** Al Nahrain University -College Of Medicine -Department Of Medicine – Fourth Class -Endocrinology Course-2017**

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| **No.** | **DATE** | **LECTURE** | **LECTURER** |
| **1.** | **20- Feb** | **Introduction to endocrinology:endocrine functions,physiology,pathology,investigations**  Endocrine glands secrete hormones which are chemical substances control many metabolic processes.  Some hormones can be assessed randomly like TSH, while others need dynamic tests.  Hypofunction need stimulation while hyperfunction needs suppression tests. | **Dr.Mahmood** |
| **2.** | **21- Feb** | **Hypothalamus&pituitary gland;hypopituitarism**  Pituitary gland is the master gland which orchestrates most of endocrine glands.  Pituitary tumors may present either due to its effect on adjacent tissue or the hormonal effect.  Hypopituitarism is rare and mostly occurs due the effect of Pituitary tumors or surgery.  Insulin tolerance test is used to assess pituitary function. Replacement with the deficient hormones is essential. | **Dr.Mahmood** |
| **3.** | **27- Feb** | **Acromegaly,hyperprolactinemia**  Pituitary tumors that secrete growth hormone cause acromegaly with coarse features, systemic involvement.  Although surgery is mandatory in all of cases, medical therapy with octreotide ,pegvisomant may be used as adjuvant treatment .  Hyperprolactinemia mostly caused by physiological causes like stress or pregnancy or by drugs, sometimes by pituitary tumor prolactinoma which is usually treated with dopamine agonist like cabergoline which usually cause shrinkage of tumor. | **Dr.Mahmood** |
| **4.** | **28- Feb** | **Diabetes inspidus,SIADH**  Diabetes inspidus occurs either due to absent ADH secretion or poor tissue response to its action.  Diagnosis with water deprivation test.  Treatment of central D.I is with desmopresin . | **Dr.Mahmood** |
| **5.** | **6- Mar** | **Pituitary Surgery**  Discuss indications of surgical intervention in pituitary tumors. | **Dr.Yasser** |
| **6.** | **7- Mar** | **The adrenal gland,physiology ,investigations.**  Functions  Corticosteroids: indications, long term side effects.  Advice of patients on long term Corticosteroids.  Circadian rhythm control .  Adrenal cortex disorders.  Adrenal incidedentloma**.** | **Dr.Mahmood** |
| **7.** | **13-Mar** | **Cushing’s syndrome** Causes  Classification Clinical features Does the patient have Cushing? Screening tests Diagnostic tests in Cushing syndrome. Where is the lesion? Diagnostic imaging investigation. Treatment.  **Primary hyperaldoseronism( Conns syndrome)**  **Pheochromocytoma** | **Dr.Mahmood** |
| **8.** | **14-Mar** | **Adrenal insufficiency**  Definition Etiology Clinical features. ACTH stimulation test.  Treatment  **CAH ,Polyglandular failure** | **Dr.Mahmood** |
| **9.** | **20-Mar** | **Adrena Surgery.**  Surgical treatment of adrenal tumor, adenoma, and Pheochromocytoma**.** | **Dr. Qahtaan** |
| **10.** | **27-Mar** | **Diabetes mellitus,introduction,pathophysiology,aetiology**  Burden of DM. Classification. Normal glucose metabolism.  Clinical features: acute presentation in type 1 DM, insidious course in type 2. Type 1 DM : autoimmune , idiopathic  Type 2 DM : insulin resistance, B -cell failure  MODY LADA | **Dr.Mahmood** |
| **11.** | **28-Mar** | **Diabetes mellitus,diagnosis,screening.**  Diagnosis: mainly on FPG, RPG, HBA1c  OGTT HBA1c Screening.  Risk factors for DM.Metabolic syndromeGestational DM. | **Dr.Mahmood** |
| **12.** | **3-April** | **Midterm Examination** | **Dr.Mahmood** |
| **13.** | **4-April** | **Diabetes mellitus, Acute complications.**  DKA: definition,diagnosis,treatment.  HHS Lactic acidosis  **Hypoglycemia:**  **In diabetic patients**: Causes treatment  **Spontaneous**  Approach to fasting Hypoglycemia Causes Prolonged fasting test. Medical treatment of hypoglycemia | **Dr.Mahmood** |
