

HYPERTHYROÏDIES ET GROSSESSES

LE POINT DE VUE DE L'IMAGEUR

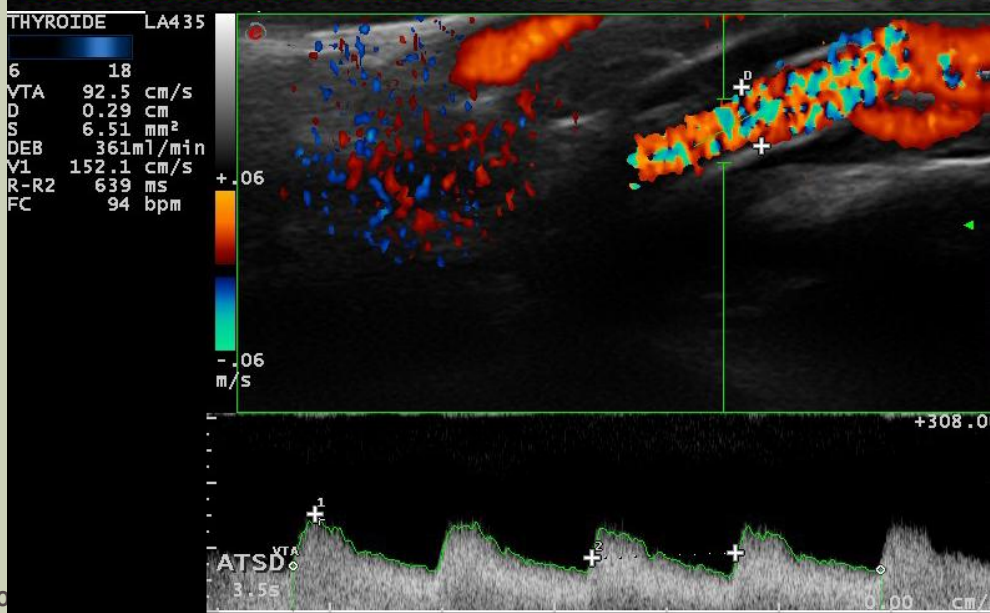
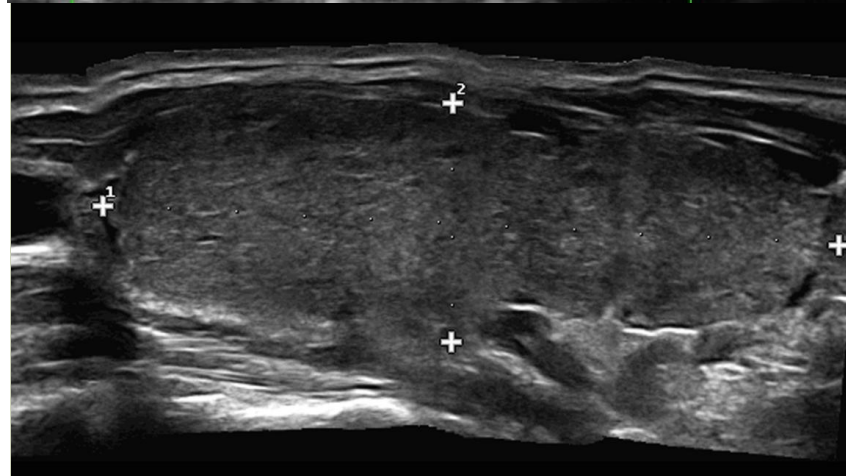
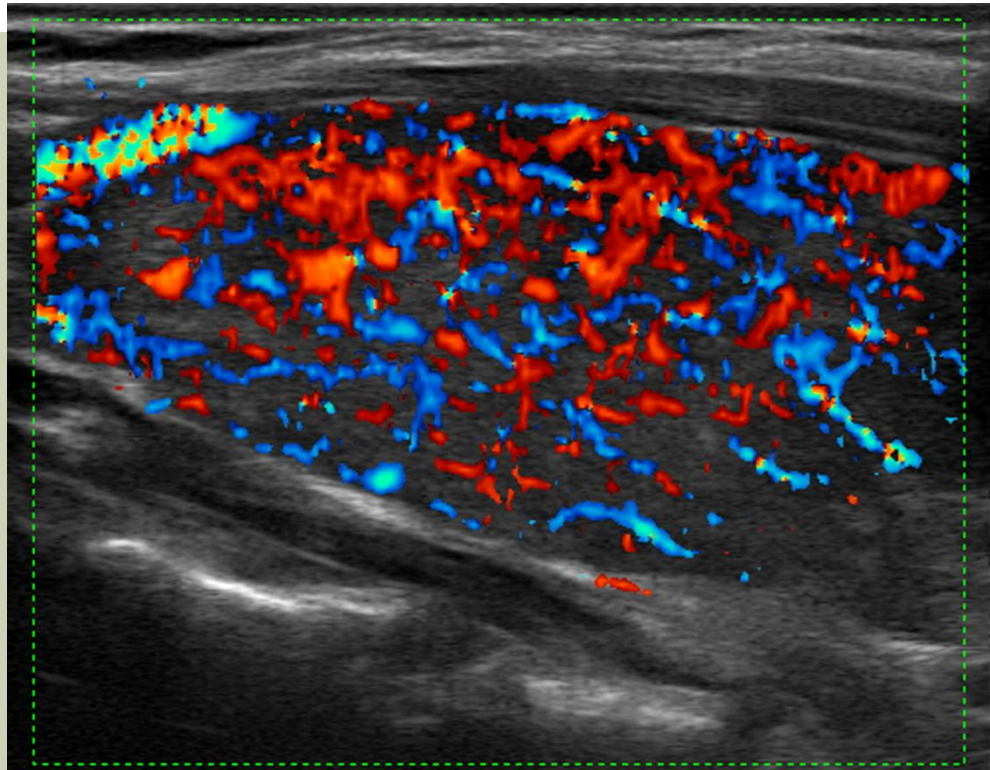
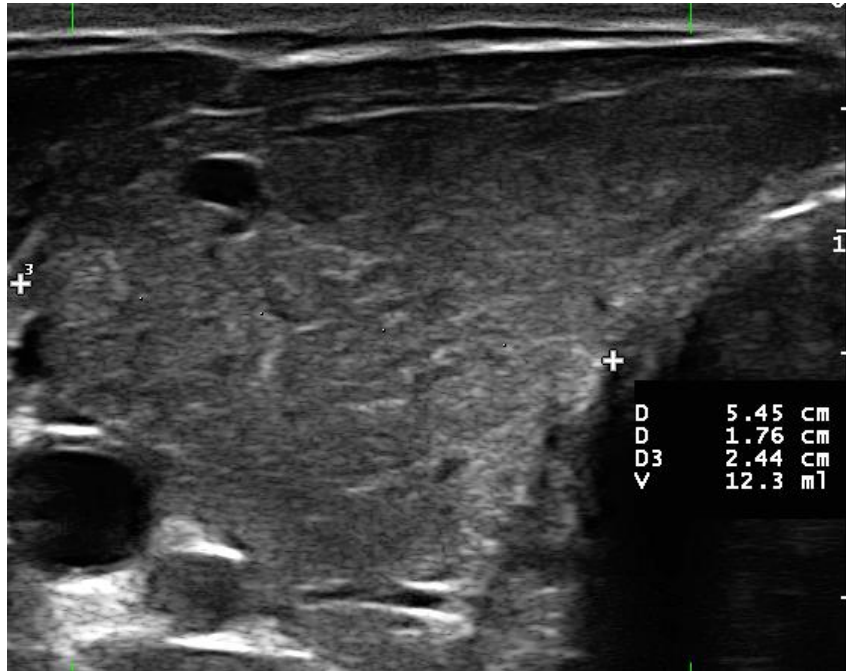
Hervé Monpeyssen

