



Mansoura National University

Faculty of Medicine

Level: 2

Semester: 4



Practical Medical biochemistry

Laboratory evaluation of thyroid hormones



Contents

- Case scenario.
- Introduction about thyroid gland and thyroid hormones.
- Hypothalamic-pituitary-thyroid axis.
- Disorders of thyroid gland.
- Laboratory evaluation of thyroid hormones.
- Interpretation of results of laboratory tests of thyroid hormones.



Learning Outcomes (LOs)



At the end of this section, the students should be able to:

Demonstrate methods of laboratory evaluation of thyroid hormones

Interpret the results of the laboratory tests of thyroid hormones.



Case scenario



A 30-year-old woman presents with **anxiety** complaining of **lack of sleep** and fatigue. Symptoms were **excessive sweating**, **diarrhea**, **heat intolerance** and **weight loss** despite good appetite. Routine vital signs indicate mild **tachycardia**. A TSH test and a complete blood count were ordered.

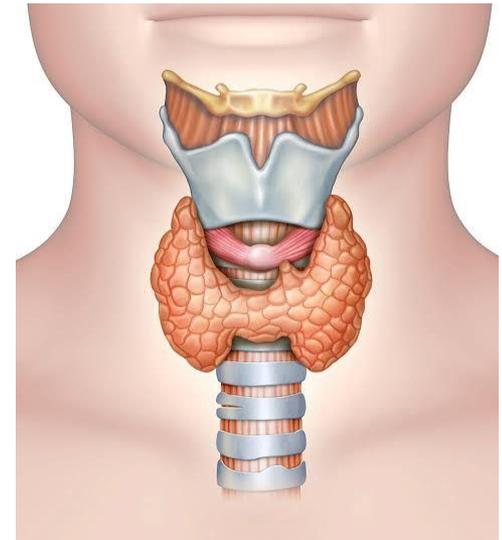
- 1. What is your probable diagnosis?**
- 2. What do you expect as regard TSH blood level?**
- 3. Suggest other biochemical investigations to confirm your diagnosis.**



Introduction



- Thyroid gland is small butterfly-shaped gland located at the front of the neck.
- The thyroid gland is a vital endocrine gland: It plays a major role in the metabolism, growth and development of the human body.
- Thyroid gland releases **triiodothyronine (T3)** and **thyroxin (T4)**, these hormones regulate metabolism, energy levels, temperature and weight.





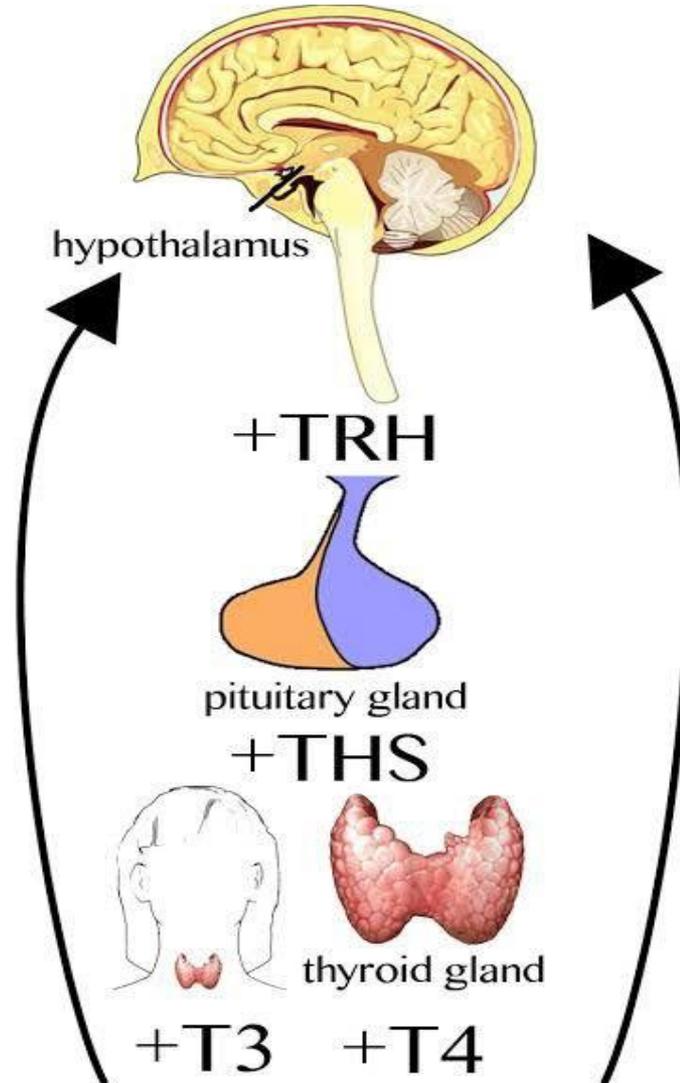
Why to test thyroid functions ?



