

Endokrinologi V

6. semester

11-03-2012

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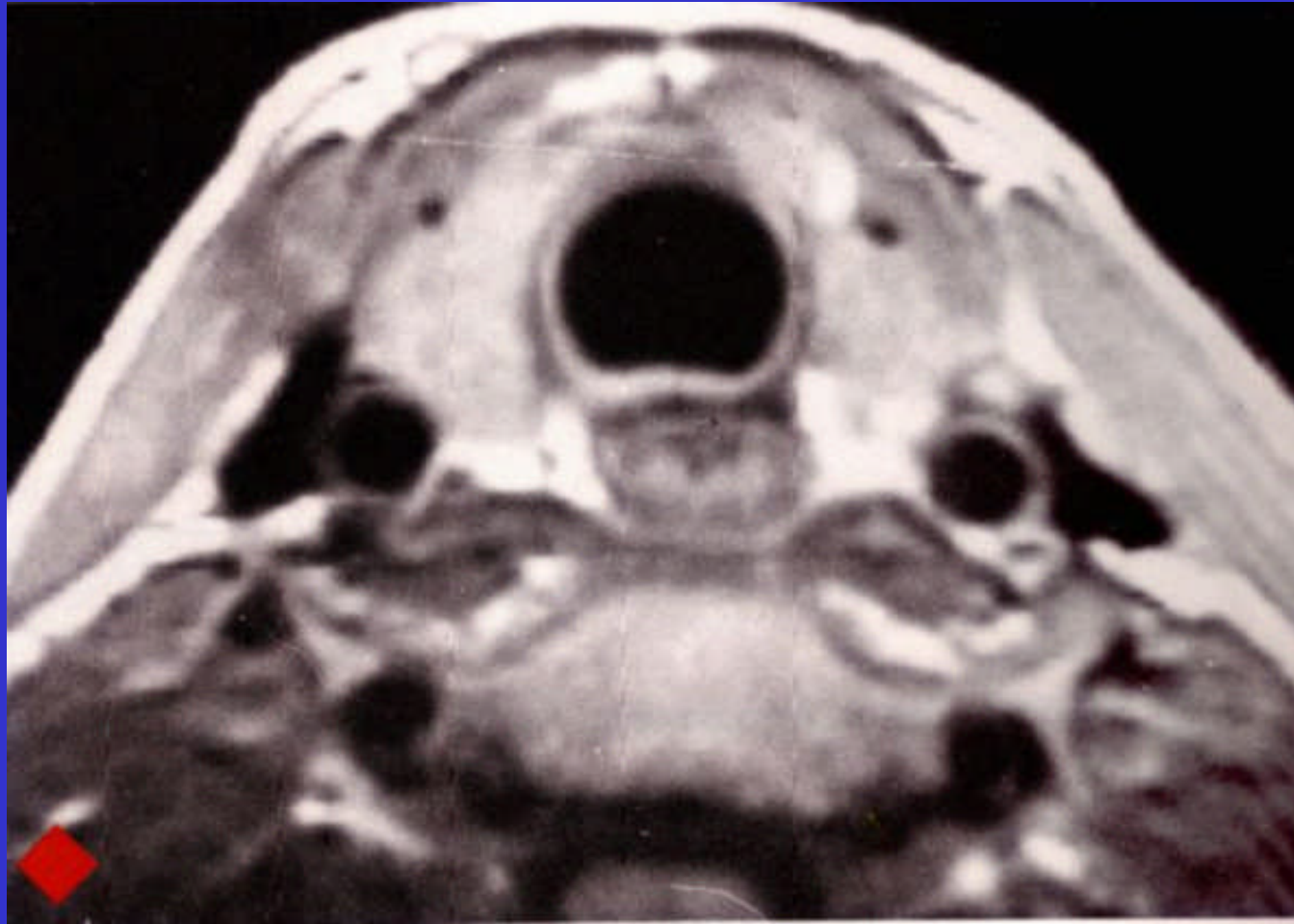


Thyreoidea

- Scintigrafi
- UL
- UL + biopsi (s)
- CT (s) eller MR (s) ved intrathoracal struma