ENDOCRINE CONSENSUS.

ABALOVICH JCEM 2007 (92)

Management of thyroid diseases during pregnancy requires special considerations because pregnancy induces major changes in thyroid function, and maternal thyroid disease can have adverse effects on the pregnancy and the fetus

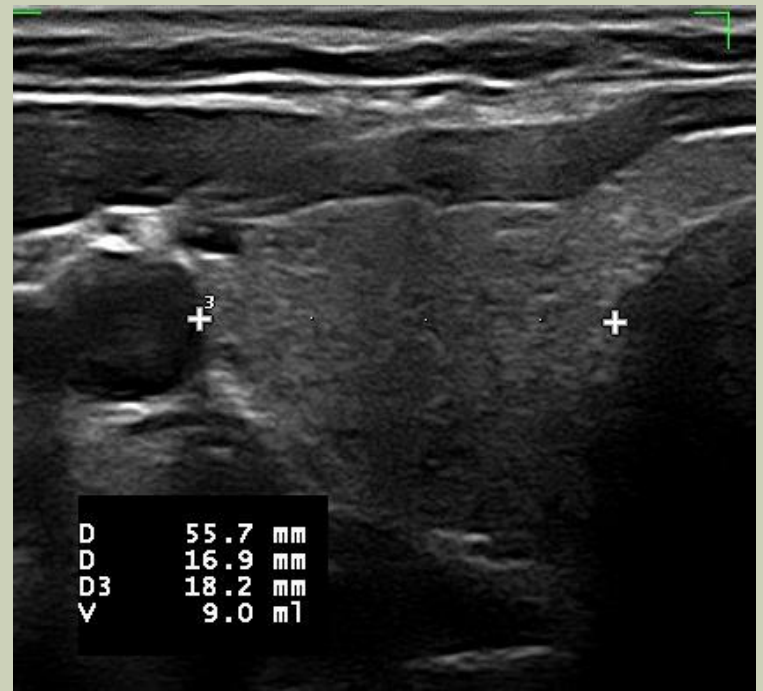
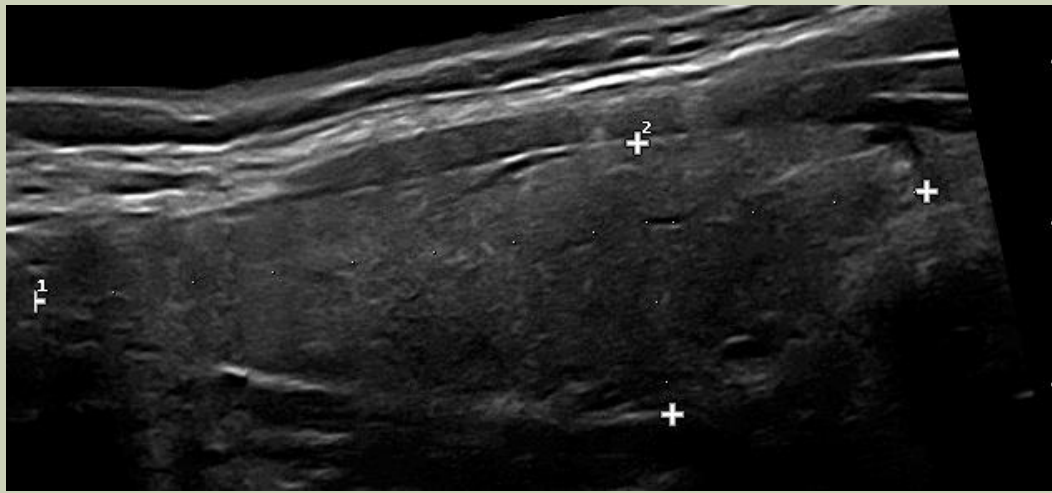
- Suivi d'une maladie de Basedow connue
- Bilan d'une basse TSH en T1
 - Maladie de Basedow
 - Thyrotoxicose gestationnelle transitoire
 - Nodule autonome / toxique



