MEDICAL CENTRE ZAJECAR, SERVICE OF NUCLEAR MEDICINE

DETERMINATION OF TSH RECEPTOR AUTOANTIBODIES IN DIFFERENT PHASES OF GRAVES-BASEDOW DISEASE

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INTRODUCTION

REPORTS ON FREQUENCY OF TSH-RECEPTOR AUTOANTIBODIES POSTIVE FINDINGS HAVE NOT BEEN CONSISTENT. SOME EARLY REPORTS SHOW THAT POSITIVE FINDINGS IN NON TREATED BASEDOW DISEASE ARE LESS THAN 80% (Volpe,1976; Orgiazzi et al.1982), WHILE RECENT ONES SHOW POSITIVE FINDINGS IN 80 TO 100% (Emrich et al. 1984; Sauvage et al.1984; Becker and al.1985). REPORTS ABOUT FREQUENCY OF FINDINGS DURING ANTITHYROID MEDICAMENT THERAPY, AND AFTER ITD ABOLITION, ARE STILL NOT NUMEROUS.

THE GOAL OF THIS INVESTIGATION WAS TESTING THE SIGNIFICANCE OF TSH-RECEPTOR AUTOANTIBODIES FINDINGS IN DIFFERENT STAGES OF GRAVES-BASEDOW DISEASE, USING A SPECIFIC AND SENSITIVE TEST SUCH TRAK-ASSAY.

MATERIALS AND METHOD

PATIENTS

45 PATIENTS WITH GRAVES-BASEDOW DISEASE BEFORE TREATMENT (27 non treated patients – first appearance of disease, 18 without treatment for 6 months – relaps of disease)

40 PATIENTS IN STABLE REMISSION OF BASEDOW DISEASE

15 PATIENTS AFTER TERMINATION OF METHIMAZOLE TREATMENT, FOLLOW-UP OF 6-8 MONTHS

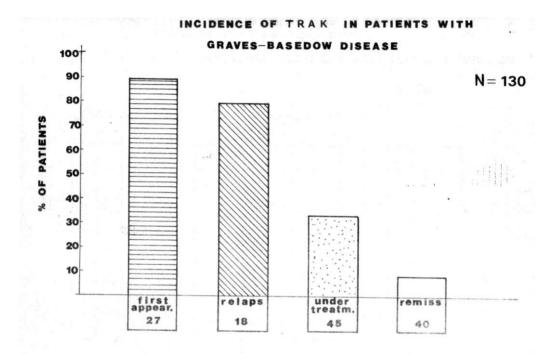
16 PATIENTS IN REMISSION, - FOLLOW-UP OF 6-8 MONTHS

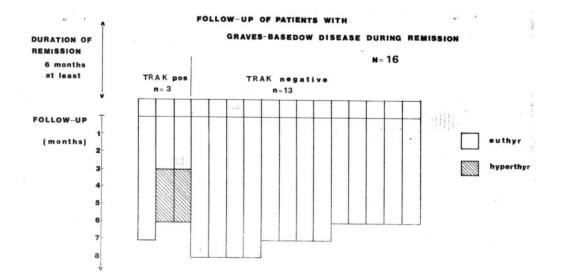
45 PATIENTS WITH GRAVES-BASEDOW DISEASE DURING METHIMAZOLE TREATMENT

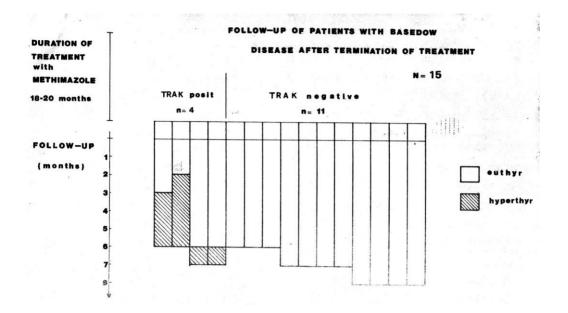
T O T A L: 141 PATIENTS (130 female and 11 male)

METHOD

TRAK-ASSAY HENNING, POSITIVE FINDING OVER 15 U/L







CONCLUSION

TRAK POSITIVE FINDINGS FREQUENCY ON PATIENTS WITH GRAVES-BASEDOW DISEASE BEFORE TREATMENT IN THIS STUDY WAS 84%.

IN PATIENTS IN STABLE REMISSION AFTER TREATMENT WITH METHIMAZOLE TRAK NEGATIVE FINDINS FREQUENCY WAS 93%.

TRAK POSITIVE FINDING AT THE END OF BASEDOW'S DISEASE TREATMENT WITH METHIMAZOLE POINTS OUT WITH HIGH PROBABILITY APPEARANCE OF RELAPS OF DISEASE, IT IS ALSO THROUTH FOR POSITIVE FINDING DURING REMISSION.

PATIENTS WHOSE TRAK POSITIVE FINDINGS BECAME NEGATIVE DURING TREATMENT WITH METHIMAZOLE, SHOW CONCORDANT CLINICAL RESPONSE: EUMETABOLISM IS RETAINED WITH SMOLE DOSES, CONTROL CLINICAL EXAMINS ARE LESS FREQUENTLY NECESSARY, AND PROBABLY SHORTER DURATION OF TREATMENT.

PATIENTS WITH CONTINUOUSLY HIGH TRAK FINDINGS DURING TREATMENT WITH METHIMAZOLE, ARE MORE DIFFICULT FOR REGULATION OF TREATMENT. APPEARANCE OF HYPOTHYROIDISM IN THOSE PATIENTS WITH RETAINED HIGH TRAK VALUES, REQUIRES FURTHER INVESTIGATION.

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