- ❖ To **check for thyroid disorder** when abnormal signs & symptoms suspicious for thyroid problem {distinguishing people with **euthyroidism** (normal thyroid functions) from those with **hyperthyroidism** (\uparrow function) or **hypothyroidism** (\downarrow function)}.
- ❖ For **monitoring of treatment** of thyroid diseases.
- ❖ For **screening of newborns** for congenital hypothyroidism.



Hypothalamic – pituitary – thyroid axis





Thyroid tests can be grouped into :



Thyroid function tests

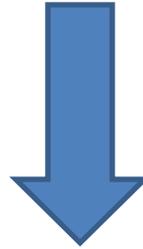
- Thyroid stimulating hormone (TSH).
- Thyroxin (T4).
- Triiodothyronine (T3).
- Free T4 (FT4).
- Free T3(FT3).

Tests for the cause of thyroid dysfunction

- Thyroid autoantibodies.
- Serum thyroglobin.
- Biopsy of thyroid gland.
- Ultrasound & isotopic thyroid scanning.



Learning outcome 1



Demonstrate methods of laboratory evaluation of thyroid hormones.



ELISA



Principle:

Quantitative immunological procedures which rely on **antigen- antibody reaction** and a detection system to indicate the presence and quantity of antigen binding.





TYPES OF ELISA

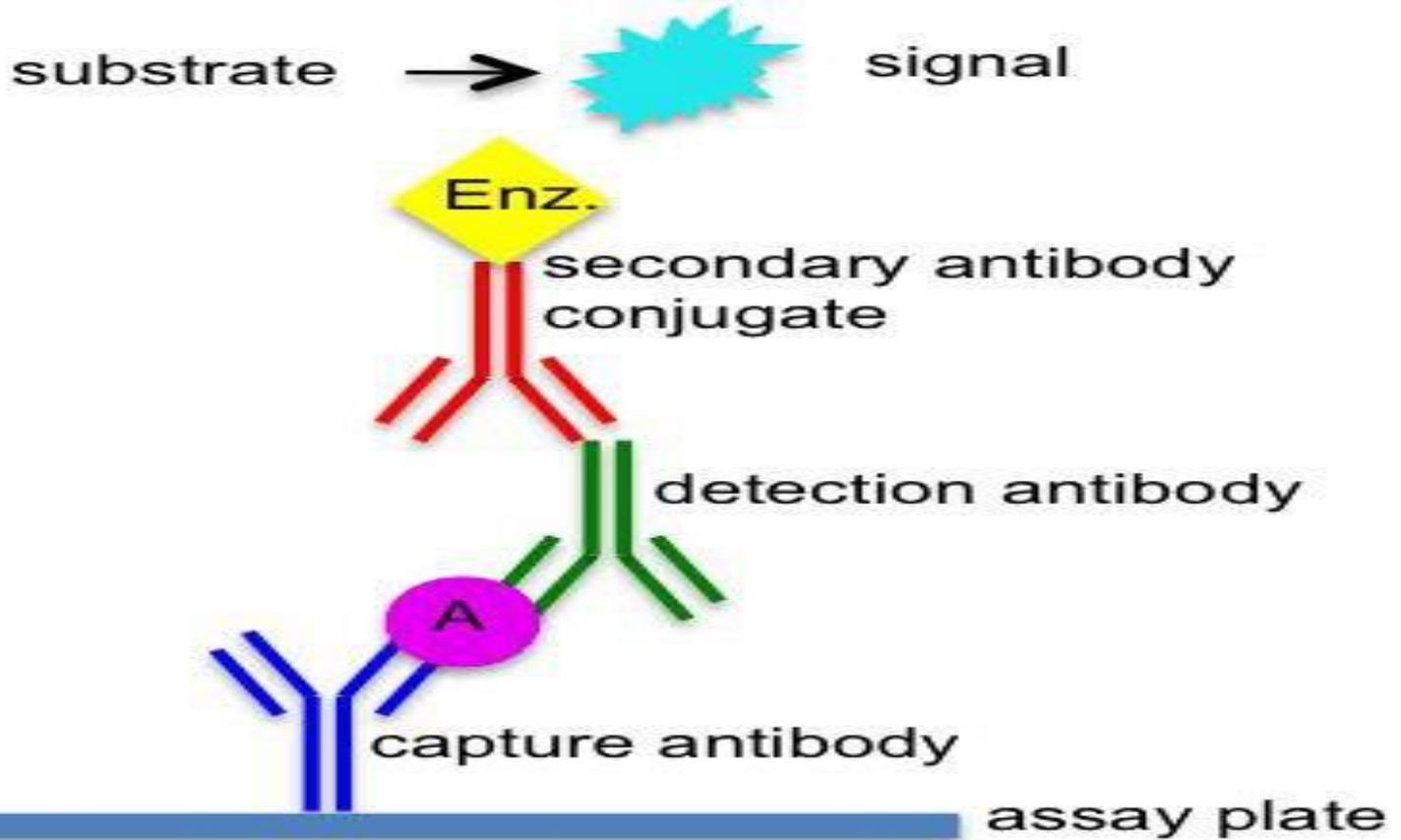


There are four major types of ELISA:

- **Direct ELISA** (antigen-coated plate → screening antibody).
- **Indirect ELISA** → (antigen-coated plate screening antigen/antibody).
- **Sandwich ELISA** → (antibody-coated plate screening antigen). ←
- **Competitive ELISA** → (screening antibody).

