Sudan University of Science and Technology Collage of graduate studies

Comparative Study for Thyroid Abnormalities Assessment using Tc-99m and RIA

دراسة مقارنة تقويمية لتغيرات الغدة الدرقية بواسطة التكنشيوم-99م و الفحص الهرموني المناعي الإشعاعي

A thesis submitted for partial fulfillment of the M.Sc. requirement in Diagnostic Radiologic Technology

By:

Simaa Hamid Mohamed Hamid Khayal

Supervisor:

Dr. Mohamed Elfadil Mohamed Gar-Elnabi

October, 2010

Dedication

To the soul of my father
To my mother
To my brothers and sisters
To my husband
To my uncles
To my teachers, friends and colleagues for their inspiration, Encouragement and guidance

Acknowledgement

My acknowledgements and gratefulness at the beginning and at last is to God who gave us the gift of the mind. Profound thanks and gratitude to everyone who encouraged me to complete this thesis. My gratitude is extended to my supervisor **Dr. Mohamed Elfadil**, for his advice, encouragement and for many helpful suggestions.

I wish to acknowledge and thanks **Dr.Yasar Albushra** for his scientific help to fulfill this project.

My gratitude is also extended to my colleagues in College of Medical Radiological Sciences, and special thanks for the continuous help. My gratitude extends to **Colonel . Tagelsir Altayeb** for their continuous help and support.

Finally I would like to warmly thank of my long-suffering family for never-ending support. May almighty God bless them.

Abstract

The study was conducted at the department of Nuclear Medicine at the Radiation and Isotope Center of Khartoum RICK during the period from October 2009 to June 2010. The aim of the study was to evaluate the abnormal thyroid by using 99m Tc uptake and Radioimmunoassay for 50 patients, they were selected randomly from the daily clinic to the department (39 female and 11 male). The mean age of the patient was 41,8± 15,1 which is range from 12 to74 years. The result showed that, variable disorder like diffuse goiter, multi nodular goiter, diffuse simple goiter, cold nodule and hot nodule. There is higher incidence of thyroid abnormality in female than male 4:1, while 50% of patient their age range from 21-40. The shape of thyroid (i.e. regular and irregular) and homogeneity of radiotracer (i.e. homogeneous and inhomogeneous) has no effects on the T3, T4, TSH and uptake. But these quantities were affected by the age factor in a linear fashion; inversely with the TSH and uptake, and directly with T3 and T4. As well the thyroid uptake was linearly associated with the T3 and T4 inversely, while with TSH was directly.

الخلاصة

أجريت هذه الدراسة في المركز القومي للعلاج بالأشعة والطب النووي قسم التصوير بالنظائر المشعة (الخرطوم) في الفترة من إكتوبر 2009م ألى يونيو 2010م.

الهدف من الدراسة تقويم الغدة الدرقية بإستخدام التصوير التكنيشيوم المشع والفحص الهرموني .

تم إختبار خمسون مريضاً عشوائي من المرضي الذين يحضرون يومياً للقسم (تسعه وثلاثون إمراة وأحد عشرة رجلاً) في الفئة العمرية بين 12: 74 سنة.

اظهرت النتائج اضطرابات مختلفة مثل الدراق المنتشر والغدة متعددة الاورام و الدراق البسيط والعقيدات الباردة والعقيدات الساخنة.

هنالك انتشار لامراض الغدة الدرقية في النساء اكثر من الرجال بنسبة 1: 1. بينما نصف المرضى في الفئة العمرية بين واحد وعشرون الى اربعون سنة . شكل الغدة (منتظم او غير منتظم) وتجانس المادة المشعة اوعدم التجانس ليس لهم تاثير فحص هرمونات الغدة . ولكن الهرمونات والامتصاص لها تاثير بالعمر تناسب عكسيا مع TSHوالا متصاص وطرديا مع T3و T4.

Table of Contents

Dedication	11
Acknowledgement	iii
Abstract (English)	iv
Abstract (Arabic)	V
Table of contents	vi
List of Abbreviation	viii
List of figures	X
List of tables	xi
1. Introduction	
1.1. Problem	1
1.2. Objective	2
1.3. Significant of the study	2 3 3
1.4. Over view of the study	
2. Literature review and previous study	4
2.1. Anatomy of the thyroid gland	4
2.2.Physiology of the thyroid gland	7
2.3.Physiological anatomy of the thyroid gland	7
2.4. Disease of the thyroid gland	9
2 .4 .1 . Hyperthyroidism	9
2 . 4 .2 .Graves' disease	9
2.4.3. Hypothyroidism	10
2 . 4 . 4 . Hypothyroidism in adult	11
2 . 4 .5 .Congenital hypothyroidism	12
2.4.6.Endemic cretinism	13
2.4.7. Nontoxic goiter	14
2.4.8 Endemic goiter	15
2 . 4 . 9 . Thyroid tumor	18
2 . 4 . 9 .1 . Toxic adenoma	18
2 . 4 .9 .2 .Thyroid cancer	19
2.4.9.3.Papillary carcinoma	19
2 . 4 . 9 . 4 .Follicular carcinoma	20
2 . 4 .9 . 5 .Medullary carcinoma	20
2.4.10.Thyroglossal cyst	21
2.4.11. Thyroiditis	21
2.4.12. Hashimot's disease	22
2.4.13. Subacuate thyroiditis	22
2 . 4 . 14 . Riedel's thyroiditis	22
2 . 5 Thyroid uptake	23
2.5.1.Normal thyroid images appearance	24
2.6. abnormal appearance	25

