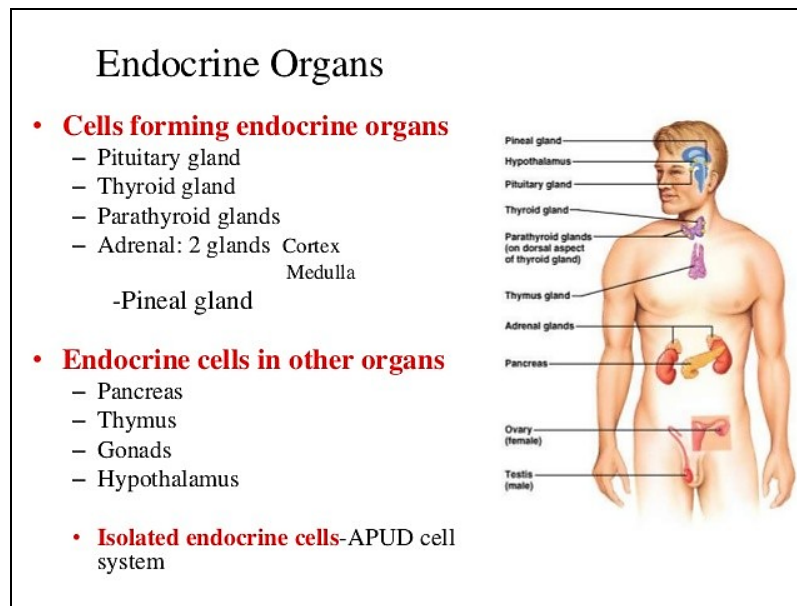


Endocrine pathology



Hyperpituitarism

Hyperplasia - in pregnancy (PRL/GH cells)
complication: infarct (Sheehan-syndr.)

Adenoma - micro/macroadenoma (< 1 cm >)

- sporadic or MEN-1 syndrome
- basophilic, eosinophilic, chromophobic
- hormone secreting, inactive
 - GH-producing (eosinophilic): gigantism, acromegaly
 - Prolactinoma: most frequent; mainly microadenoma
galactorrhea
 - ACTH-producing (basophilic): Cushing disease
 - TSH, FSH/LH secreting adenomas: rare
 - Chromophobic adenomas: compression
 - Carcinoma: - extreme rare

Metastases to the pituitary gland: from breast, lung cancers

Hypopituitarism:

- panhypopituitarism or isolated hormone depletion
background: local destruction
(chromophobic adenomas, craniopharyngeoma, metastatic tumors [breast cc, lung cc], infarction [Sheehan-syndr.], Hand-Schüller-Christian disease)

Thyroid gland:

Enlargement: goiter

- normofunctional, hyperfunctional, hypofunctional
- diffuse, (multi)nodular

Basedow (Graves) – disease

- especially in women, between 20-40 years
- autoimmune disease (thyroid-stimulating immunoglobulin)
- primary target: TSH-receptor
- continuous thyroid-activation
- severe hyperthyreosis, exophthalmus, pretibial edema,
- increased sympathetic activity
- diffuse enlargement, depleted colloid, papillary infoldings

Thyreoiditis: Acute inflammations are rare!

Chronic:

- Hashimoto-thyreoiditis; → hypothyreosis
- De Quervain (granulomatous); painful
- Riedel-thyreoiditis; wooden-hard
- Chronic lymphocytic thyreoiditis

Neoplasms:

Benign

follicular adenoma
(solitary, encapsulated)

Malignant

follicular carcinoma
papillary carcinoma
medullary carcinoma
anaplastic carcinoma
malignant lymphoma (B-)

Parathyroid:

Hyperplasia – all the 4 glands are involved

Adenoma – 1 gland is involved, the rest are atrophic

Carcinoma – infiltrative growth, cartilage-firm

HYPERCALCEMIA!

- Recklinghausen's disease (cystic fibrous osteodystrophy)
- metastatic calcification (heart, stomach, nephrocalcinosis)
- nephrolithiasis