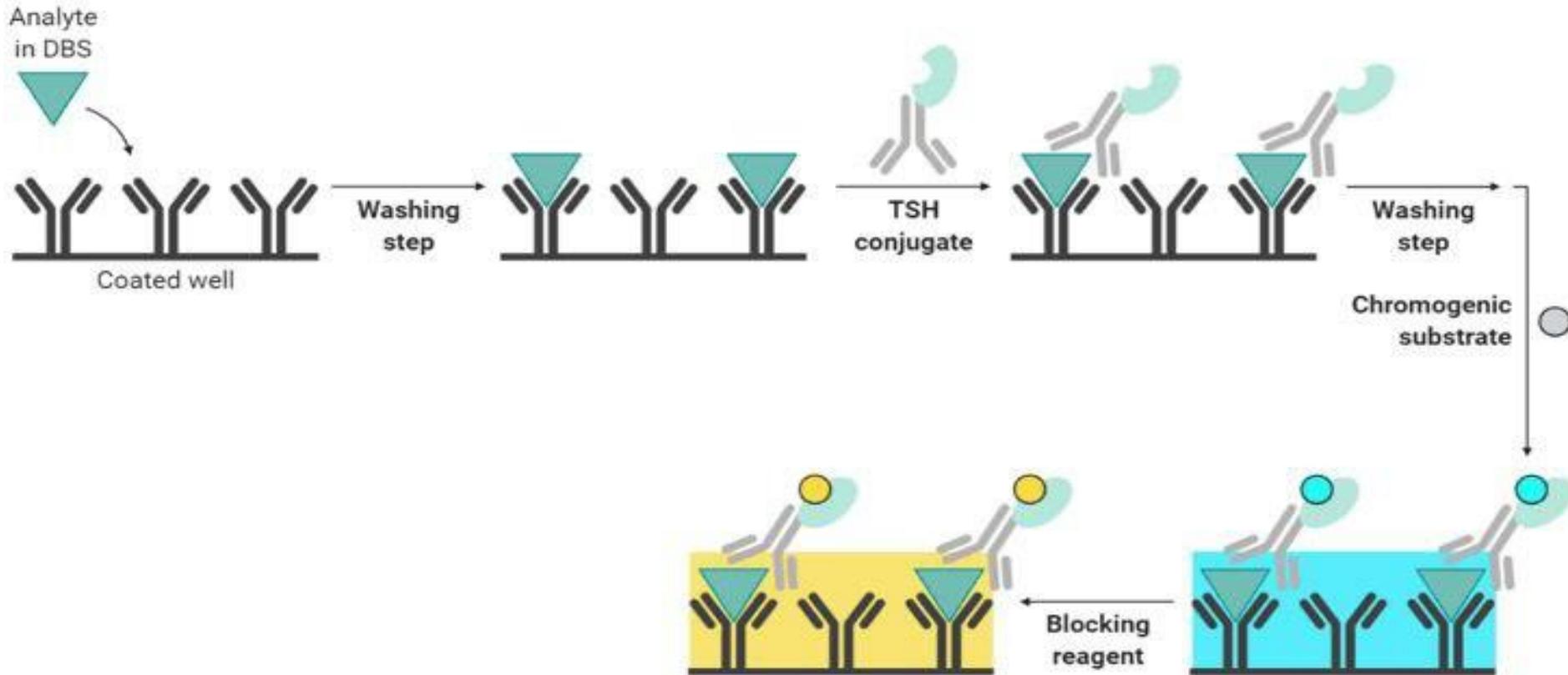


Principle of sandwich ELISA





Principle of sandwich ELISA





Sandwich ELISA STEP BY STEP

ELISA kit components





ELISA kit components



- ✓ 96- well plate
- ✓ Sample diluent
- ✓ Standard solution
- ✓ Detection antibody
- ✓ Enzyme- conjugated antibody
- ✓ Wash solution
- ✓ Chromogenic substrate
- ✓ Stop solution