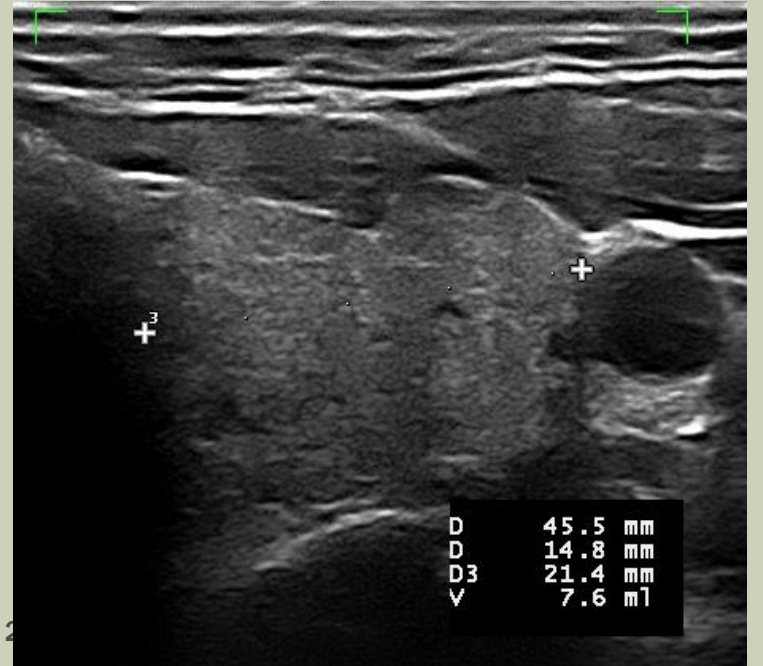
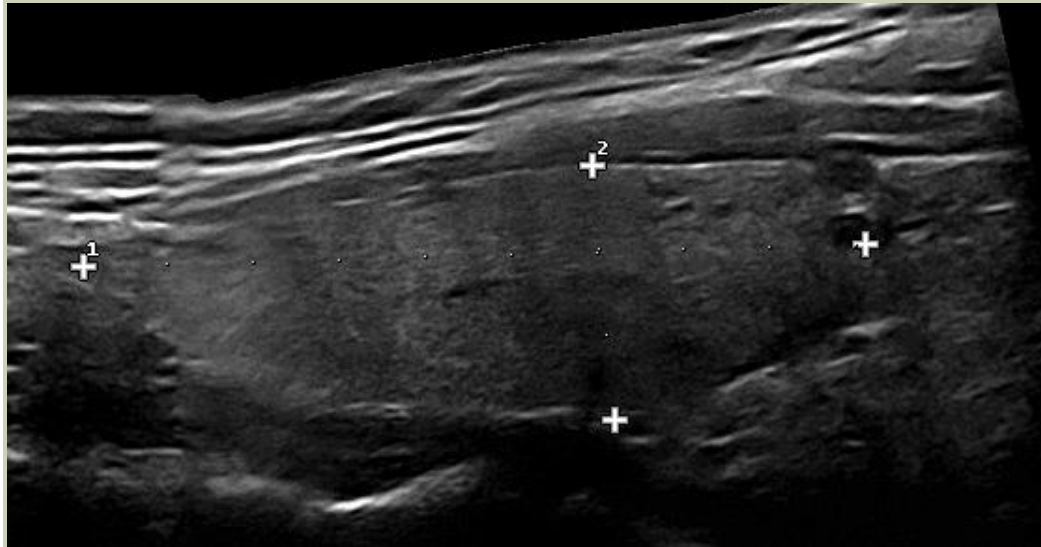
DIU Echo

