Thyroid dysfunction in rheumatoid arthritis

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Relationships between rheumatoid arthritis (RA) and the thyroid gland have been studied extensively for a long time. The studies of this problem have focused mainly on:(a) The functional and immune thyroid gland abnormalities in patients with previous history of RA.(b) Joint changes in patients with previous autoimmune thyroid diseases.Thyroid dysfunctions in RA patients are most often of autoimmune nature; they are accompanied by elevated thyroid autoantibody titers.The RA patients usually present with eu-, hypo- or hyperthyroid manifestations. The concurrent affection of joints and thyroid gland is related most probably to a genetic -predisposition determined by the affiliation to a certain HLA type, most often HLA DR.Joint abnormalities in thyroid gland disorders may be of different character (generally polyarthritis) and they are due to hypothyroidism.On screening RA patients for coexistent thyroid disease, unsuspected hypo- or hyperthyroidism is present and once this condition is treated, many of the other symptoms improve as well (Nathan Wei, 2008).Clinical hypothyroidism accelerates the already enhanced cardiovascular risk in rheumatoid arthritis and that physicians should consider screening for thyroid disorders in rheumatoid arthritis patients. (Nathan Wei, 2008)One possible explanation of the presence of two or more autoimmune diseases in one individual is microchimerism - the presence of a small number of fetal cells in the mother as well as maternal cells in the fetus.RecommendationThese data provide grounds for tests to be performed in all cases of RA so that thyroid autoantibodies and thyroid dysfunctions can be detected early and treated adequately.However, current studies do not provide sufficient data on the exact nature of the relation between rheumatoid arthritis (RA) and the thyroid gland dysfunctions. Thus, we recommended that we are in need to do further studies to ascertain this relation.