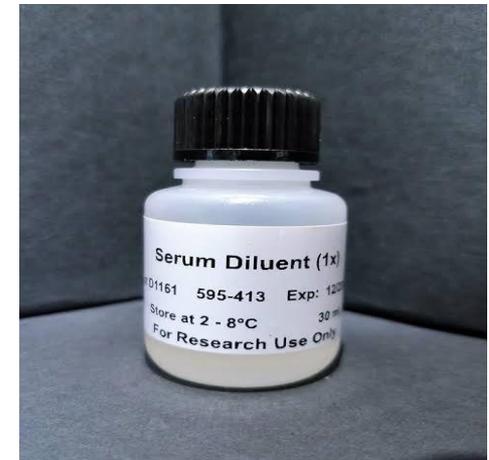
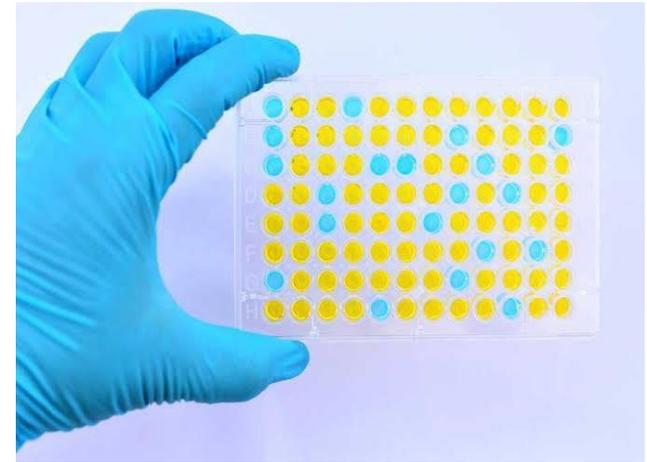




Steps of ELISA



- **Sample diluent** is added to the sample and mixed before putting them into the coated plates.
- The antibodies in coated plates (**capture antibody**) will bind to its antigen in sample (TSH).
- **Washing buffer** is used to remove unbounded materials.