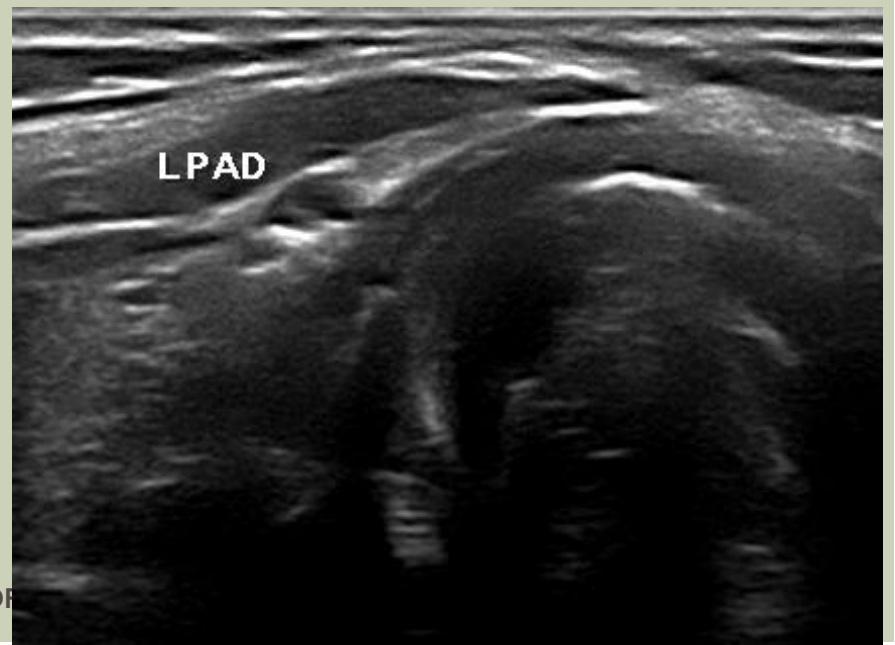
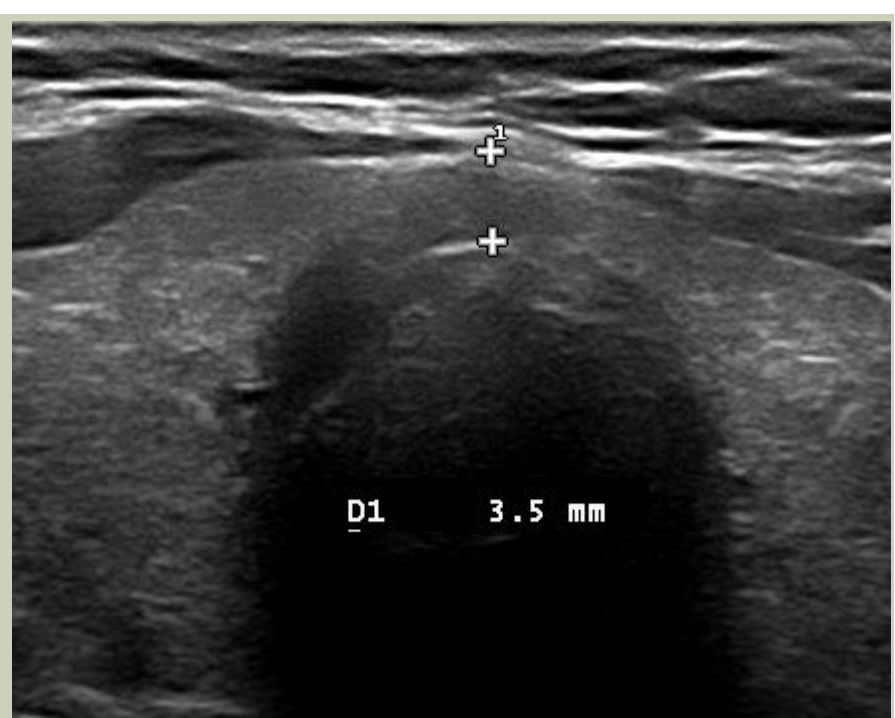
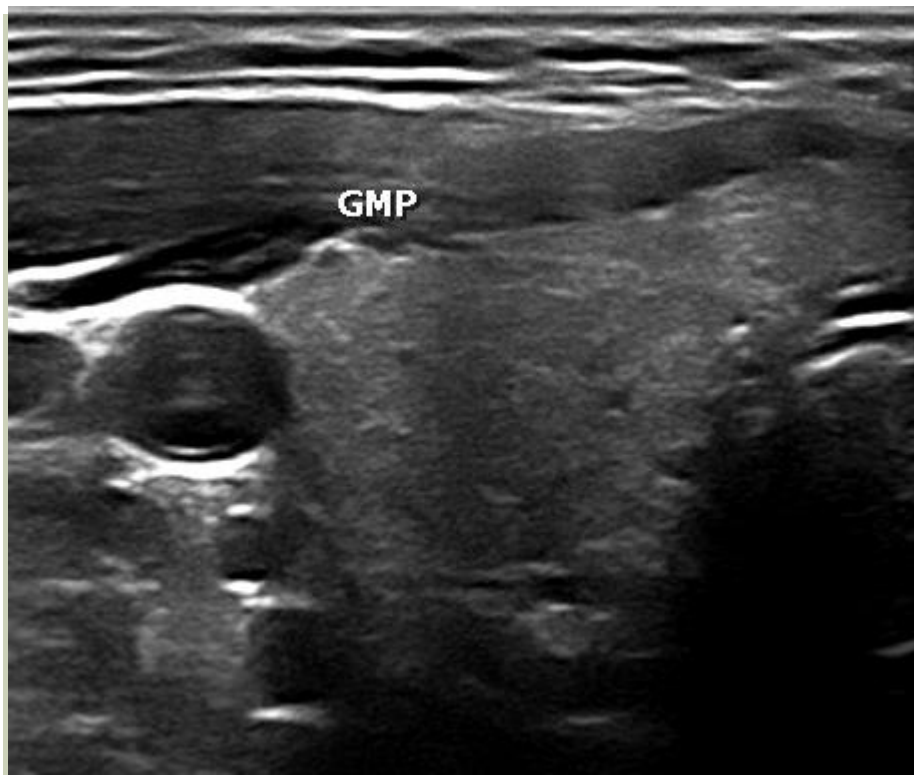
NAIMA G.

