

ELICITATION PATHOLOGY OF THYROID GLAND AMONG POTENTIAL DONORS
OF HEMATOPOIETIC STEM CELLS.

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To date, disease thyroid glands as (endemic goiter, autoimmune thyroiditis, hypothyroidism, thyrotoxicosis) is one important of the socially significant, and widespread as developing, as well and in developed countries, and quite a high morbidity of this pathology.

In connection, wherewith the purpose of our study was to identify the pathology of the thyroid gland at an early stage of the disease in potential donors of hematopoietic stem cells.

MATERIALS AND METHODS:

In the group study from March 2013 to November 2017 included 70 bone marrow donors. Of these, 58 are kirghiz nationality (11-women, 47 -men), in aged 18 to 56 years. The control group constitute -12 people (women-10, men-2) donors of the North-West region of the Russian Federation.

Donors with thyroid gland pathology in outpatient settings at the place of stay and residence in the laboratories of polyclinics in city St. Petersburg handed over a blood on the test for thyroid-stimulating hormone of the pituitary (TSH), a level of free thyroxine (T₄), and an ultrasound research of the thyroid gland, as well as an electroencephalogram(EEG) with the control of an electrocardiogram(ECG) on the basis of the "Eurasian Center of Oncohematology, Immunology and Therapy".

Further research of the thyroid gland in donors continues.

RESULTS AND DISCUSSION:

At primary recourse in the National Register of hematopoietic stem cells among donors manifestations of the pathology of the thyroid gland are suspected in 4 women of kirghiz nationality temporarily living in city St. Petersburg and in 2 women among the donors of the North-West region of the Russian Federation. Donors considered themselves practically healthy people. At detailed talks and suggestive questions, clinical symptoms in some donors were noted in the form of a lump in the throat, lability of the nervous system, rapid mood swings, irritability, crying, sweating palms, periodically headache, palpitations.

From the anamnesis it turned out that in the case of donors with pathology of the thyroid gland, heredity is burdened (one of the relatives in the family have had pathology of the thyroid gland). At

the time of the study, all donors who had pathology of the thyroid gland on the dispensary account in endocrinologist did not consist.

With an objective inspection of the neck, there was a manifestation of pathology in the thyroid gland in the form of an enlarged neck, and at palpation pain when swallowing saliva.

All donors who were with a suspicion of thyroid gland pathology spent analysis blood to the tests and the diagnosis is confirmed by the results analysis the hormones of TSH and T₄(free), ultrasound research of thyroid gland and to the indications, an electroencephalogram with an electrocardiogram monitoring was performed.

One of the women of kirghiz nationality is diagnosed hypothyroidism and 3 women thyrotoxicosis. In comparisons was revealed in 2 women among the donors of the North-West region of the Russian Federation nodular goiter of the thyroid gland.

Among the men donors of the kirghiz nationality and North-West region of the Russian Federation it is not revealed.

Thus, considering, that diseases thyroid gland on frequency of prevalence have an increased occurrence among as well young people, and among middle-aged people. The causes can be different and can be associated with iodine deficiency in the body. One of the important indicators in the pathology of the thyroid gland plays a big role the use in iodized salt in food, and the living in iodine deficient disadvantaged regions and heredity.

In connection therewith for to create a healthy bone marrow registry, for selection donors in the bone marrow registry, always us clinicians is necessary spend in a thorough and qualitative research.

Donors have with thyroid gland pathology are in the database of the National Register of Hematopoietic Stem Cells in Kirghizia, as detached off bone marrow donation.

CONCLUSIONS:

1. In case of primary recourse in the National Register of hematopoietic stem cells at objective inspection at the availability of an enlarged thyroid gland in bone marrow donors, it is necessary to explore the hormone TSH for early diagnosis.

2. Potential donors with pathologies of the thyroid gland should be suspended from bone marrow donation.

3. Further treatment and supervision in the endocrinologist and therapist at the place of residence (surgeon, oncologist, hematologist, cardiologist to indications)