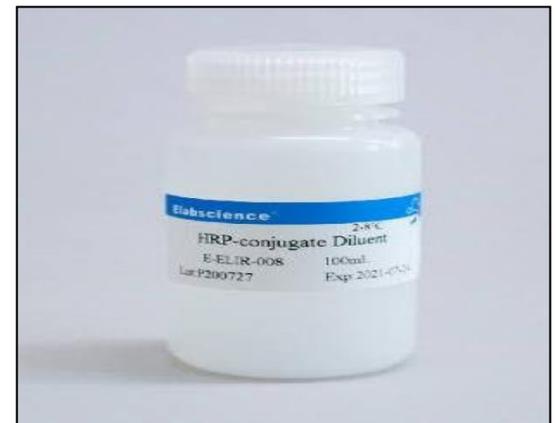




Steps of ELISA



- Incubation with **detection antibody**.
- Wash.
- Incubation with **enzyme- conjugated 2ry antibody**.
- Wash.

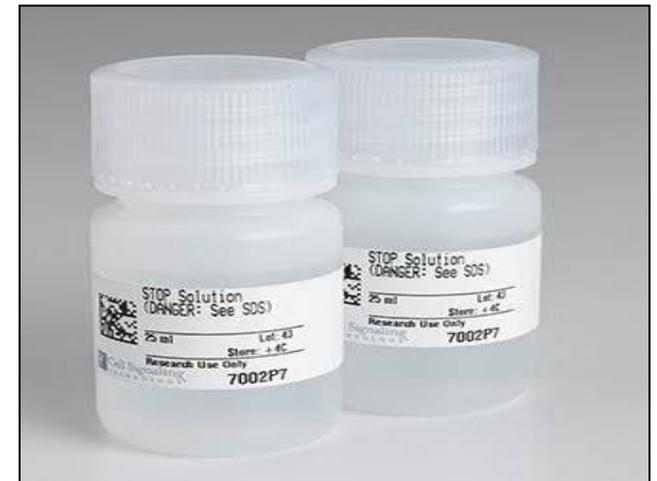
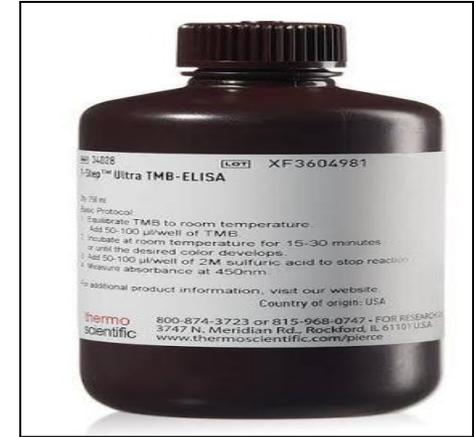