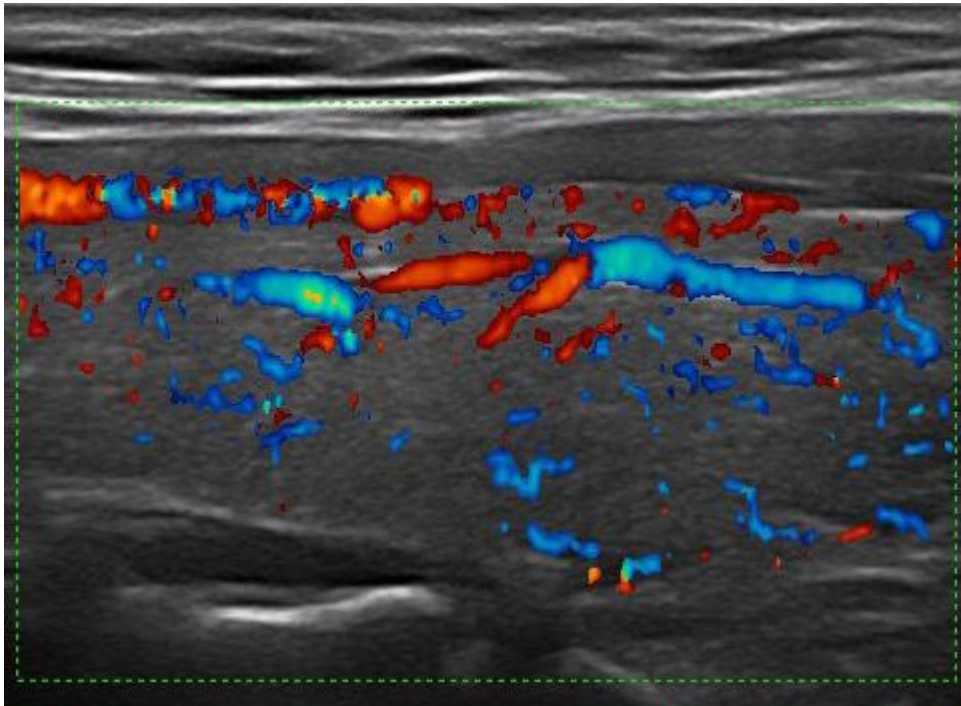
- 2° geste (G1: FCS). Tabac 0. Douleurs : 0
- 6° semaine: vomissements +++
- Vue Semaine 11/ Quelques nausées
- TSH : 0,13. T4L 11,4 pm. ATPO 12



