

ENDOCRINOLOGY — EMBRYOLOGY

- Thyroid: Endoderm origin (foramen cecum). Migration defects → thyroglossal duct cyst (midline), lingual thyroid.
- Parathyroids: 3rd (inferior) & 4th (superior) pharyngeal pouches. DiGeorge → hypocalcemia, T-cell deficiency.
- Adrenal gland:
 - Cortex: mesoderm → glomerulosa, fasciculata, reticularis.
 - Medulla: neural crest → catecholamines.
- Pancreas: Endoderm. Ventral + dorsal buds fuse. Annular pancreas → duodenal narrowing.

ENDOCRINOLOGY — PHYSIOLOGY

- Hormone classes:
 - Peptide: insulin, PTH → membrane receptors → second messengers.
 - Steroid: cortisol, aldosterone → intracellular receptors → gene transcription.
 - Amine: T3/T4 (nuclear), catecholamines (membrane).
- Receptor pathways:
 - cAMP: ACTH, TSH, FSH, LH, PTH, glucagon.
 - IP3: GnRH, TRH, ADH (V1).
 - Tyrosine kinase: insulin, IGF-1.
- Key physiology:
 - Aldosterone: ↑ Na⁺ reabsorption; ↑ K⁺ & H⁺ secretion in collecting duct.
 - Cortisol: ↑ glucose, ↑ BP, ↓ immune response.
 - Thyroid: T3 most active; increases metabolic rate.

ENDOCRINOLOGY — PHARMACOLOGY (with site of action + side effects)

- Thyroid drugs:
 - Levothyroxine: T4 replacement; acts systemically. Side effects: hyperthyroid symptoms.
 - Methimazole/PTU: inhibit thyroid peroxidase (follicular cell). PTU also blocks T4→T3 peripherally.
Side effects: agranulocytosis, hepatotoxicity (more with PTU).
- Adrenal drugs:
 - Glucocorticoids (prednisone, hydrocortisone): act intracellularly; ↓ inflammation.
Side effects: hyperglycemia, osteoporosis, adrenal suppression, weight gain.
 - Fludrocortisone: mineralocorticoid acting in collecting duct. Side effects: hypertension, edema, hypokalemia.
- Diabetes medications:
 - Metformin: ↓ hepatic gluconeogenesis. Side effects: lactic acidosis, GI upset.
 - Sulfonylureas: block pancreatic K⁺ channels → insulin release. Side effects: hypoglycemia, weight gain.
 - GLP-1 agonists: ↑ insulin, slow gastric emptying. Side effects: nausea, weight loss.
 - Insulin: acts on skeletal muscle/fat via GLUT-4 insertion. Side effects: hypoglycemia.

ENDOCRINOLOGY — PATHOLOGY

- Hypothyroidism:
 - Causes: Hashimoto (anti-TPO), iodine deficiency.
 - Labs: ↑ TSH, ↓ T4.
 - Features: weight gain, cold intolerance, bradycardia.
- Hyperthyroidism:
 - Causes: Graves (TSH receptor antibodies).
 - Labs: ↓ TSH, ↑ T3/T4.
 - Features: heat intolerance, tremor, exophthalmos.
- Adrenal diseases:
 - Addison: ↓ cortisol + aldosterone → hyperpigmentation, hypotension, hyperkalemia.
 - Cushing: ↑ cortisol → truncal obesity, striae, hypertension.
- Diabetes:
 - Type 1: autoimmune β -cell loss, absolute insulin deficiency.
 - Type 2: insulin resistance → hyperglycemia.