Steps of ELISA

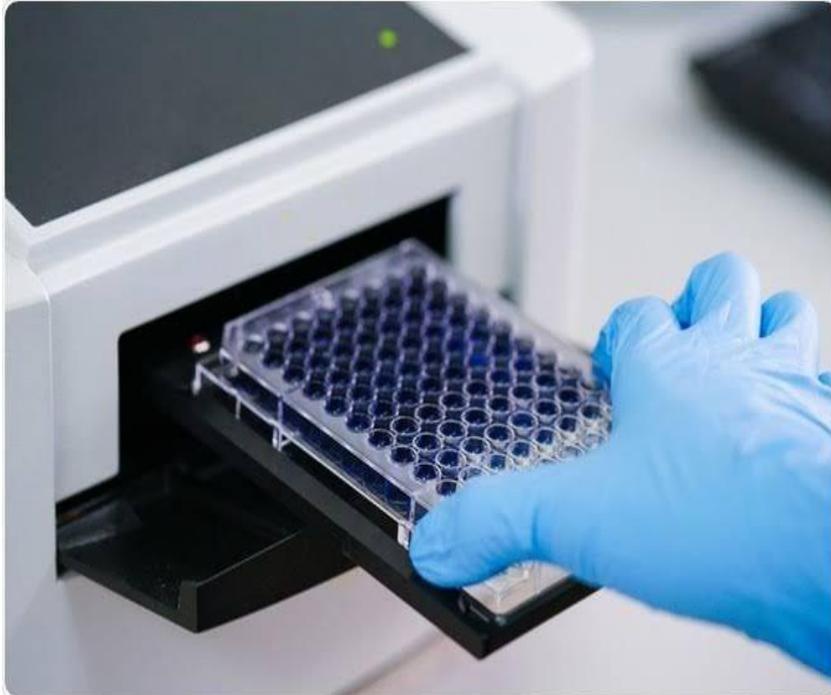


- Incubation with **substrate** leading to color development.
- **Stop solution** is added to stop color development.
- Reading results via ELISA reader using standard curve.





ELISA reader





ELISA reader



- ✓ Measure the **absorbance** of samples and standard at 450nm.
- ✓ The **concentration** of the target hormone is determined by comparing the absorbance of the samples to the standard curve.
- ✓ The **higher** the concentration of the target hormone in the sample the **higher** the degree of the color hence the **higher** the absorbance.

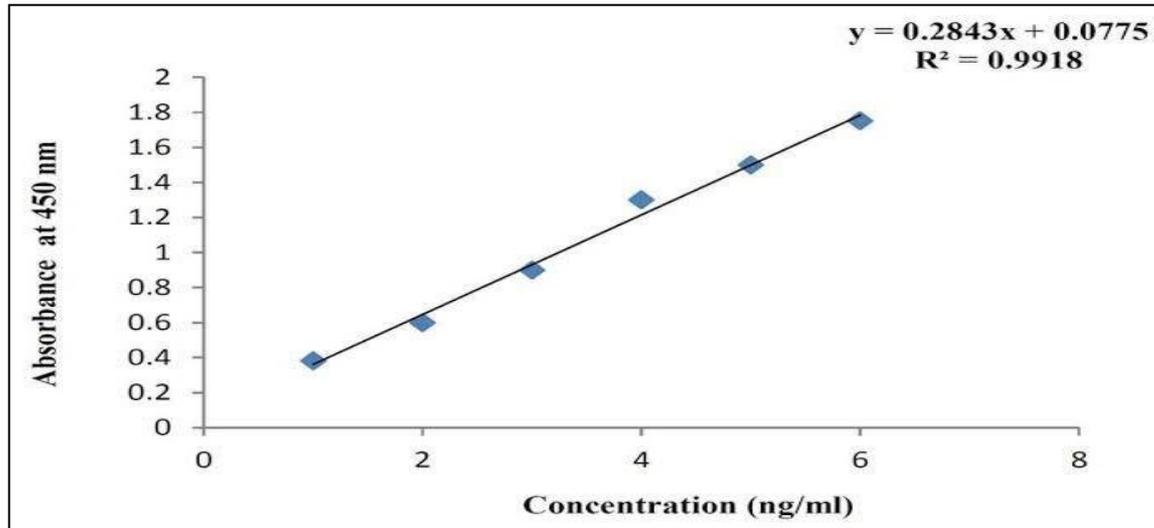
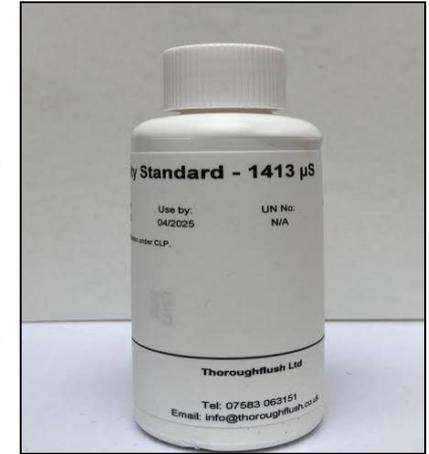
↑ concentration → ↑ degree of color → ↑ absorbance



Standard curve of ELISA

Standards

Prepared solutions with known concentrations used to construct a **standard curve (calibration curve)** for quantitative measurements of the analyte.