| **14.** | **10-April** | **Diabetes mellitus, Chronic complications.**  Pathogenesis of chronic complication.  DCCT UKPDS  Microvscular complications  Diabetic nephropathy Diabetic neuropathy Diabetic retinopathy Causes of death in DM. Cardiovascular complication. Diabetic dyslipidemia. | **Dr.Mahmood** |
| **15.** | **11-April** | **Treatment of type 1 Diabetes mellitus**  Glycemic goals in the management Types of insulin Insulin regimens Insulin pump Side effects of insulin therapy | **Dr.Mahmood** |
| **16.** | **17-April** | **Treatment of type 2 Diabetes mellitus**  General approach Life style modification  Medical nutrition therapy Classes of oral antidiabetic drugs  Comparison of antidiabetic therapy Indications of insulin therapy. Bariatric surgery. | **Dr.Mahmood** |
| **17.** | **18-April** | **Long term supervision of patients with Diabetes mellitus**  Ongoing medical care Team work Education  Outpatient follow up of diabetics Individualized therapy | **Dr.Mahmood** |
| **18.** | **24-April** | **The thyroid gland:physiology,investigations,goiter,thyroid disorders.**  Discuss the role of thyroid gland in the maintaining functions of the body. Classifications of thyroid disease: primary or secondary to pituitary disorders. Hypofunction or hyperfunction. Diagnosis :history, physical examination .investigations Approach to goiter features of malignancy in solitary thyroid nodule investigations of thyroid disorders:  thyroid function test, radioactive iodine,FNAc  **Nonthyroidal illness.** | **Dr.Mahmood** |
| **19.** | **25-April** | **Thyrotoxicosis.**  Increase thyroid hormone synthesis. Causes: most common causes Graves ,toxic multinodular goiter, toxic nodular goiter **,**thyroiditis**.** Clinical features. Diagnosis: free thyroxine is elevated ,low TSH High iodine uptake  Treatment: medical with methimazoles, radioactive iodine, surgery. Subclinical hyperthyroidism. Thyroid storm. **Thyroid nodules** | **Dr.Mahmood** |
| **20.** | **2-May** | **Hypothyroidism**  Causes: autoimmune (hashimotos), iatrogenic after thyroidectomy or radioactive iodine, iodine deficiency.  Clinical features. Diagnosis: high TSH, low thyroxine,,immunological markers.  Treatment thyroxine before meal. Rx in CHD starts with low dose. Pregnant female may need higher dose of thyroxine.  Myxedema coma.**, subclinical thyroid disorders** | **Dr.Mahmood** |
| **21.** | **8-May** | **Thyroiditis** aetiology.types. Subacute,postpartum,amiodaroneand thyroid.**Iodine effect** | **Dr.Mahmood** |
| **22.** | **9-May** | **The parathyroid gland,hypercalcaemia,hypocalcaemia.**  Parathyroid hormone in calcium metabolism.  **Hypercalcemia**  Primary hypeparathyroidism:mainly caused by parathyroid adenoma. Clinical features of Hypercalcemia**.**  FHH Treatment of severe hypercacemia.  **Hypocalcemia**  Causes: hypoparathyroidism,iatrogenic,hypoalbuminemia.  Treatment of tetany. | **Dr.Mahmood** |
| **23.** | **15- May** | **Thyroid Surgery 1**  Discuss the indication of thyroidectomy.  Preoperative preparation and complications | **Dr.Qahtaan** |
| **24.** | **16- May** | **Thyroid surgery 2 and Thyroid cancer.**  Types. Diagnosis. Treatment | **Dr.Qahtaan** |
| **25.** | **22- May** | **Parathyroid Surgery**  Indictions of surgery in primary hyperparathyroidism. | **Dr.Qahtaan** |
| **26.** | **23- May** | **Delayed and precocious puberty,Gynaecomastia,hirsuitism,**  Definition Causes  Investigations Treatment | **Dr.Mahmood** |
| **27.** | **29- May** | **Male hypogonadism and male infertility**  Types primay and secondary  Hormonal causes of male infertility | **Dr.Mahmood** |
| **28.** | **30- May** | **Dyslipidemia**  Introduction Classification Secondary dyslipidemia  Clinical signs Investigations Assessment cardiovascular risk.  General managementDrug therapy | **Dr.Mahmood** |
| **29.** |  | **Obesity**  TypesnAssessment BMI  Waist circumference Risk factors complications  General treatment Drug therapy  Bariatric surgery | **Dr.Mahmood** |
| **30.** |  | **Metabolic Bone disease,vitamin D defiency** | **Dr.Mahmood** |