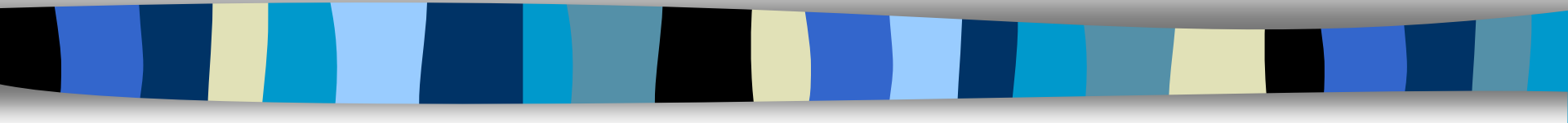


Data interpretation



110624



Question 1

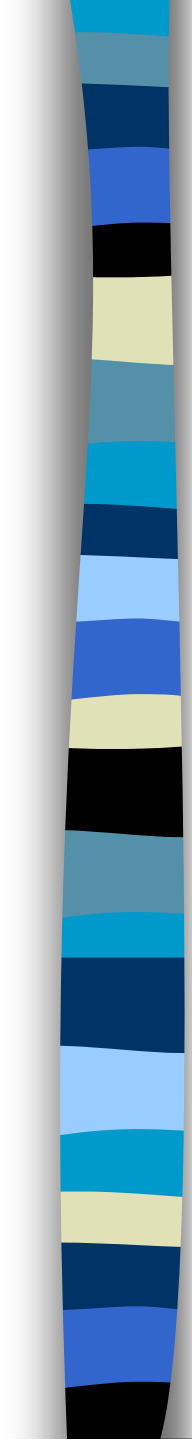
A 80-year-old lady presented with non-specific malaise. Her TSH was 8.50 mIU/L, free T₄ was normal.

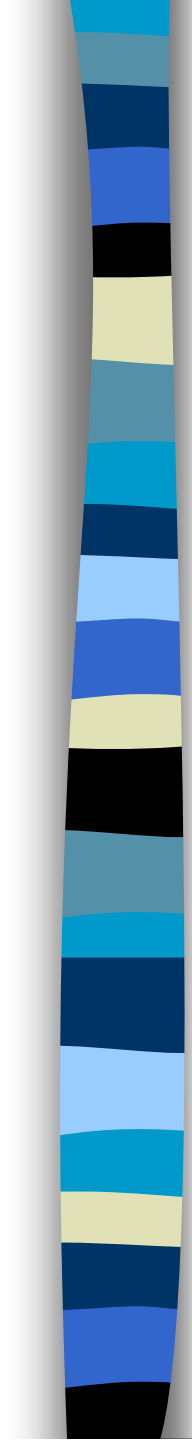
- How would you interpret her results of thyroid function test?
- What other clinical information would you ask for?

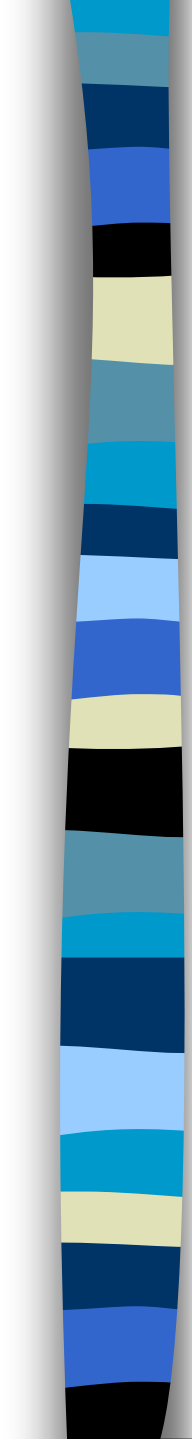


Important points in answers / skill assessed:

- Check thyroid antibody
 - 50%-80% have positive thyroid antibodies i.e. anti-thyroglobulin or anti-microsomal Ab which imply the presence of primary thyroid diseases
 - higher chance to develop into overt hypothyroidism

- 
- Repeat TSH in 4-6 weeks
 - to exclude the effects of non-thyroidal illness
 - if TSH > 10 mIU/L, start thyroxine;
 - if < 10 mIU/L, check TSH annually

- 
- If TSH 5.1-10.0 mIU/L, thyroxine therapy should be individualized by taking into account of:
 - Patient's preference
 - Presence of other hypothyroidism symptoms (e.g. poor appetite, weight gain, cold intolerance)
 - Associated medical conditions
 - (treatment may improve the overall cardiovascular risk profile by inducing weight loss & favorable shift in lipoprotein pattern & improvement in endothelial function)

- 
- The group at highest risk are women over 60 yr of age, TSH > 6 mU/L, antithyroid Ab positive. Longitudinal studies showed the risk of developing overt hypothyroidism was ~ 5% per year.