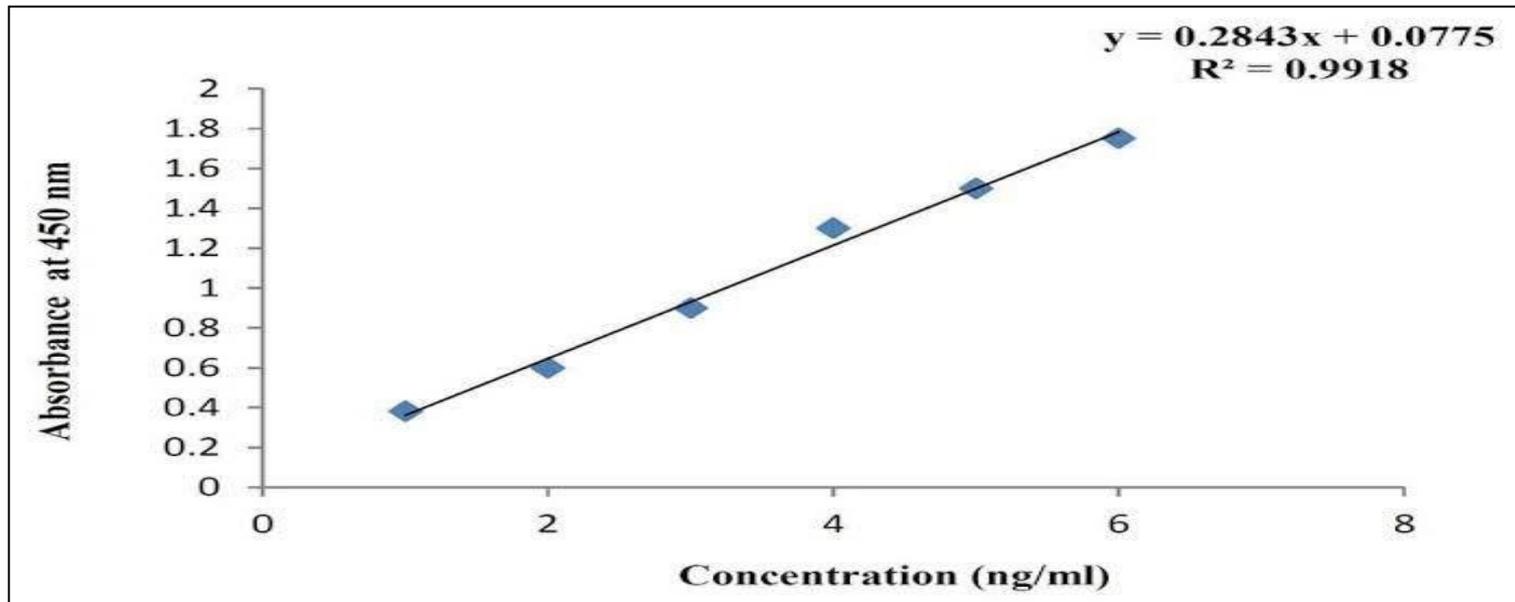




Standard curve of ELISA



Standard curve of ELISA is prepared by blotting standard concentrations on X- axis and the absorbance on Y- axis. By using this curve, the unknown concentration of sample can be determined.





Learning outcome 2

Interpretation of the results of laboratory tests of thyroid hormones.