2 . 6 . 1 .Ectopic thyroid tissues	25
2.6.2. Congenital organification defect	26
2.6.3. Thyroid nodule	26
2 . 6 . 4 Cold nodule	26
2 . 6 .5 . Hot nodule	27
2.6.6.Multinodular goiter	28
2.6.7. Graves' disease	28
2 . 6 . 8. Thyroid carcinoma	29
2 . 7 . Thyroidological history	29
2 . 8 . Iodine deficiency	31
2.9. Endemic goiter	31
2.10. Cretinism	33
2.11. Thyrotoxicosis	33
2.12 Previous study	40
3. Methodology	47
3.1.Materials	47
3.2. Methods of data collection Sample Selection	47
3.2.2 Area of study	48
3.2.3. Method of data collection	48
3.2.4 Method of data analysis	48
3.3. Ethical Issues	48
4. Results	50
5. Discussion	62
5.1. Discussion	62
5.2. Conclusion	64
5.3. Recommendations	65
References	66
Appendix	68

List of Abbreviations

ACTH Adrenocorticotropin Hormone

APUD Amine Precursor Uptake and Decarboxylation

CT Computerized Tomography

FH Family History

IDD Iodine Deficiency Disorders

MEN Multiple Endocrine Neoplasia

MNG Multi Nodular Goitre

MRI Magnetic Resonance Imaging

RIA Radioimmunoassay

RICK Radiation and Isotope Center of Khartoum

SPSS Statistical Package for Social Sciences

TBG Thyroxine-Binding Globulin

TFT Thyroid Function Test

TSH Thyroid Stimulating Hormone

T4 Thyroxine

T3 Triiodothyronine

WHO World Health Organization

List of figures

Figure no	Figure	Page
2-1	Anatomy of the thyroid	5
2-2	Blood supply of the thyroid	6
2-3	Normal thyroid gland follicle	10
2-4	Microscopic appearance of the thyroid gland	10
2-5	Grave's Disease. A women with hyperthyroidism	10
2-6	Patient with Myxedema	12
2-7	Cretin Baby	13
2-8	A Typical Cretin	13
2-9	Myxedematous Endemic Cretinism	14
2-10	Endemic Goitre ; Grade 2 (Moderate)	18
2-11	Endemic Goitre; Grade 3 (Large)	18
2-12	Endemic Goitre; Grade 4 (Very Large)	18
2-13	Huge Multinodular Goitre	19
2-14	Solitary Thyroid Nodule	18
2-15	Thyroglossal Cyst	21
2-16	Mo99 – Tc99m Generator	24
2-17	Normal appearance of the Thyroid	25
2-18	Cold Nodule	27
2-19	Hot Nodule	28
2-20	Assessment of IDD. in the World	35
2-21	WHO Reporting IDD in Africa Region	36
2-22	Endemic Goitre Areas in Sudan	39
3-1	Double Head Scintillation Gamma Camera	47
4-1	Percentage Distribution of gender	50
4-2	Percentage Distribution of Thyroid shape	51

4-3	Percentage of Radiotrace Distribution	52
4-4	Percentage distribution of age group	53
4-5	a line plot shows the mean values of T3, T4, TSH	54
	and thyroid uptake	
4-6	scatter plot that show the linear relationship	55
	between the patient age and thyroid uptake	
4-7	scatter plot that show the linear relationship	
	between the patient age and thyroid uptake	56
4-8	percentage distribution of the thyroid disorder	58
4-9	a line plot that shows the mean values of (A)	
	thyroid uptake, (B) TSH, (C) T3 and (D) T4 versus	
	the diagnosis	61

LIST OF TABLES

Table No.	Table	Page
2-1	WHO Simplified Classification of Goitre	16
2-2	Kambal (1968) Classification of Goitre	17
3-1	Thyroid gland drugs preparation	49
4-1	frequency table of gender frequency	50
	distribution	
4-2	frequency table of gender frequency	51
	distribution	
4-3	frequency table of radiotracer distribution	52
4-4	frequency Table shows the age groups	53
	distribution	
4-5	Frequency distribution of diagnosis for	59
	thyroid disorder according to the uptake	
	and the thyroid hormones.	