Question 2

- A 75 year-old gentlemen who has past history of HT, DM, old CVA and BPH with TURP done was admitted with recurrent stroke. He developed acute urinary retention and was put on Foley to Bedside bag. Attempts to try off Foley were failed several times. Urodynamic Study was performed.
- Please describe the findings in the volume-pressure-flow graph of the urodynamic study report

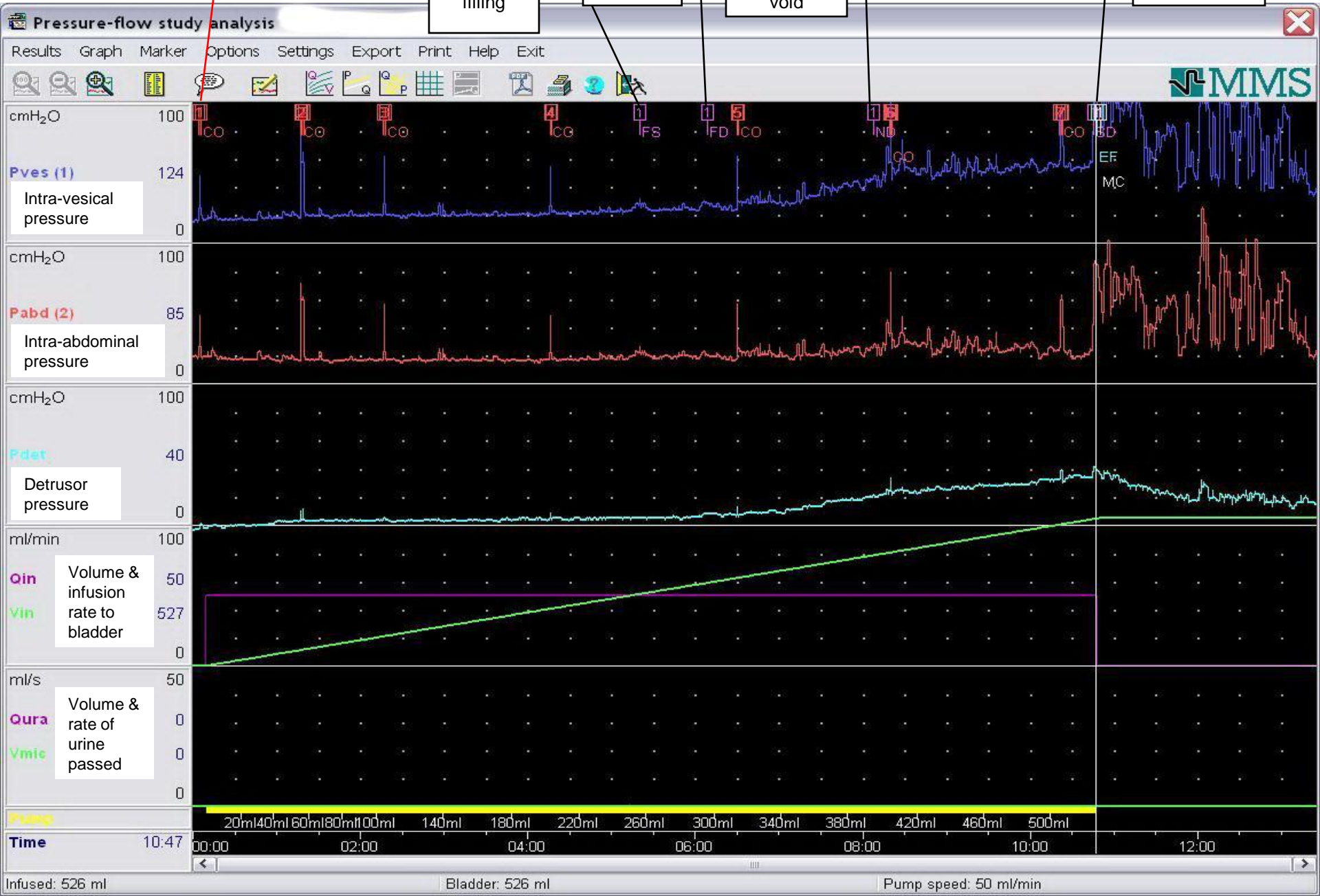
CO = Cough maneuver

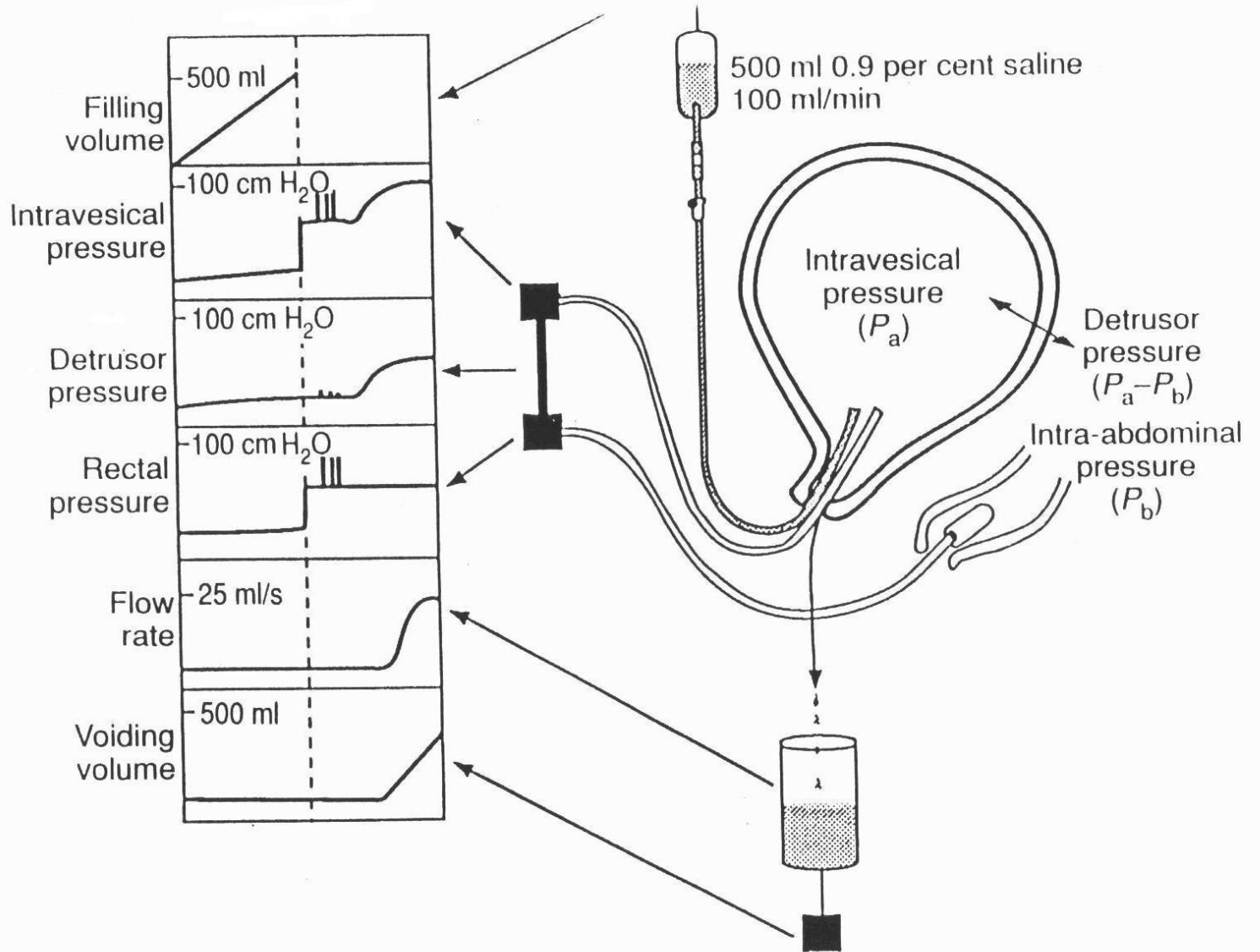
FS: First sensation of bladder filling

FD: First desire to void

ND: Normal desire to void

SD: Strong desire to void







Filling cystometry

pressure / volume relationship

Bladder sensation

Bladder capacity

Bladder pressure

Bladder compliance



Voiding cystometry

pressure / flow relationship

Detrusor function

Sphincter function



Detrusor function

	<u>Max. detrusor pressure</u>	<u>Max. flow rate</u>
Male	40 - 50 cmH ₂ O	30 - 40 ml/s
Female	30 - 40 cmH ₂ O	40 - 50 ml/s