(s) = supplerende

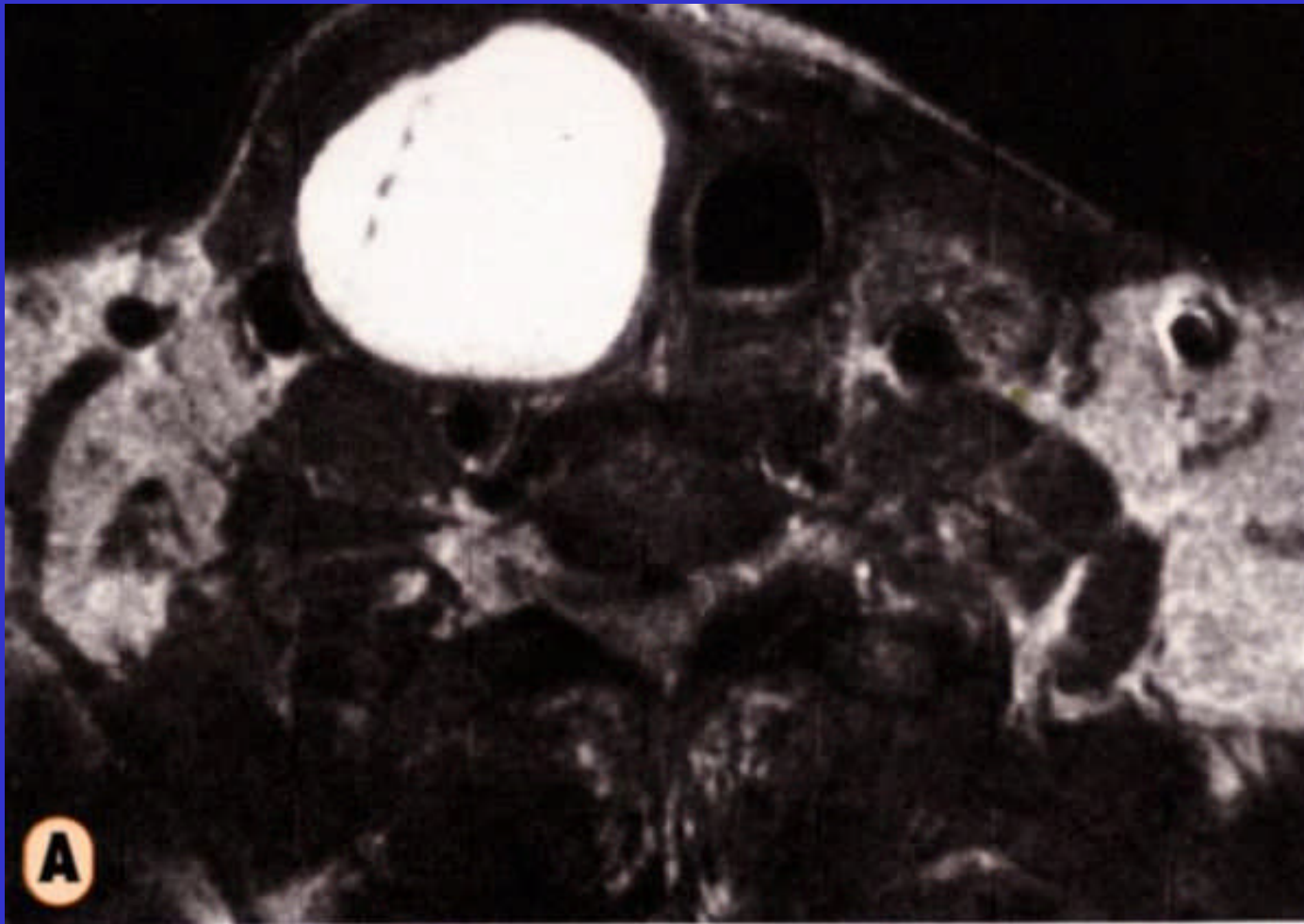
Thyroidea



