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THE THYROID IN INFECTIOUS DISEASES
(Excerpt)

Virchow's Archiv, 294:
427-444, 1935

Artur Selzer

VI - Abstract

The author investigated 254 thyroids in a variety of diseases macroscopically and microscopically with special attention to infectious diseases. Particular attention was given to the weight of the thyroid, the dimensions of the follicles, the quantity and character of the colloid, the reaction of epithelia and of the connective tissue. The findings can be summarized in the following conclusions:

1. The author distinguishes between two forms of changes in the microscopic composition of the thyroid: a) reaction to acute infectious diseases in the form of epithelial desquamation and proliferation, colloid regression, hyperemia, hemorrhages and leucocyte infiltration; b) reaction to chronic diseases: simple atrophy and thyroid sclerosis (decrease of follicle dimensions with proliferation of connective tissue).
2. Both forms of thyroid reaction occur only in some cases. In my material, the acute form in 16.53% of all cases and 26.5% of acute infectious diseases; the chronic form in 6.3% of all cases and 22.72% of chronic infectious diseases.
3. In my material, I did not observe changes which occur only in certain diseases.
4. The acute form of thyroid reaction is found approximately equally frequently in children, adolescence and in men and women. It seldom occurs in men of very advanced age. The chronic form is most frequent at a high age.
5. Thyroids having degenerated into goiters also react to infectious diseases but less frequently than normal glands.
6. An acute reaction may also occur in a sclerotized thyroid.

7. The author believes it justified to assume a certain tendency for degenerative reaction to disease of the thyroid which he regards as increased capability for epithelial proliferation. Such a disposition may explain the cases of sudden onset of exophthalmic goiter as a sequel to infectious diseases.