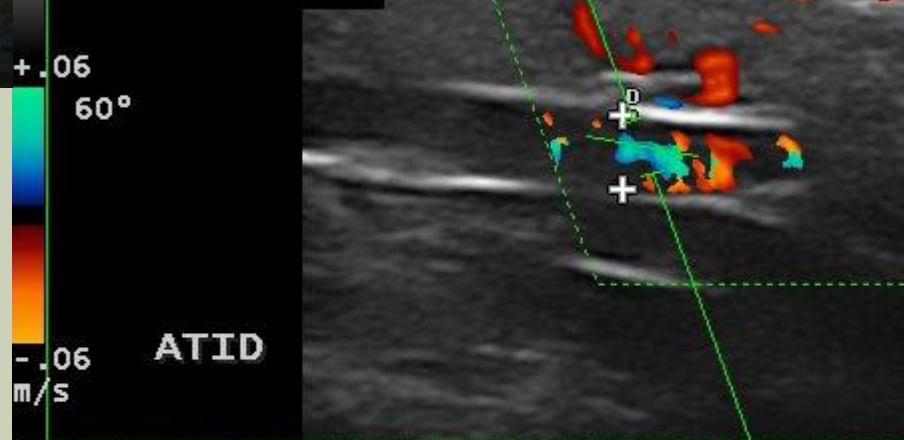
Volume 16,6 ml





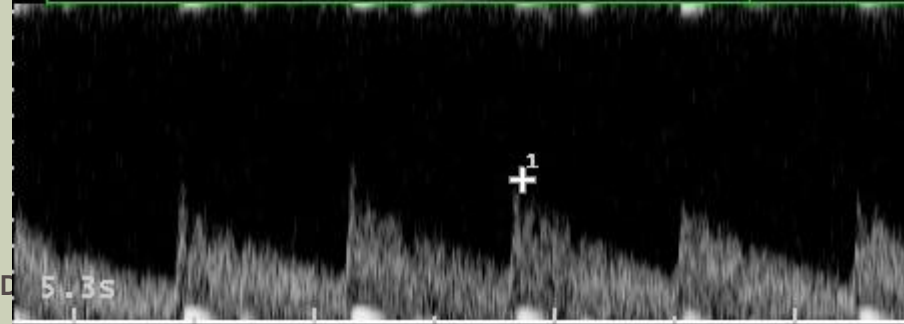


VTA -27.4 cm/s
 D 2.5 mm
 S 5.04 mm²
 DEB -83ml/min
 V1 -55.4 cm/s



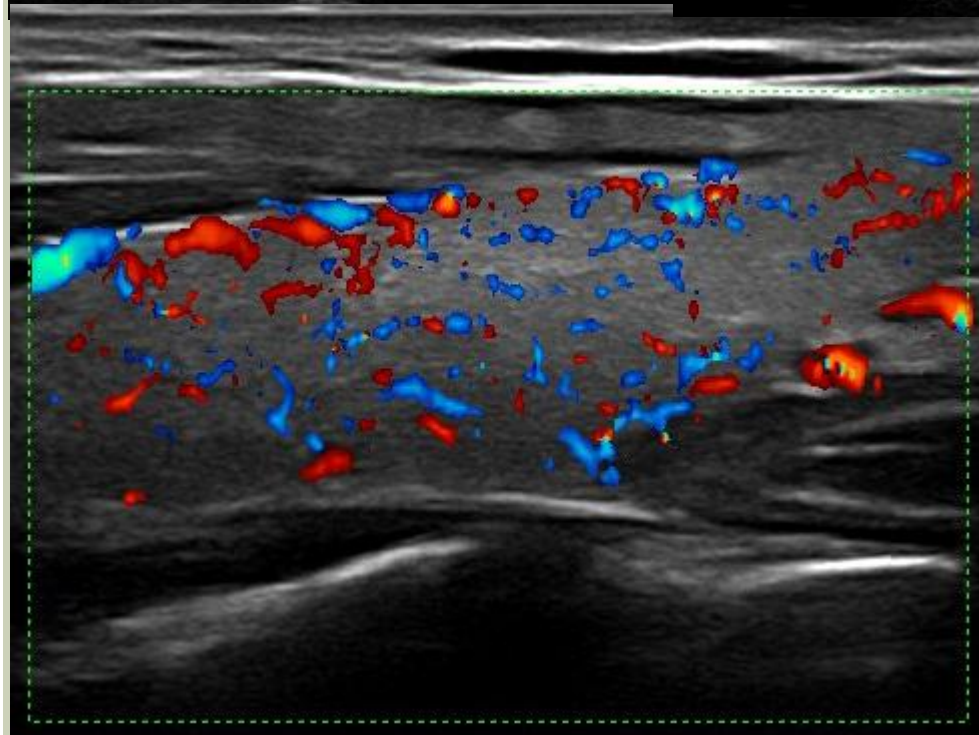
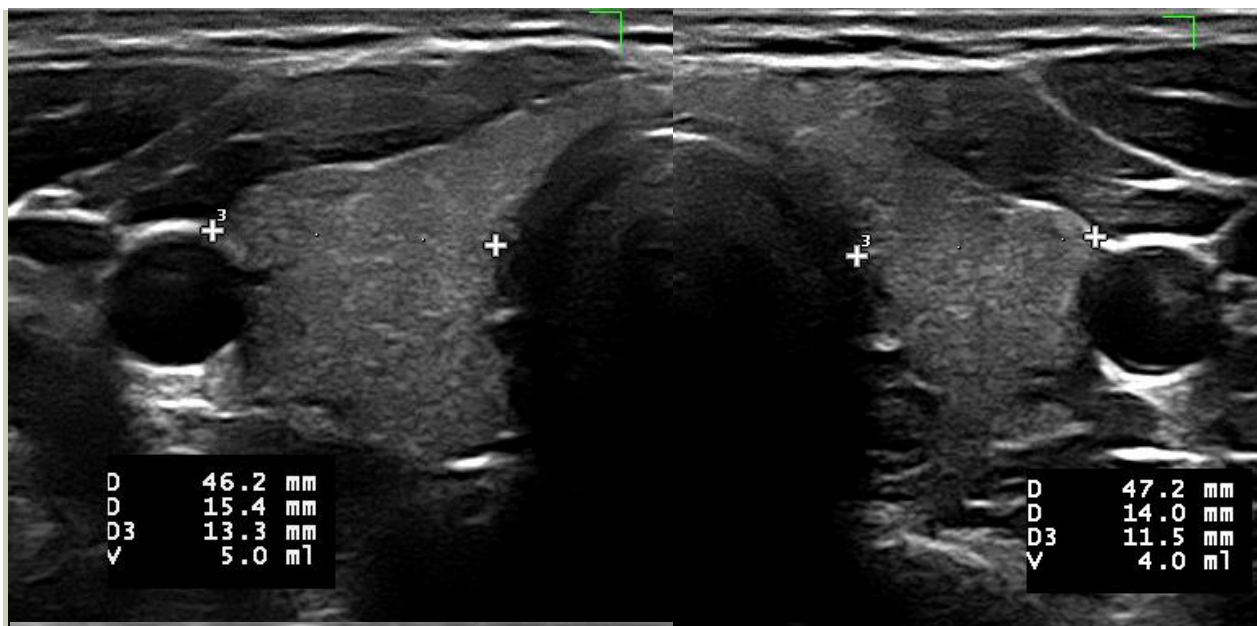
S14: TSH 0,86

