

**OA-T-04****EVALUATION OF UNDERLYING THYROID DISORDERS IN PATIENTS PRESENTING WITH THYROID DYSFUNCTION**

<https://doi.org/10.15605/jafes.034.02.S58>

**Htar Ni Aye<sup>1</sup>, Than Than Aye<sup>2</sup>, Mie Mie Pyone<sup>3</sup>, Ei Sandar Oo<sup>4</sup>**

<sup>1</sup>Grand Hantha International Hospital, Yangon, Myanmar

<sup>2</sup>University of Public Health, Yangon, Myanmar

**INTRODUCTION**

Thyroid disorders are common problems following diabetes mellitus in endocrine clinic in Myanmar and the prevalence of thyroid disorders was unknown in the previous decades. This study was to evaluate the spectrum of thyroid disorders in endocrine clinic.

**METHODOLOGY**

A six-month, hospital-based, cross-sectional descriptive study was carried out and 251 subjects who had attended endocrine clinic with thyroid problems in a tertiary private hospital in Myanmar were selected. Thyroid function test and thyroid autoimmunity were analyzed. Different types of thyroid disorders were classified according to hyperthyroidism and hypothyroidism.

**RESULTS**

Average age was 51 years with 87.6% female. Those who have hyperthyroidism and hypothyroidism were nearly of similar percentages (43.0% and 44.2% respectively). Among hyperthyroid patients, majority (69 cases or 27.5%) were Graves' disease, followed by subacute De Quervain's thyroiditis (10.4%), toxic MNG (2%), 3 cases toxic adenoma. Among hypothyroid cases, 25% were associated with raised anti-TPO which could be Hashimotos' thyroiditis or iodine-induced thyroid dysfunction. Others were thyroidectomy for goiter (7.2%) and carcinoma (1.2%) and Graves' disease (0.8%), previous radioactive iodine ablation (2.4%) and secondary hypothyroidism due to pituitary dysfunction (0.8%). Subclinical hyperthyroidism (2%) and subclinical hypothyroidism (4.4%) were detected. Thyroid enlargement with normal TFT was 12.7%. Among them, two cases of papillary thyroid carcinoma and 1 case of follicular thyroid cancer were detected.

**CONCLUSION**

This study suggests that Graves' disease and hypothyroidism with increased anti-TPO are common causes of thyroid dysfunction but thyroid nodules such as thyroid cancer are rarely referred to endocrine clinic. Hence, this will be a baseline data for Myanmar population in future.

**KEY WORDS**

thyroid disorders, hyperthyroidism, hypothyroidism

**OA-T-05****EVALUATION OF PATIENTS WITH REMISSION FOLLOWING RADIOACTIVE IODINE TREATMENT: A RETROSPECTIVE ANALYSIS**

<https://doi.org/10.15605/jafes.034.02.S59>

**Cheow Peng Ooi<sup>1</sup> and Nor Azmi Kamaruddin<sup>2</sup>**

<sup>1</sup>Endocrine Unit, Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Putra, Malaysia

<sup>2</sup>Endocrinology Unit, Department of Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre

**INTRODUCTION**

Prompt and appropriate management of thyrotoxicosis is important to prevent premature cardiovascular morbidity and mortality. In this respect, our experience with radioactive iodine therapy (RAI) has been very favourable with 85% achieving remission after six months. Nevertheless, the use of antithyroid drugs post-RAI has been suggested to be associated with hypothyroidism at one year. However, we do not use antithyroid drugs post-RAI in our centre. We evaluated the characteristics of our patients who have remission after RAI.

**METHODOLOGY**

Participants were identified from the list of patients who underwent RAI therapy for thyrotoxicosis in our institution from January 2013 to April 2018. All the patients were referred for RAI following the failure of conventional antithyroid therapy to induce lifelong remission. Patients' characteristics, clinical outcomes and laboratory results were analyzed from the medical and laboratory records. Descriptive statistics were used to describe the data. Relationships were explored with appropriate statistics with significant findings established at  $p<0.05$ .

**RESULTS**

A total of 168 patients were identified. Out of 142 (85%) patients who had remission, 58 (34.5%) were euthyroid while 84 (50%) have hypothyroidism within one-year post-RAI. There is no association between RAI dose, age, gender, aetiology or day of administration of RAI.

**CONCLUSION**

Despite not using antithyroid post-RAI, remission rate remained high. Since remission is associated with significant hypothyroidism, determining the optimal time for initiating thyroxine replacement treatment is an important area for research.

**KEY WORDS**

hypothyroidism, thyrotoxicosis, radioactive iodine treatment