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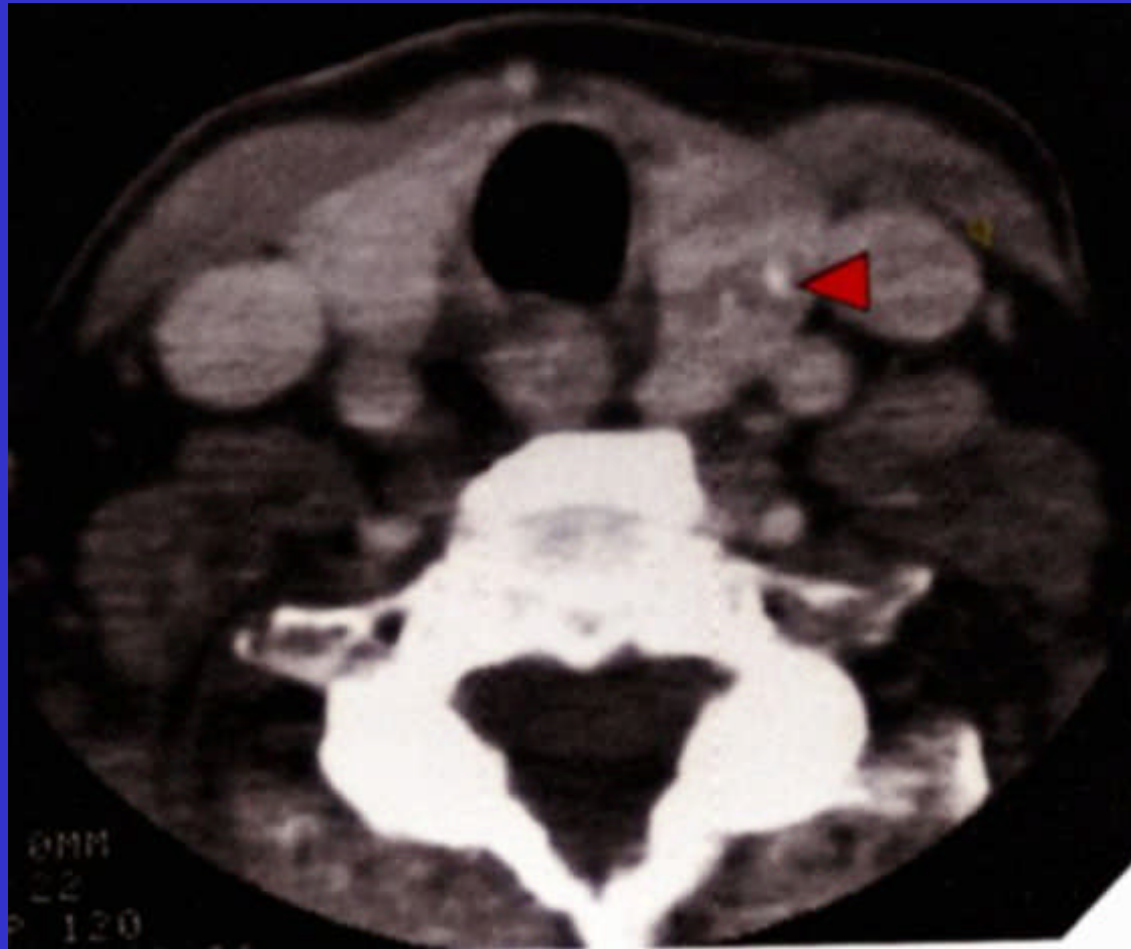
Thyroidea cyste



