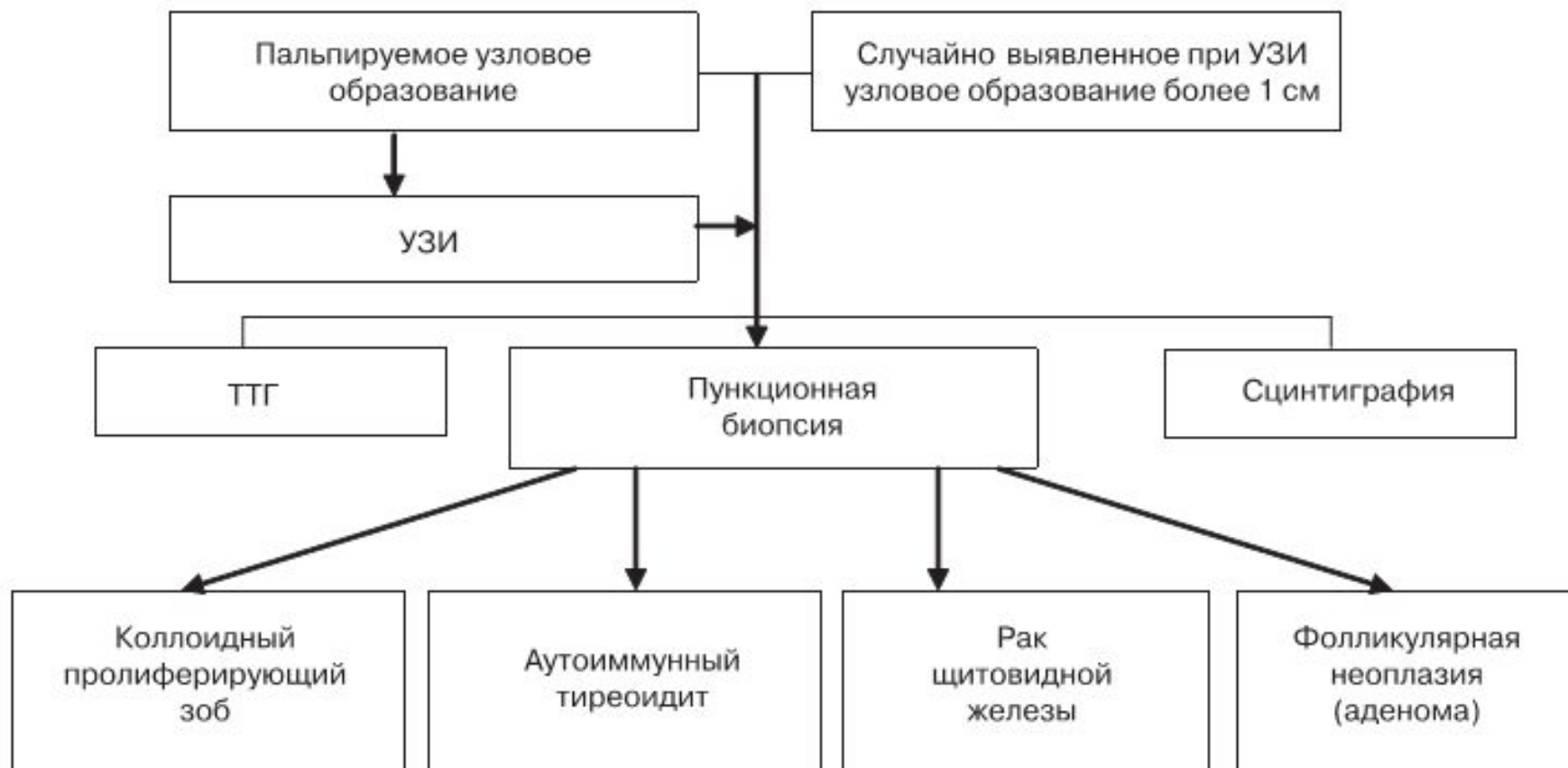


Рис. 12-3. Диагностический алгоритм при узловом зобе.