Club Thyroide ID

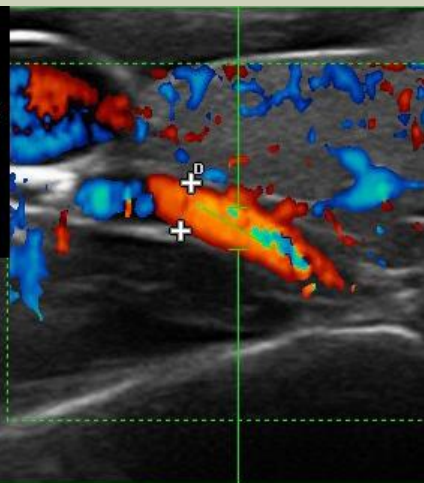



COLETTE S.

- 33 ans
- 2° Geste (G1: IVG)
- Nausées ++
- Céphalées, asthénie, constipation
- TSH 0,03 . T4L: 17,3pm. T3L : 4,4pm
- ATPO : 7 TRAK < 1

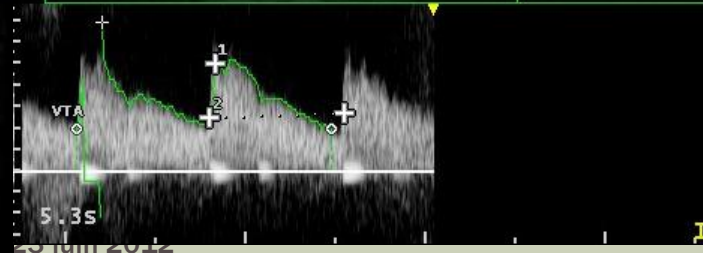


VTA	-30.2 cm/s
D	2.2 mm
S	3.95 mm ²
DEB	-71ml/min
V1	-49.9 cm/s
R-R2	750 ms
FC	80 bpm



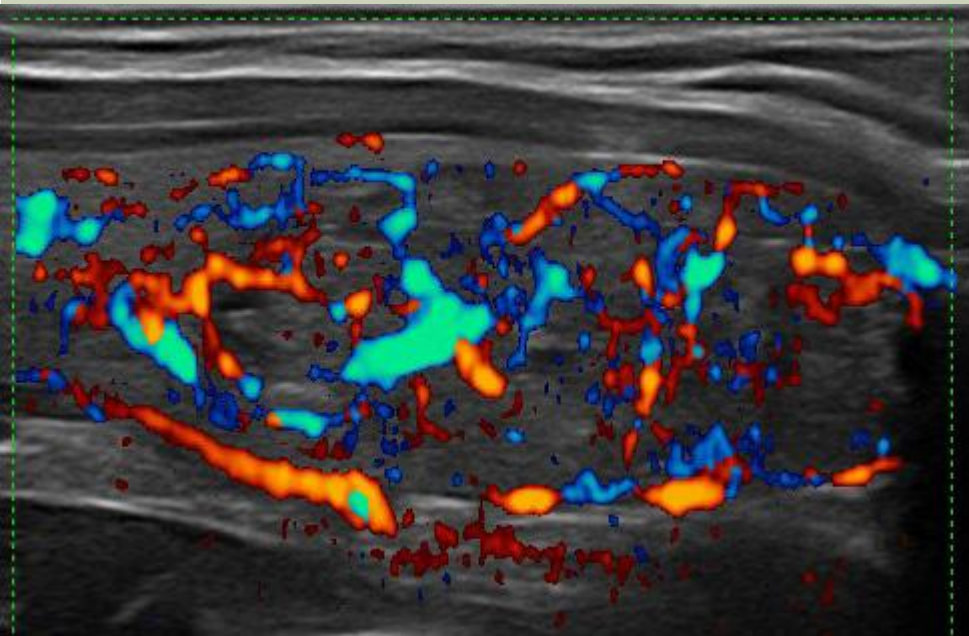
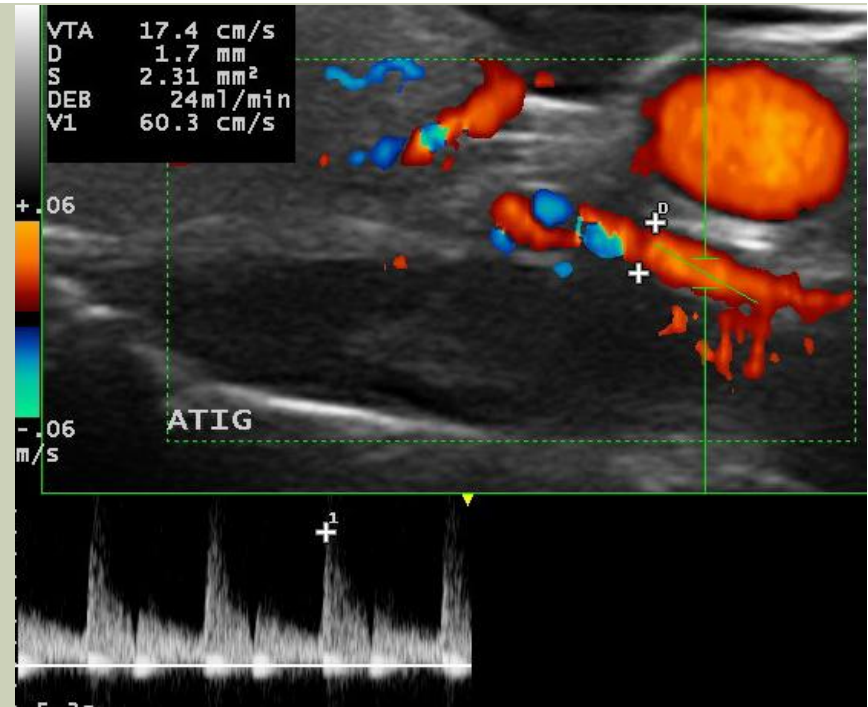
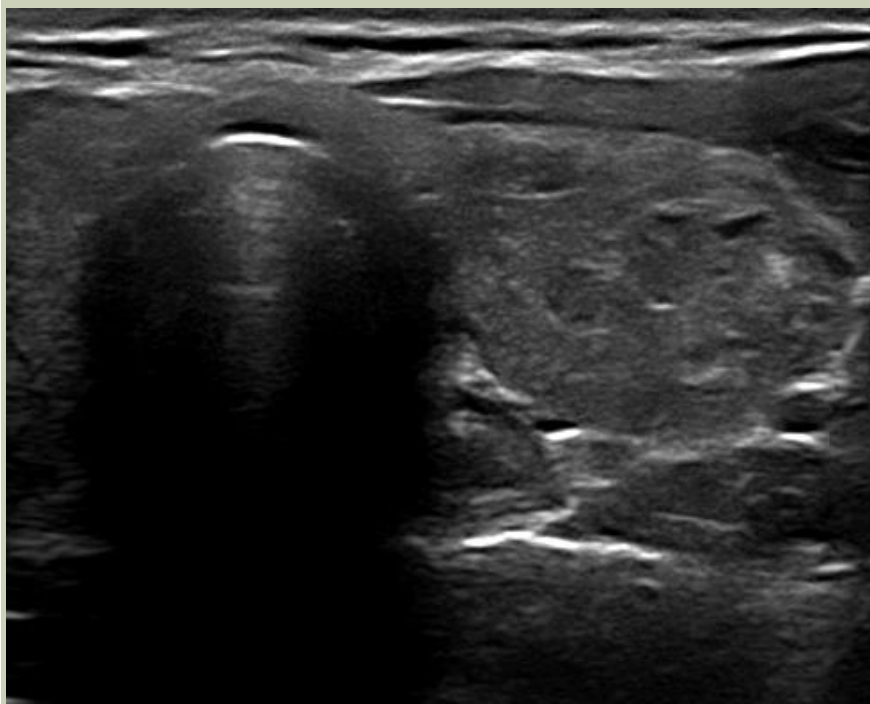
+.  -06 m/s

