RENAL DISORDERS AND THYROID DYSFUNCTION

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(Dr. Ramos' full demonstration was unfortunately lost in transit to Amsterdam. It was not possible to reconstruct the demonstration before going to press, but from some duplicate material supplied by the author, the following short editorial abstract was compiled).

Thyroid disorders are seen at the Renal Clinic, Panama City at the rate of about one per week. Although exact data for incidence of thyroid and renal disease in the population are not available, it is thought that this is a higher coincidence rate than would be expected by chance.

Case records of five patients were presented in all of whom renal disease preceded the onset of symptoms due to thyroid dysfunction.

(a) Three patients who developed clinical evidence of hypothyroidism confirmed by estimation of protein bound iodide, basal metabolic rate, Achilles tendon reflex pattern, ECG and plasma cholesterol.

(1) Male, 49 with diabetes mellitus and chronic pyelonephritis.
(2) Male, 46 with chronic pyelonephritis and heavy albuminuria.
(3) Female, 46 with chronic pyelonephritis.

(b) Two patients who developed hyperthyroidism confirmed by protein bound iodide, I\textsuperscript{131} neck uptake, basal metabolic rate and Achilles tendon reflex.

(4) Female, 46 with chronic pyelonephritis.
(5) Male, 35 with recurrent renal colic probably due to calculi.

In each case the standard medical treatment (L-thyroxin or antithyroid drugs) was administered and normal response was not affected by the coexistent renal disease.