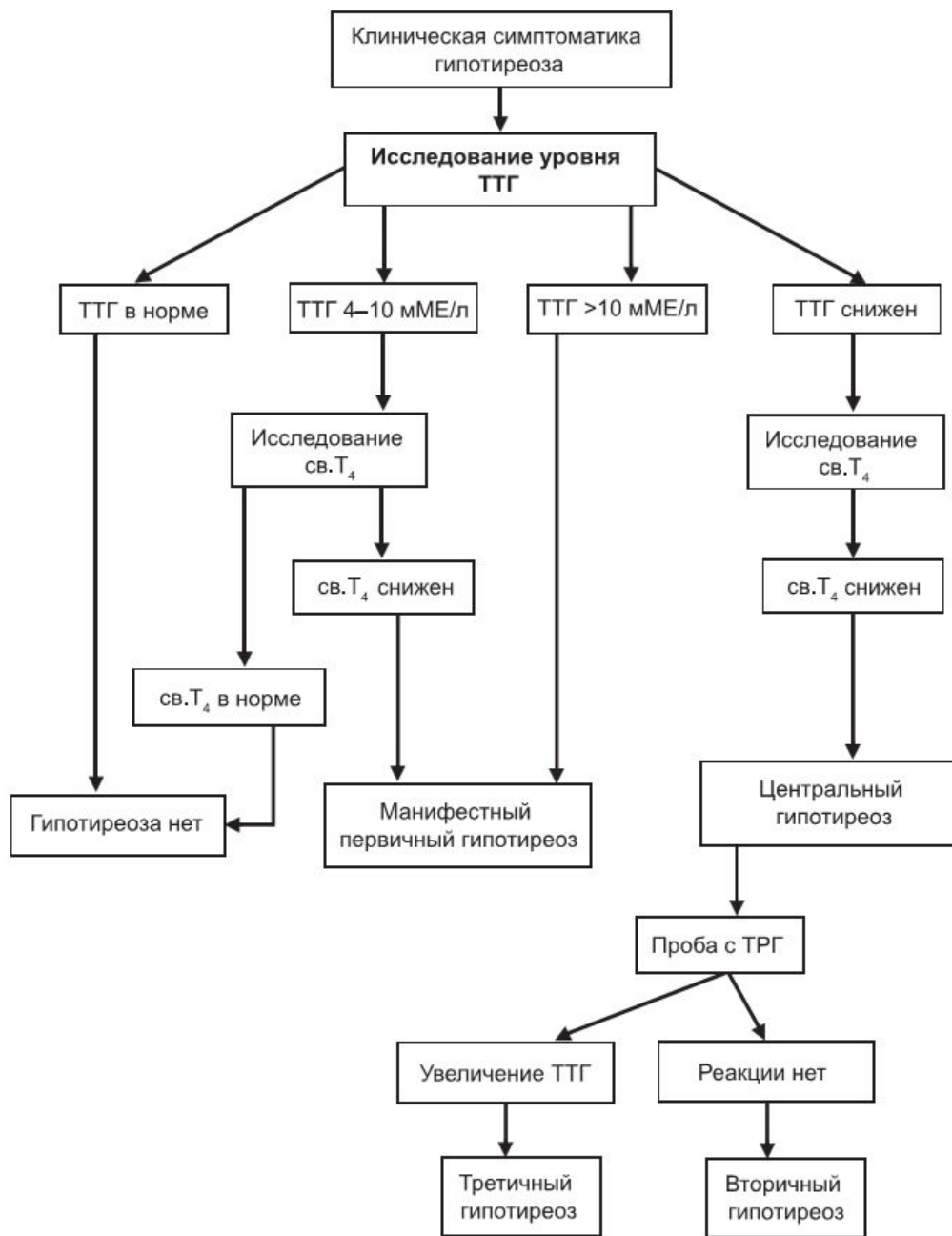


Рис. 12-1. Алгоритм диагностики гипотиреоза.