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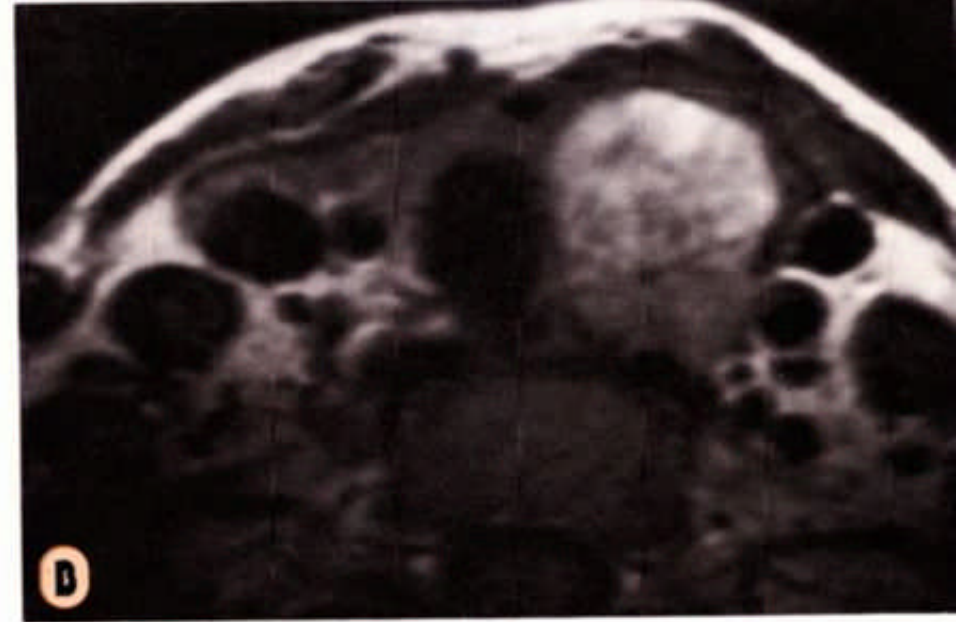
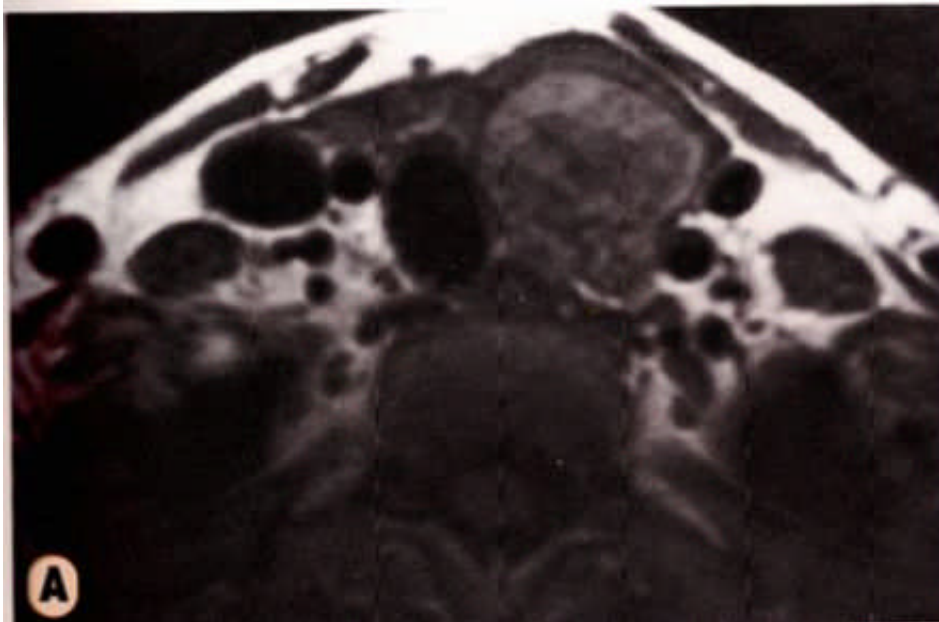
Thyroidea karcinom



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Thyroidea karcinom



T1

T1+ kontrast

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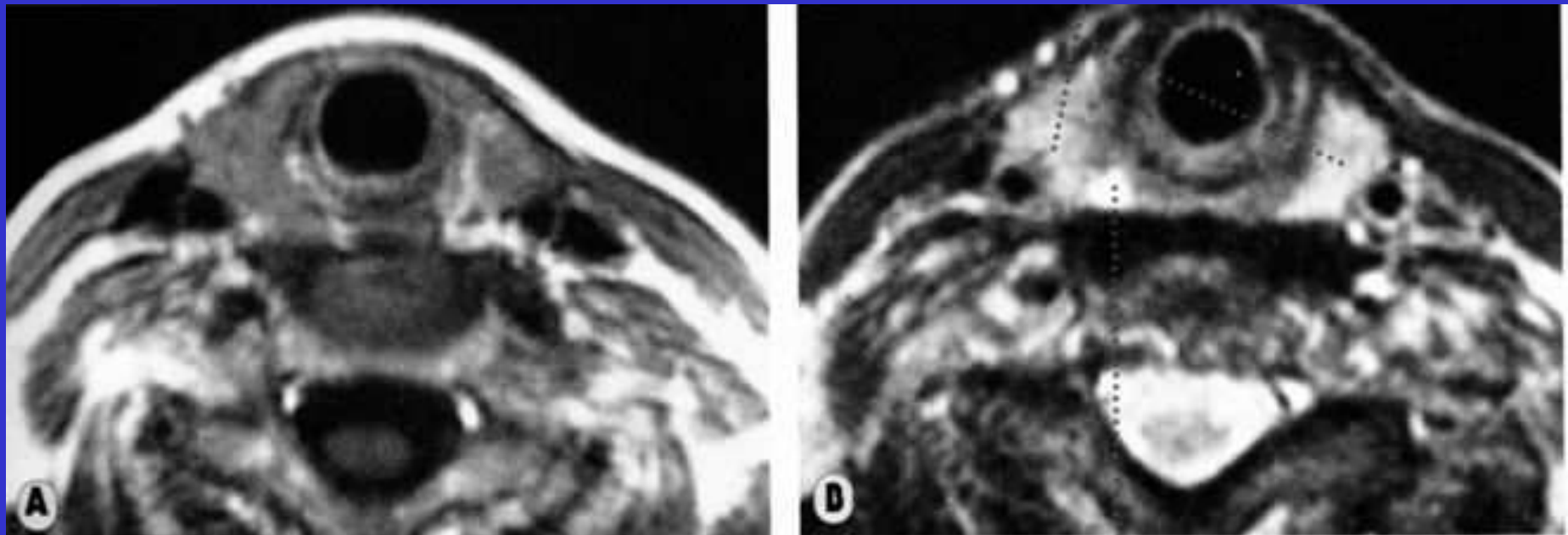
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Parathyroidea

- Scintigrafi ^{99m}Tc -SESTAMIBI
- UL
- MR (s) eller CT (s) ved ektopisk tumor.
- Vene sampling

(s) = supplerende

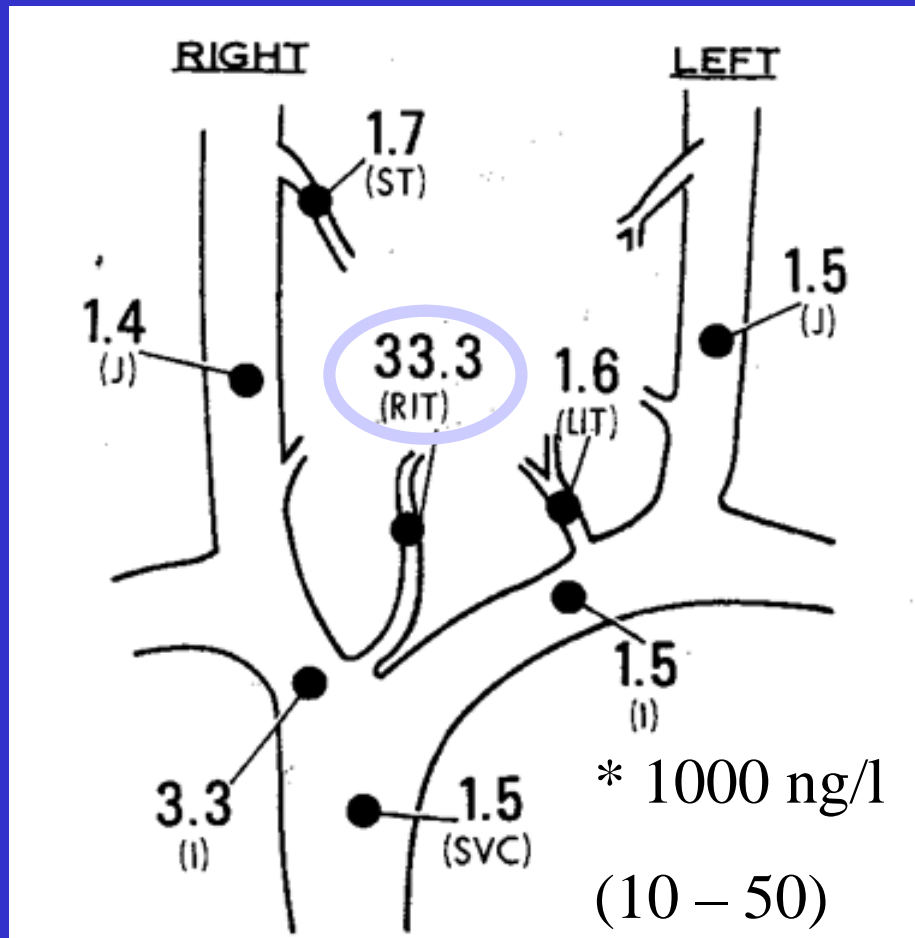
Parathyroidea adenom



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Parathyroideahormon koncentration



J = V. jugularis interna

I = V. brachiocephalica

SVC = V. cava sup

ST = V. thyroidea sup.

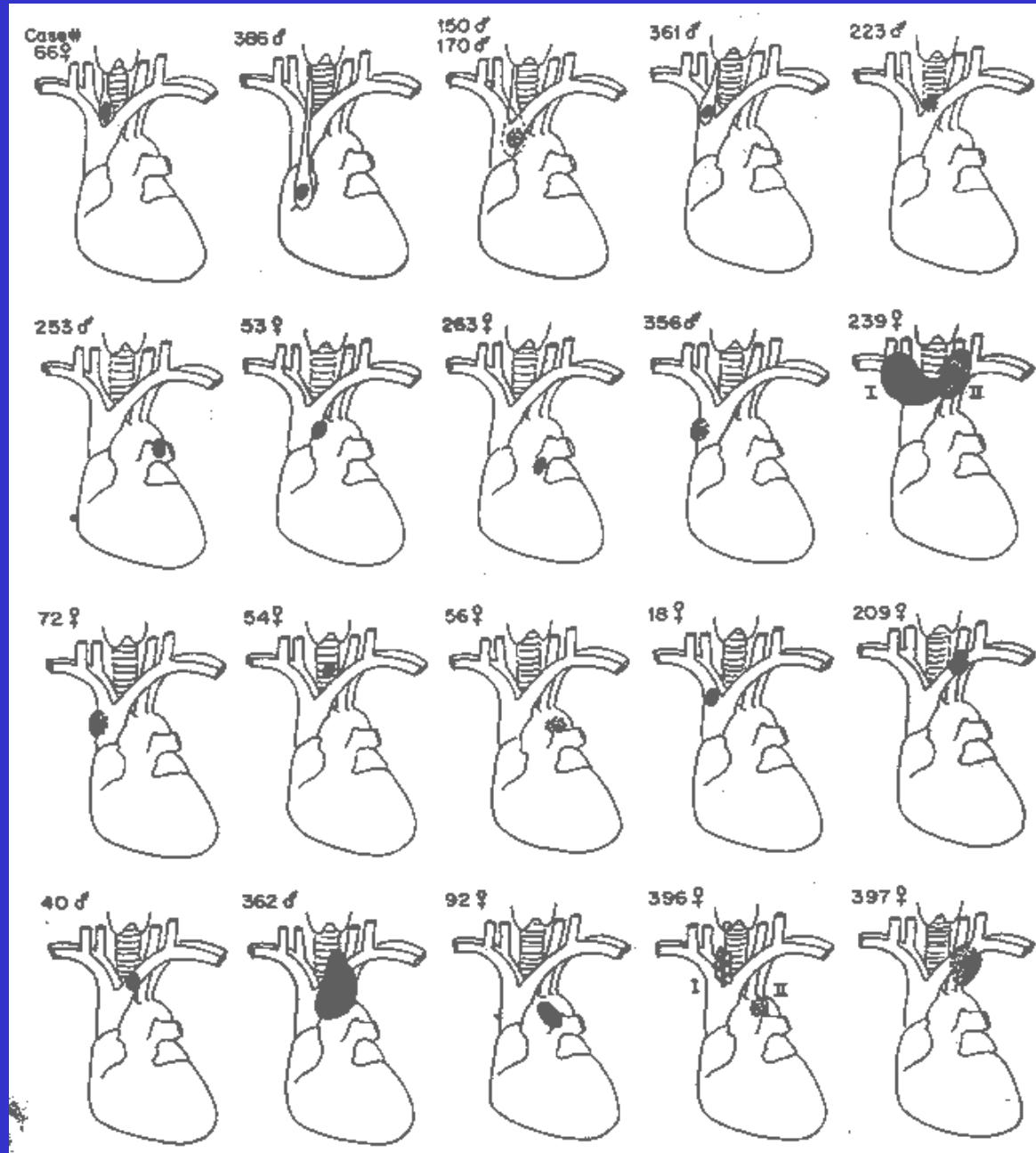
LIT = ve V. thyroidea inf.

RIT = h  V. thyroidea inf.

