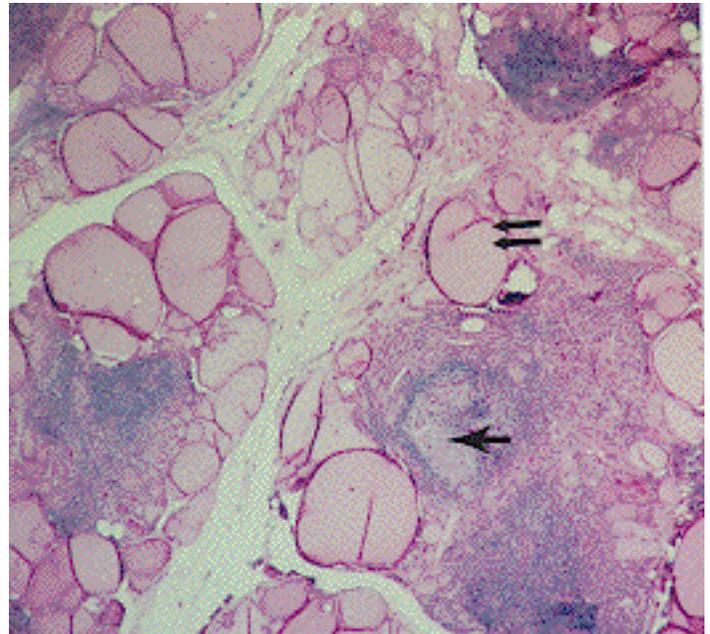


HASHIMOTO'S DISEASE (LYMPHOCYTIC THYROIDITIS)

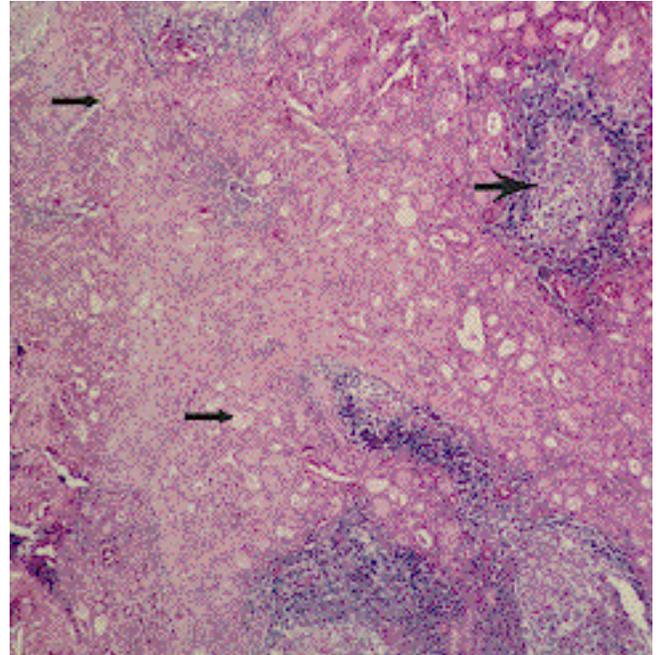
Hashimoto's thyroiditis is an autoimmune disease in which circulating antibodies to thyroid antigens produce the inflammatory reaction. Grossly, the thyroid gland is enlarged to two or three times its normal size in early cases but later a shrunken thyroid is found. There is an intact capsule that is nonadherent to the surrounding structures. In late cases, on cut surface little or no thyroid tissue or colloid may be recognized.

Microscopically, there is an infiltrate of lymphocytes and plasma cells with destruction and atrophy of the follicles. There are germinal centers in the more extensive lymphoid collections. Bands of fibrosis are present and when these are extensive, the condition may be called fibrosing Hashimoto's thyroiditis.

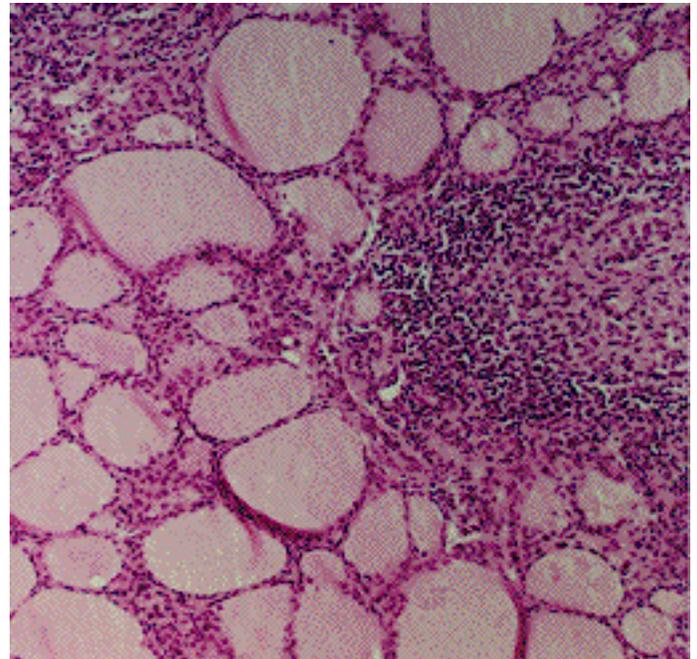
Hashimoto's thyroiditis, with a secondary follicle and germinal center (large arrow) in the abundant lymphoid tissue that separates the follicles (double arrows).



Hashimoto's thyroiditis, later stage, with obliteration of normal architecture. Remaining follicles (small arrows) contain only a little colloid. Germinal centers (large arrow) are seen in the lymphoid accumulation (large arrow).



Hashimoto's thyroiditis, high power, showing lymphocytic infiltration, with germinal center; follicles still preserved.



CLINICAL ASPECTS

Hashimoto's thyroiditis is seen more often in women than in men and begins in midlife. Running a protracted course, in early stages the thyroid is diffusely enlarged by extensive lymphoid infiltration. Over years, as thyroid acini are slowly destroyed, the gland shrinks, and the patient, initially euthyroid, becomes hypothyroid. Lymphoma of the thyroid is a condition that must be distinguished from Hashimoto's disease.

Many patients require no treatment while others are given thyroid hormone for their hypothyroidism or to diminish the size of the goiter. Surgery may be necessary for cases unresponsive to medical treatment.