↑↑ hyperthyroidism

✓ Euthyroidism

↓↓ hypothyroidism



Normal values

TSH

• 0.5 - 5 mU/L

T4

• 65 -150 nmol/L

T3

• 1.8 - 3 nmol/L

FT4

• 10 -23 pmol/L

FT3

• 3 -7 pmol/L



Thyroid disorders

Hyperthyroidism

↑T3, T4

1ry disease
(↓TSH)

2ry disease
(↑TSH)

Hypothyroidism

↓T3, T4

1ry disease
(↑TSH)

2ry disease
(↓TSH)



Primary thyroid disorders

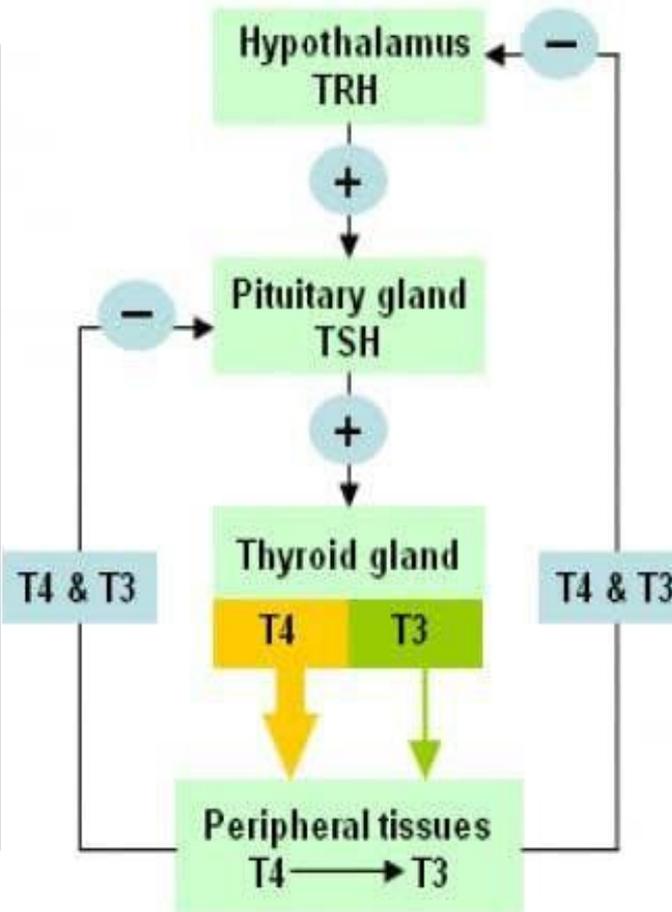


(Primary = the cause of the disorder is a problem in **thyroid gland** itself)

In 1ry hyperthyroidism

when there is a problem in thyroid gland leads to increase its secretion of T3, T4 this leads to inhibition of pituitary secretion of TSH by negative feedback.

$\uparrow T3, T4 \rightarrow \downarrow TSH$



In 1ry hypothyroidism

When there is a problem in thyroid gland leads to decrease its secretion of T3, T4 this leads to stimulate pituitary gland to increase TSH secretion.

$\downarrow T3, T4 \rightarrow \uparrow TSH$



Causes of 1ry thyroid disorders



1ry hyperthyroidism



- Graves' disease
- Toxic multi-nodular goiter
- Thyroid tumor

1ry hypothyroidism



- Congenital
- Autoimmune (Hashimoto thyroiditis)
- Surgery or radiation



Secondary thyroid disorders



(Secondary = the cause of the disorder is **not** in thyroid gland itself but in either **pituitary gland** or **hypothalamus**)

❑ Secondary hypothyroidism:

when there is defect in hypothalamus or pituitary gland

↓ TSH → ↓ T3, T4

❑ Secondary hyperthyroidism:

due to TSH secreting tumor (very rare).

↑ TSH → ↑ T3, T4



Interpretation summery



Condition	TSH	T4	T3
Euthyroidism	Normal	Normal	Normal
1ry hypothyroidism	↑	↓	↓
1ry hyperthyroidism	↓	↑	↑
2ry hypothyroidism	↓	↓	↓
2ry hyperthyroidism	↑	↑	↑



references



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- Clinical Biochemistry, 1st edition, 2016.
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Thank You