

## **RECOMMENDATIONS**

1. Further studies are needed to clarify the pathophysiological mechanisms of insulin resistance, lipid profile and thyroid dysfunction and how each of them can affect the other.
2. Further studies are needed to be done on large number of patients with and without insulin resistance to determine the inter-relationship with lipid profile and thyroid function.
3. Further studies to evaluate the relationship between subclinical disease and cardiovascular risk, and whether treatment is warranted or not.

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## الملخص العربي

أمراض الغدة الدرقية – نقص أو زيادة نشاط الغدة – تعتبر واحدة من أبرز الأمراض التي تصيب الغدد بصفة عامة في السنوات الأخيرة تكون أعراضها ظاهرة أو غير ظاهرة

الخلل الدهني هو خلل ايضي موجود بصورة كبيرة في مرضي الغدة الدرقية وهو يمثل النتيجة النهائية لتأثير هرمونات الغدة علي كل جوانب ايض الدهون.

انتشار مرض الغدة الدرقية في المرضي المصابين بالداء السكري يزداد بصورة كبيرة عن باقي المجتمع ككل مما يشير الي وجود تفاعل بين وضع الغدة و حساسية الأنسولين.

الدراسة قد اجريت علي ٧١ حالة دراسة و الذين تم اختيارهم من العيادة الخارجية لقسم المراض الباطنة – كلية الطب – جامعة الاسكندرية وقد تم مجموعة الاولي وهم المرضي المصابين بزيادة نشاط الغدة الدرقية ( ٢٥ مريض ) و المجموعة الثانية وهم المرضي المصابين بانخفاض نشاط الغدة الدرقية ( ٢٦ مريض) و مجموعة الحكم ( ٢٠ تابع).

و لقد تم استبعاد المرضي المصابون بزيادة او انخفاض نشاط الغدة الدرقية دون الاكلينيكي و تقسيمهم الي مجموعتين و مقارنتهم بمجموعة الحكم.

تم اقصاء النساء بعد انقطاع الطمث و المرضي المصابين بالداء السكري او اي مرض مزمن امثال امراض القلب او الفشل الكلوي او مرش الكبد و السرطان.

### كل من شارك في هذا البحث قد خضع للاتي:

- موافقة كتابيه.
- تاريخ طبي كامل: مع اهميه خاصه على بدايه و مده مرض الغده.
- فحص طبي: و خصوصا للغده الدرقيه و قياس طول ووزن و كتله الجسم للمشاركة.
- فحص معملي : مستوى الدهون بالدم ( الكوليسترول، الدهون الثلاثية ، البروتين الدهني عالي و منخفض الكثافه).
- اختبارات وظائف الغده.
- اختبارات حساسية الأنسولين.
- اختبارات السكر بالدم ( صائم و فاطر) و سكر تراكمي.

### هذه هي نتائج البحث:

#### في المرضي المصابين بانخفاض نشاط الغدة الدرقية:

- مستوى الكوليسترول بالدم كان أعلى من مجموعة الحكم، وهناك ارتباط بين الهرمون المحفز للغدة الدرقية ونسبة الكوليسترول بالدم وذو مغذی إحصائيا.
- مستوى البروتين الدهني المنخفض الكثافة كان أعلى من مجموعة الحكم، وهناك ارتباط بين الهرمون المحفز للغدة الدرقية والبروتين الدهني المنخفض الكثافة وذو مغزى إحصائيا.

#### في العرض المصابين بزيادة نشاط الغدة الدرقية:

- مستوى البروتين الدهني المنخفض الكثافة كان أقل من مجموعة الحكم وهناك ارتباط بينه وبين الهرمون المحفز للغدة الدرقية وذو مغذی إحصائيا.

#### في العرض المصابين بزيادة نشاط الغدة الدرقية دون الإكلينيكي:

- مستوى الكوليسترول بالدم كانت أقل من مجموعة الحكم وذو مغذی إحصائيا وهناك ارتباط سلبي بين مستوى الكوليسترول بالدم والهرمون المحفز للغدة الدرقية، مستوى الدهون الثلاثية بالدم كان أقل من مجموعة الحكم وذو مغذی إحصائيا ومستوى الأنسولين.
- مستوى الإنسولين صائما كان أقل من مجموعة الحكم وذو مغذی احصائى بينهم.

# دراسة الخلل الدهنى وعلاقته بحساسية الانسولين فى مرضى الغدة الدرقية

رسالة علمية

مقدمة لكلية الطب – جامعة الإسكندرية  
إيفاءً جزئياً لشروط الحصول على درجة

الماجستير فى الأمراض الباطنة

مقدمة من

صلاح سعد حسن شومان

بكالوريوس الطب والجراحة – جامعة الإسكندرية

كلية الطب  
جامعة الإسكندرية  
٢٠١٥

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موافقون

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لجنة المناقشة والحكم على الرسالة

أ.د/ سمير نعيم أسعد

أستاذ الأمراض الباطنة

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التاريخ:

