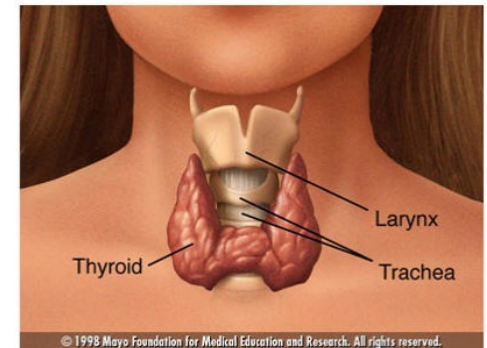
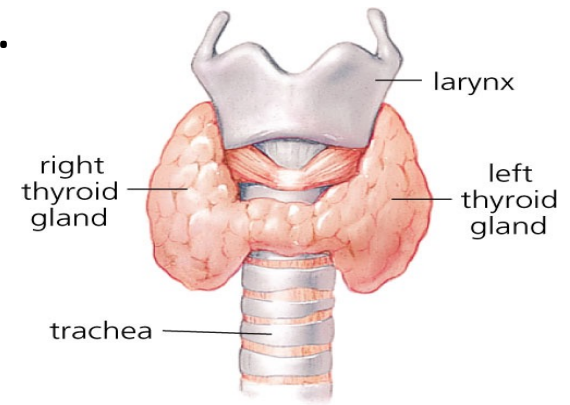


The Thyroid Gland

- Located at the upper portion of the trachea.
- Composed of two lobes
- Found in the neck;
- Responsible for the concentration of iodine & biosynthesis of thyroid hormones from Tyrosine
- Weighs 10-20g in adults
- Larger in women
- Plays a major role in the regulation of metabolism

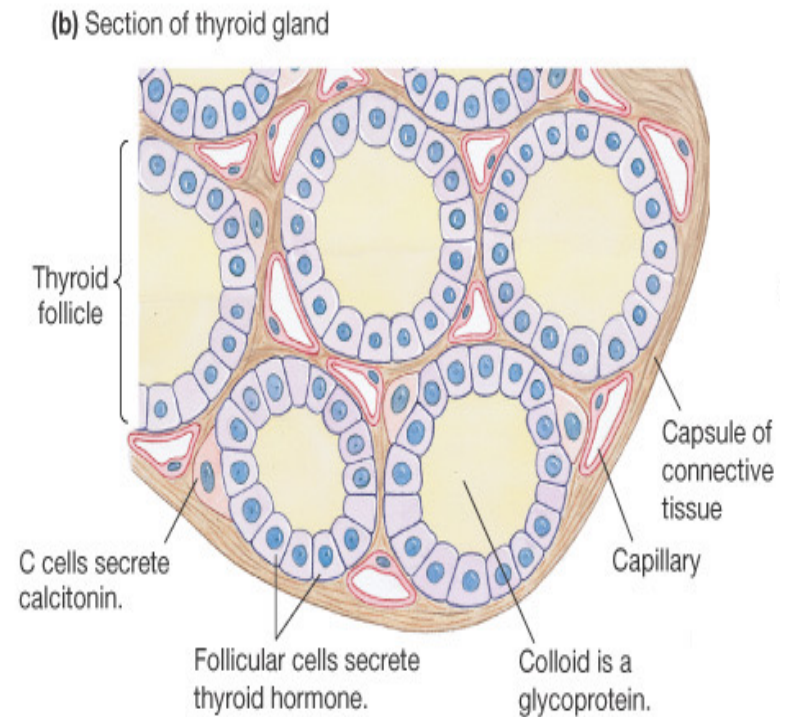


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 The thyroid gland is located at the base of your neck, just below your Adam's apple.

Thyroid Gland: Hormones and Iodine Metabolism

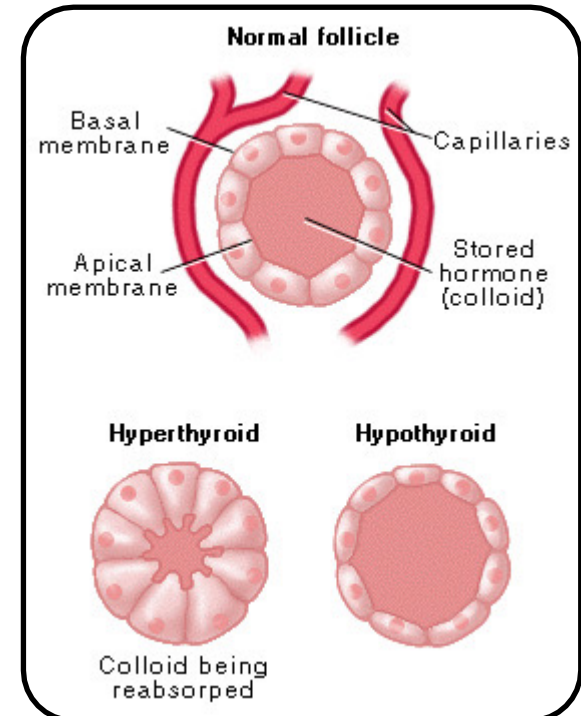
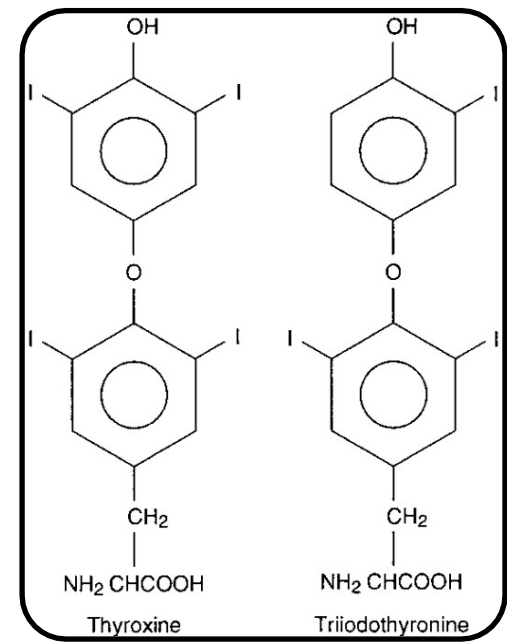
Hormones of the Thyroid gland:

- Parafollicular C-cells secrete **calcitonin** (CT)
- Follicle cells secrete;
 - Amine hormones:
 - **Thyroxine (tetraiodothyronine) T₄ & triiodothyronine T₃**
 - ↑ growth
 - ↑ metabolism
 - Thermogenic



Thyroid Hormones

- Triiodothyronine (T_3) and Tetraiodothyronine (T_4)/Thyroxine
- Major secretory product is T_4
- 15% of T_3 is secreted by thyroid, the rest is produced in the peripheral tissues by the **de-iodination of T_4**
- Follicle consists of single layer of epithelial cells surrounding a sphere of colloid which contains the protein “Thyroglobulin”



- Recommended intake of iodine is 150 μ g/day to maintain hormone synthesis
- Dietary source of iodine is mainly fish
- Iodide should be added to foods (salt)

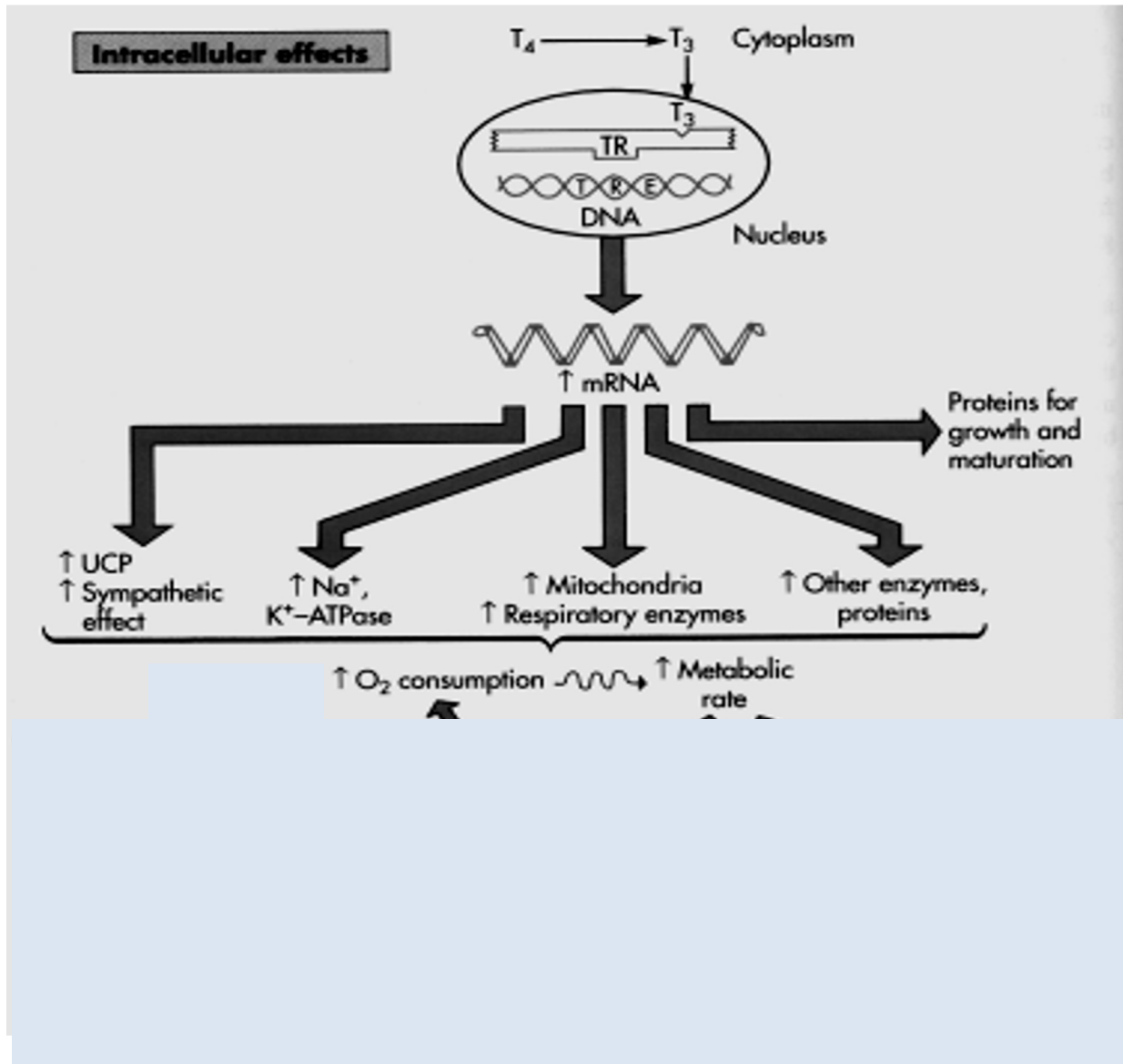
Thyroid Hormone: Transport

- T3 & T4 leave the thyroid gland by diffusion
- Both are transported in blood by three transport proteins, **Thyroxine binding globulin (TBG), transthyretin and albumin**
- A majority (70%) of T4 & T3 is bound to **TBG**
- Both enter their target cells by diffusion.
- Half life: 6- 7 days

Thyroxine and its precursors: Activity

- T4 mainly functions as a prohormone.
- T3 is the main active thyroid hormone and has the highest binding affinity for thyroid hormone receptor (TR).

Thyroxine and its precursors: Activity



TR: thyroid receptor.

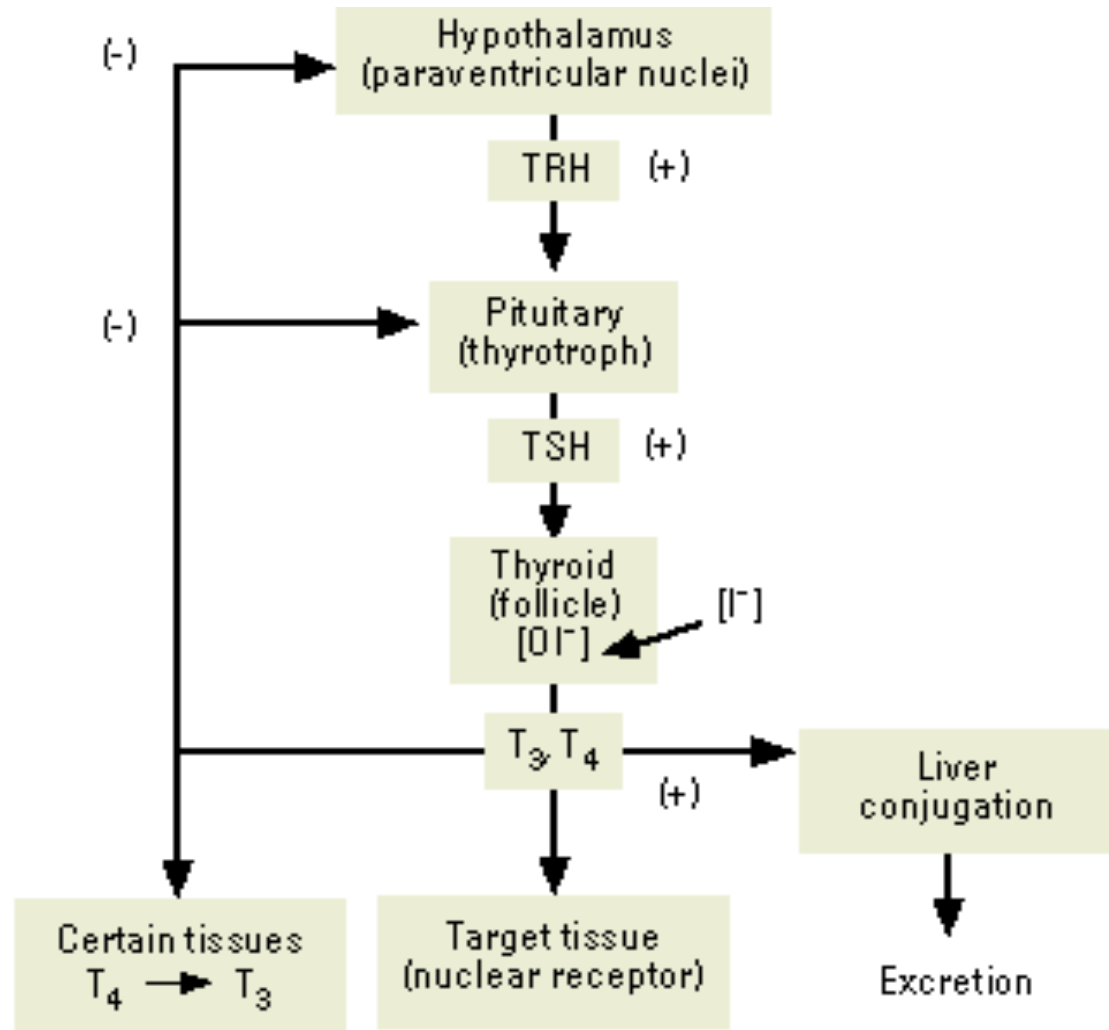
TRE: thyroid response element.

Actions of the Thyroid Hormones:

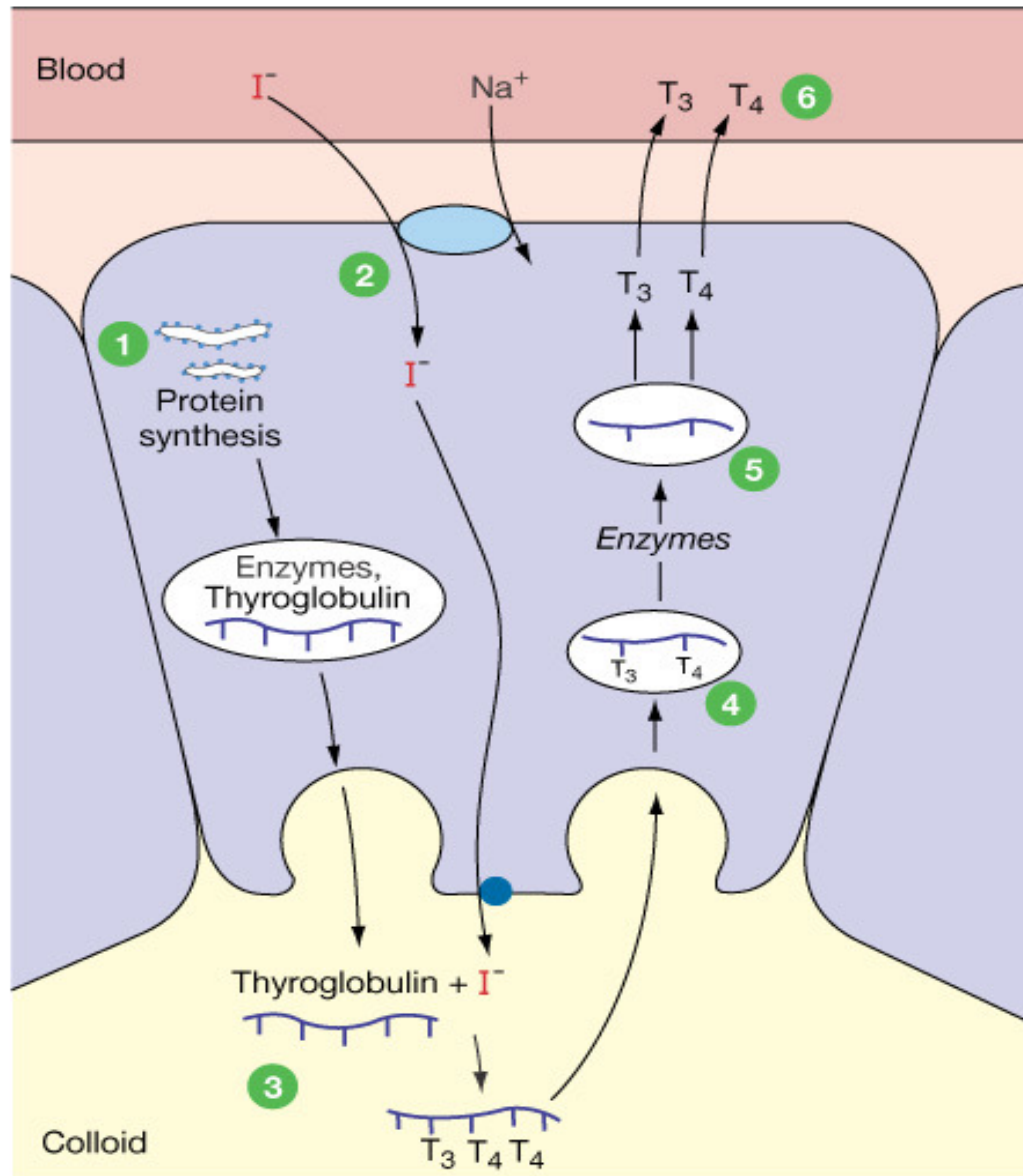
- Enhance growth and protein synthesis.
- Essential for the development of the nervous system.
- Increase oxygen consumption and basal metabolic rate.
- Increase body temperature “Calorigenic effect”.
- Cardiovascular effect:
 - Increase heart rate.
 - Increase force of contraction.

Regulation of thyroid Gland Activity

- Thyroid hormone feedback regulation of gland activity via suppression of TRH and TSH secretion.



Thyroxine and its precursors: Structure & Synthesis



- 1** Follicular cell synthesizes enzymes and thyroglobulin for colloid.
- 2** I⁻ is co-transported into the cell with Na⁺ and transported into colloid.
- 3** Enzymes add iodine to thyroglobulin to make T₃ and T₄.
- 4** Thyroglobulin is taken back into the cell.
- 5** Intracellular enzymes separate T₃ and T₄ from the protein.
- 6** Free T₃ and T₄ enter the circulation.

Figure : Thyroid hormone synthesis

Biosynthesis

- Iodine **actively transported** to the thyroid gland under the influence of **TSH**. This is an energy-dependent process and is linked to **the Na⁺-K⁺ ATPase**.
- **Thyroid Peroxidase** Enzyme (**TPO**) convert Iodine to to a higher valence state, **iodide** (I⁺) using **hydrogen peroxide** as an oxidizing agent.
- **TPO** catalyze **coupling of Iodide with tyrosine residues of thyroglobulin to form monoiodotyrosine (MIT) and diiodotyrosine (DIT)**.
- The **coupling** of two DIT molecules to form T4—or of an MIT and DIT to form T3—occurs within the thyroglobulin molecule.

DIT + DIT  T4

DIT + MIT  T3

- Thyroxine **stored** as **Thyroglobulin**.
- **TSH** enhances lysosomes to release Thyroxine from Thyroglobulin.
- **5'-Deiodinase** convert Thyroxine (T4) to Triiodothyronine (T3) mainly in the peripheral tissues (80%).

Thyroxine and its precursors: Structure & Synthesis

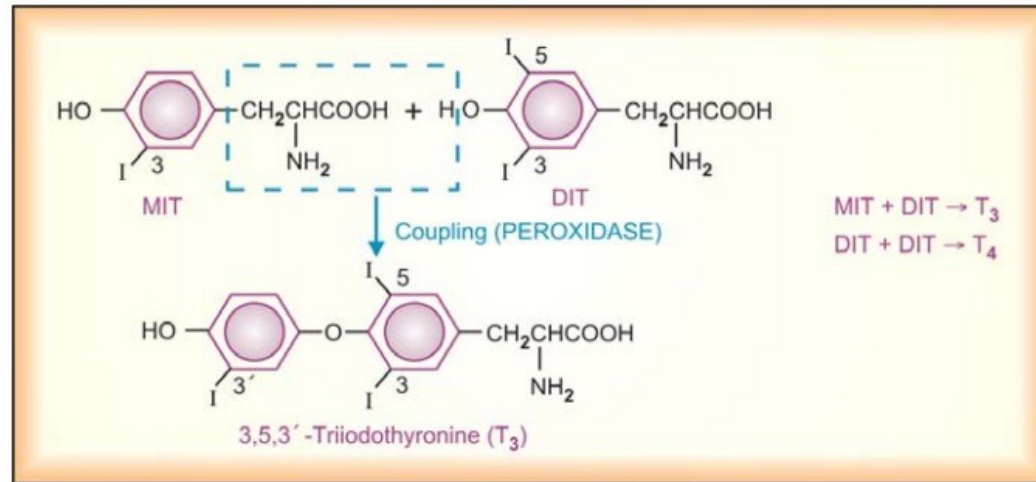


Fig. 18.2: Coupling of monoiodotyrosine (MIT) and diiodotyrosine (DIT) to produce triiodothyronine (T₃)

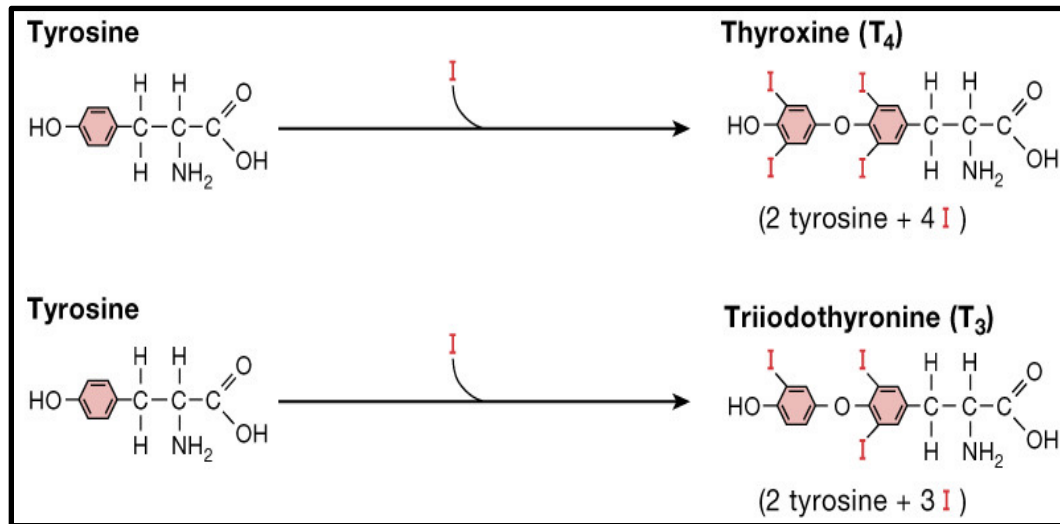


Figure : Thyroid hormones are made from tyrosine and iodine

- The thyroid hormones T3 and T4 are unique in that **iodine** (as iodide) is an **essential** component of both and require iodine for their **bioactivity**.
- These hormones; they are synthesized as part of thyroglobulin; they are **stored** in an intracellular reservoir (**colloid**)

- Thyroglobulin is the precursor of T4 and T3.
- It contains **115 tyrosine residues**, each of which is a potential site of iodination.
- About **70%** of the iodide in thyroglobulin exists in the inactive precursors, **monoiodotyrosine (MIT)** and **diiodotyrosine (DIT)**, while **30% is in the iodothyronyl residues, T4 and T3.**

IN SUMMARY.....

STAGES OF SYNTHESIS OF THYROID HORMONES

- Synthesis of thyroid hormones occurs in five stages:

- 1.Thyroglobulin synthesis

- 2.Iodide trapping

- 3.Oxidation of iodide

- 4.Transport of iodine into follicular cavity

- 5.Iodination of tyrosine

- 6.Coupling reactions.

1. Thyroglobulin Synthesis

- Endoplasmic reticulum and Golgi apparatus in the follicular cells of thyroid gland synthesize and secrete thyroglobulin continuously.
- Thyroglobulin molecule is a large glycoprotein containing 140 molecules of amino acid tyrosine.
- After synthesis, thyroglobulin is stored in the follicle.

2. AND 3 Iodide Trapping

- Iodide is actively transported from blood into follicular cell, against electrochemical gradient.
- This process is called iodide trapping.
- Iodide is transported into the follicular cell along with sodium by sodium-iodide symport pump, which is also called iodide pump.
- Normally, iodide is 30 times more concentrated in the thyroid gland than in the blood.
- However, during hyperactivity of the thyroid gland, the concentration of iodide increases 200 times more.

6. Transport of Iodine into Follicular Cavity

- From the follicular cells, iodine is transported into the follicular cavity by an **iodide-chloride pump called pendrin**.

5. Iodination of Tyrosine

- Combination of iodine with tyrosine is known as iodination.
- It takes place in thyroglobulin.
- First, iodine is transported from follicular cells into the follicular cavity, where it binds with thyroglobulin.
- This process is called **organification of thyroglobulin**.
- Then, iodine (I) combines with tyrosine, which is already present in thyroglobulin.
- Iodination process is accelerated by the enzyme iodinase, which is secreted by follicular cells.
- Iodination of tyrosine occurs in several stages.
- Tyrosine is iodized first into **monoiodotyrosine (MIT)** and later into **di-iodotyrosine (DIT)**.
- MIT and DIT are called the iodotyrosine residues

6. Coupling Reactions

- Iodotyrosine residues get coupled with one another.
 - The coupling occurs in different configurations, to give rise to different thyroid hormones.
 - Coupling reactions are:
 1. One molecule of DIT and one molecule of MIT combine to form tri-iodothyronine (T3).
 2. Sometimes one molecule of MIT and one molecule of DIT combine to produce another form of T3 called reverse T3 or rT3. Reverse T3 is only 1% of thyroid output.
 - iii. Two molecules of DIT combine to form tetraiodothyronine (T4), which is thyroxine.
- Tyrosine + I = Monoiodotyrosine (MIT)
- MIT + I = Di-iodotyrosine (DIT)
- DIT + MIT = Tri-iodothyronine (T3)
- MIT + DIT = Reverse T3
- DIT + DIT = Tetraiodothyronine or Thyroxine (T4)

Structure Activity Relation Ship:

- Angle between the two aromatic rings must be 120° .
- Triiodothyronine is 4 times more active than Thyroxine.

Disease Due to Hypothyroidism:

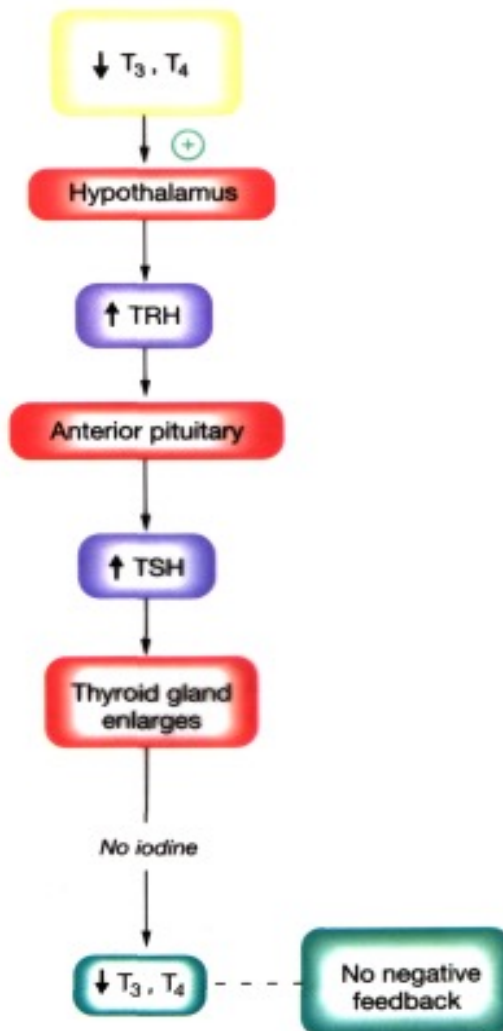
- Hypothyroidism – lack of thyroid hormone in tissues; can be **primary** (failure of thyroid), **secondary** (failure of pituitary) or **tertiary** (disorder of hypothalamus)
- **Goiter**: – enlargement of the gland because of increased stimulation of TSH
 - Causes: Lack of iodine in diet.
 - Symptoms:
 - » Enlargement in the thyroid gland (Thyroid Hypertrophy).
 - » Low level of thyroxine.
 - » High level of TSH.
 - Treatment: Iodine.
- **Cretinism**:
 - Irreversible condition due to deficiency of thyroxine soon after birth.
 - Retardation in Physical and Mental development.



T3 & T4 Control Pathways & Diseases from Malfunction

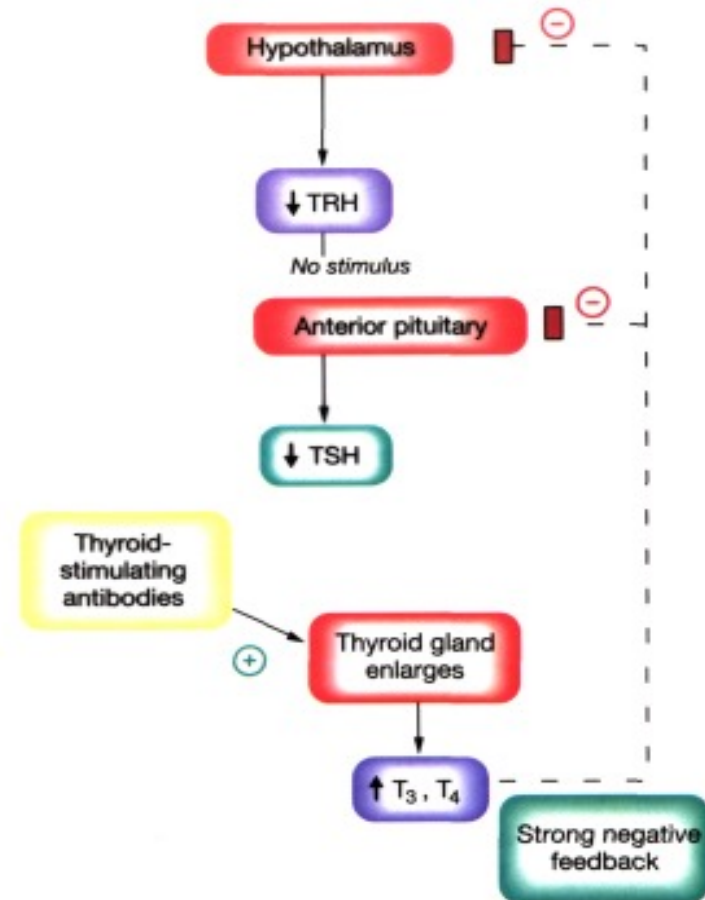
a-Goiter Hypothyroidism

(a)



b-Graves' disease Hyperthyroidism

(b)



- **Myxedema:**

- Deficiency of thyroxine in adults due to:
 - » Removal of thyroid gland by surgery.
 - » Destruction of the gland by Radioactive Iodine.
 - » Atrophy of the thyroid gland.
- Symptoms:
 - » Muscle weakness.
 - » Poor appetite.
 - » Slow heart rate
 - » Dry cold skin
- Treatment:
 - » Thyroxine for life.

Disease Due to Hyperthyroidism:

- **Thyrotoxicosis:**

excess action of the thyroid hormones (hyperactivity, nervousness, fatigue, palpitations, sweating...)

- **Graves' disease (Diffuse Toxic Goiter):**



- Causes: Autoimmune disease resulted in Enlargement and excessive secretion of the thyroid gland and the most common cause of hyperthyroidism (increase T3 & T4 hormones levels , decrease TSH and TRH)
- Symptoms:
 - » Enlargement in the thyroid gland (Thyroid Hypertrophy).
 - » Protrusion of the eye balls.
 - » High body temperature and flushes.



- **Thyroid cancer:**

- Treatment: Antithyroid drugs.