Table 3.2. Flow and pressure combinations giving different diagnoses

Flow	Pressure	Diagnosis
NORMAL	normal/low	UNOBSTRUCTED
Normal	high	obstructed
LOW	high	OBSTRUCTED
Low	normal	equivocal
low	low	unobstructed



Abrams Griffith number

- Detrusor pressure at maximum flow
($P_{\text{det, } Q_{\text{max}}}$) - $2Q_{\text{max}}$
- If >40 then BOO exists

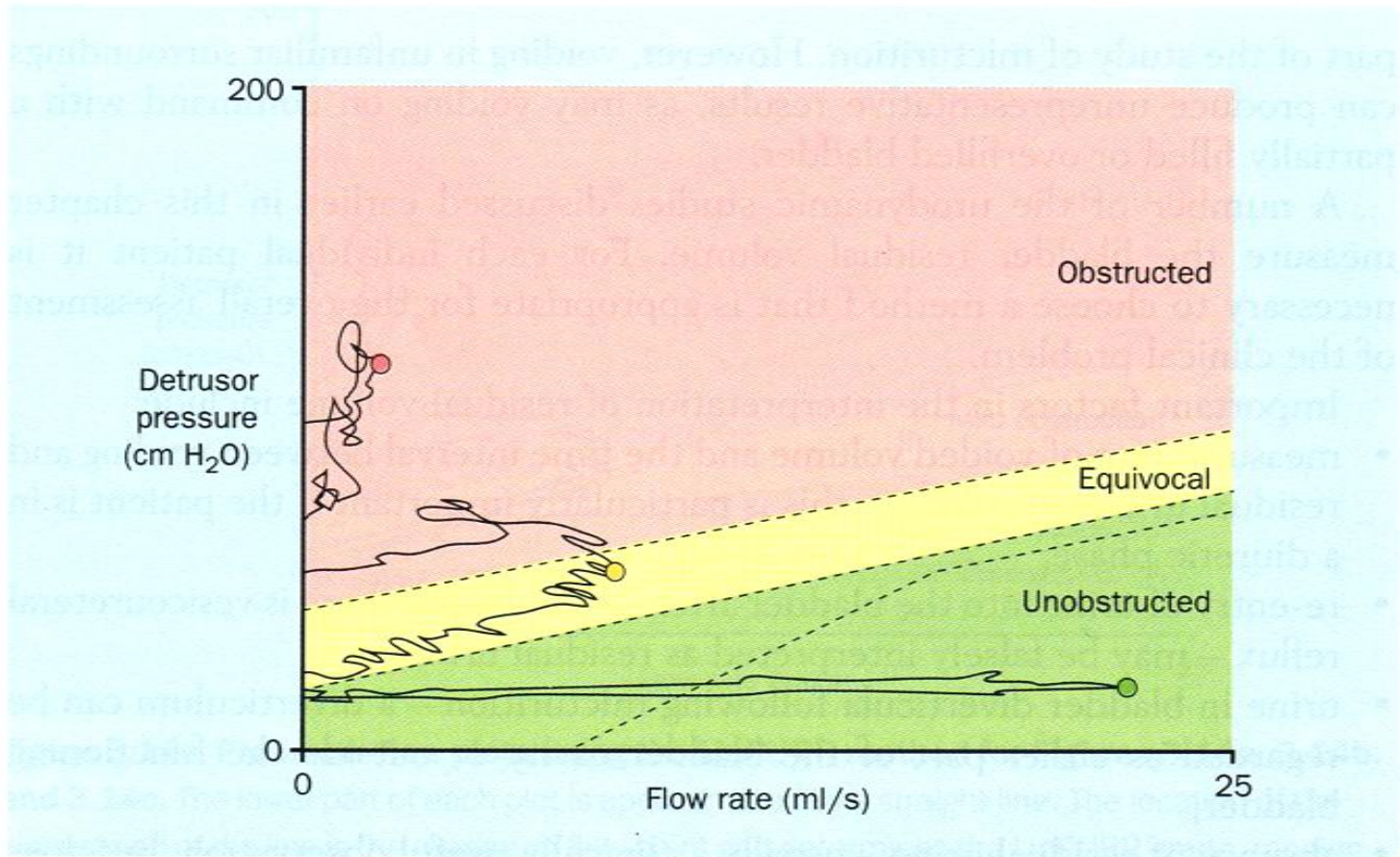


Figure 3.16 International Continence Society provisional nomogram for Figures 3.14a, 3.14b, and 3.14c.