ATID



ALEXANDRA M.

- 3° Geste de 36 ans
- Vue au 4° mois
- Nausées ++ durant le T1
- TSH 0,2 T4L 15,7pm T3L 4,7pm



Evaluation of thyrotoxicosis during pregnancy with color flow Doppler sonography.

Hari Kumar KV, Vamsikrishna P, Verma A, Muthukrishnan J, Meena U, Modi KD.
Int J Gynaecol Obstet. 2008 Aug;102(2):152-5. Epub 2008 May 5

Conclusion: Thyroid evaluation by CFDS is useful for the differential diagnosis of thyrotoxicosis in pregnant women

Is the measurement of inferior thyroid artery blood flow velocity by color-flow Doppler ultrasonography useful for differential diagnosis between gestational transient thyrotoxicosis and Graves' disease? A prospective study.

Zuhur, S. S, Ozel, A. Velet,S. Bugdaci, M.S. Cil, E Altuntas, Y
Clinics (Sao Paulo) 2012 67 (2) 125-129

The right and left inferior thyroid artery-peak systolic and end-diastolic velocities in patients with gestational transient thyrotoxicosis were found to be significantly lower than those of pregnant patients with Graves' disease and higher than those of healthy euthyroid subjects.

However, the right and left inferior thyroid artery peak systolic and end-diastolic velocities in pregnant patients with Graves' disease were significantly lower than those of non-pregnant patients with Graves' disease. The right and left inferior thyroid artery peak systolic and end-diastolic velocities were positively correlated with TSH-receptor antibody levels.

We found an overlap between the inferior thyroid artery-blood flow velocities in a considerable number of patients with gestational transient thyrotoxicosis and pregnant patients with Graves' disease.

This study suggests that the measurement of inferior thyroid artery-blood flow velocities with color-flow Doppler ultrasonography does not have sufficient sensitivity and specificity to be recommended as an initial diagnostic test for a differential diagnosis between gestational transient thyrotoxicosis and Graves' disease during pregnancy.

TAKE HOME MESSAGE

- L'échographie est le seul examen d'imagerie utilisable pendant la grossesse.
- Excellent remède au « psychotage »
 - Permet de désamorcer l'angoisse de la maladie de Basedow (web-iatrogénie)