Baggrund = 1.48

Fund: H . inf. adenom

Ektopisk Parathyroidea



Nathanielsen EK et al. Ann Surg
1970; 171: 169

Primær hyperparathyroidisme

- 68 mand med tidligere blæresten
- Ingen medicin
- Objektiv undersøgelse normal
- Plasma Ca^{++} 1,9 mmol pr. L (1,15 – 1,35)
- PTH 600 ng pr. l (10 – 50)

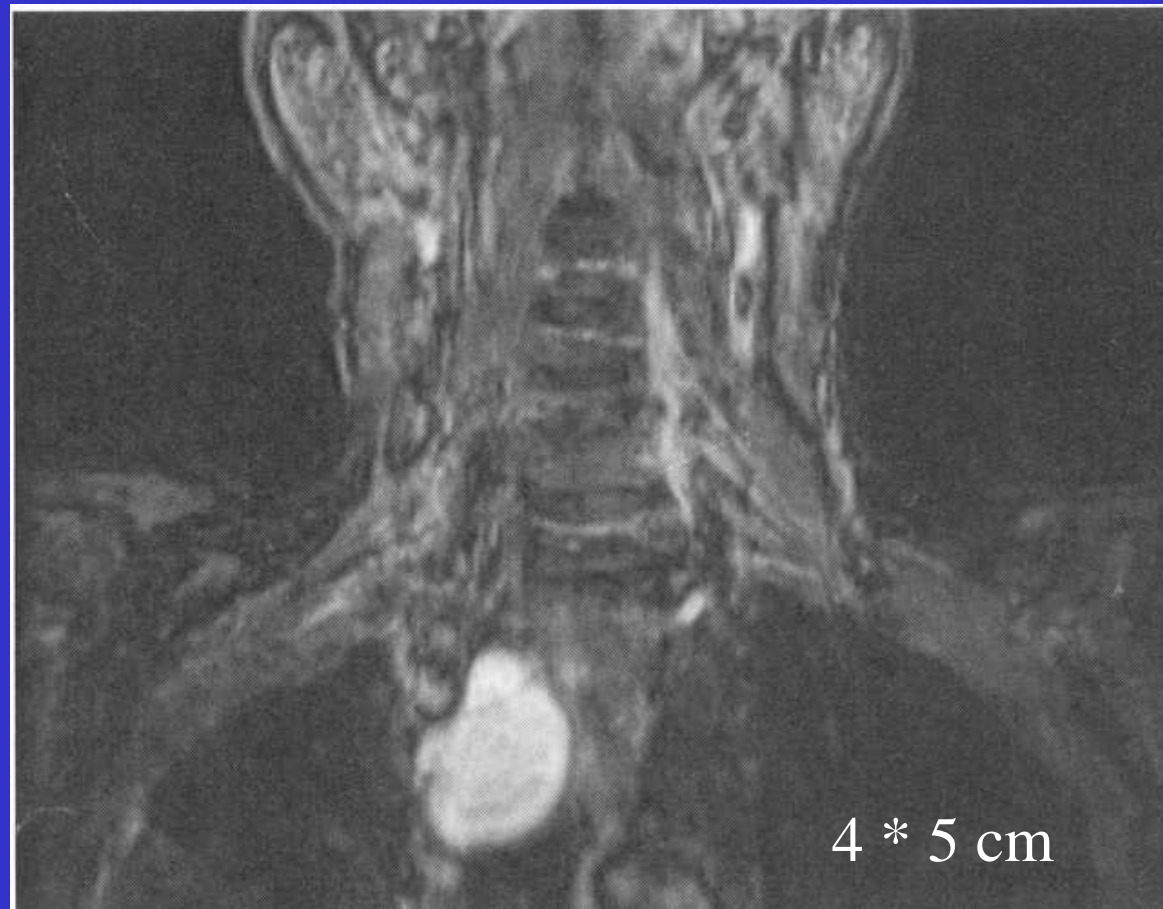
Primær hyperparathyroidisme

- Ultralyd adenom nedadtil til højre 24 * 19 * 20 mm.
- Scintigrafi ^{99m}Tc -sestamibi bilateralt nedadtil.
- Operation to adenomer på 4 * 5 * 12 mm og 5 * 10 * 22 mm.

Primær hyperparathyroidisme

- Fem dage senere plasma Ca^{++} 2,40 mmol pr. l (1,15 – 1,35)
- PTH 1100 ng pr. l (10 – 50)

Parathyroideacystadenom



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Primær hyperparathyroidisme

- Operation viste 5 * 7 * 5 cm stor cystisk parathyroideacystadenom.

Hyperparathyroidisme



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Hyperparathyroidisme



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Hyperparathyroidisme



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Hyperparathyroidisme brun tumor



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Hyperparathyroidisme forkalket brun tumor



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