

# **Characteristics of allergy in autoimmune thyroid diseases**

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# Relationship between allergic responses and thyroid autoimmunity

## IgE levels

- IgE deposits are present in Graves' thyroid and orbital tissues  
(Werner SC et al., N Engl Med, 1972;287:421-425.; Raikow RB et al., Ophthalmol. 1990; 97:629-635.)
- Elevated IgE levels associated with hyperthyroid Graves' disease  
(Akira S et al., J Clin Endocrinol Metab 1999; 84:3602-3605.; Takashi Y et al., J Clin Endocrinol Metab 2000; 85:2775-2778.)
- Evidence of immunoglobulin E autoantibodies to thyrotropin receptor (TSH rec) and thyroid peroxidase (TPO)  
(Metcalfe R et al., J Clin Endocrinol Metab 2002;87:1754-1761.; Gou J et al., Clin Immunol Immunopathol 1997; 82: 157-162.)

## Th2-derived cytokine profiles

- Elevated serum levels of IL-5 and IL-13 cytokines.  
(Hidaka Y et al., Thyroid 1998; 8:235-239.; Ichiro K et al., J Clin Endocrinol Metab 2001; 86:3540-3544.)

## Allergic rhinitis associated frequently with Graves' disease

(Amino N et al., Thyroid 2003; 13:811-814.; Hidaka Y et al., Thyroid 1996; 6: 349-351.)

## Common key factors regulate the immune responses in both allergic and autoimmune conditions

(Rottem M et al., Dev Immunology 2002; 9: 161-167.)

## Previous results

- Graves' ophthalmopathy associated with increased total IgE serum levels.

Molnár I et al., Eur J Med Rev 1996; 1:543-546.

- Hyperthyroid Graves' ophthalmopathy demonstrated elevated serum IL-5 levels compared to patients who had no eye signs.

Molnár I , Abstract: ACT International Suppl., 2000; 2: 220.

- Decreased serum levels of nerve growth factor (NGF) associated with hyperthyroid Graves' ophthalmopathy compared to those who had no eye signs.

Molnár I et al., Cytokine 2006; 35: 109-114.

- A difference in the balance shift of IL-12/IL-5 between Graves' patients with and without ophthalmopathy was demonstrated.

Molnár I , Autoimmunity 2007; 40:31-37.

## Patients and methods

- 324 patients were investigated, of whom 149 suffered from Graves' disease (57 with ophthalmopathy), 110 had Hashimoto's thyroiditis, and 65 euthyroid goitre formed controls.
- Allergen-specific IgE detection was carried out with immunoblot method using commercial AllergyScreen™ test (MEDIWISS Analytic GmbH, Germany) and Kodak camera was used for evaluation. The levels of thyroid hormones and antibodies were measured using commercial kits in a fully automated way, except TSH receptor antibody, that was measured with radioimmunoassay (Brahms Diagnostics, Germany).
- Chi-squared with Yates correction and Mann-Whitney nonparametric comparative tests were used for statistical analysis.

Parameters	Graves'disease n=149	Hashimoto's thyroiditis n=110	Controls n=65
Age (years)	49 ± 13	50 ± 14	48 ± 13
Gender (male / women)	28 / 121	6 / 104	4 / 61
Duration of thyroid disease (months)	71 ± 81	44 ± 57	38 ± 45

# Respiratory allergens

# Prevalence of allergic symptoms in autoimmune thyroid diseases

Allergic symptoms	Graves'disease (n=149)	Hashimoto's thyroiditis (n=110)	Controls (n=65)	Total
No	94 (63,1%)	63 (57,3%)	54 (83,1%)	211 (65,1%)
Rhinitis *	<b>11 <sup>a</sup></b> <b>(7,4%)</b>	<b>20 <sup>a</sup></b> <b>(18,2%)</b>	10 (15,4%)	41 (12,7%)
Conjunctivitis	<b>37 <sup>b</sup></b> <b>(24,8 %)</b>	<b>21 <sup>c</sup></b> <b>(19,1%)</b>	<b>0 <sup>b, c</sup></b>	58 (17,9%)
Urticaria	7 (4,7%)	5 (4,5%)	1 (1,5%)	13 (4%)
Asthma	0	1 (0,9%)	0	1 (0,3%)
<b>Total</b>	<b>149</b>	<b>110</b>	<b>65</b>	<b>324</b>

<sup>a</sup> P < 0,014 , <sup>b</sup> P< 0,0001 and <sup>c</sup> P< 0,0004 after Yates correction

\*P<0,0007 after Yates correction between Graves' patients with (n=57) and without (n=92) eye signs:32 (9,9%) vs 5 (1,5%).

The month of the onset of autoimmune thyroid diseases was similar to those characterized by the seasonal allergic attack

<b>Month for thyroidal onset and seasonal allergic attack is common</b>	<b>Graves'disease (n=149)</b>	<b>Hashimoto's thyroiditis (n=110)</b>	<b>Controls (n=65)</b>	<b>Total</b>
No	77 (81,9%)	90 (92,8%)	48 (78,7%)	215 (85,3%)
Common	<b>17 <sup>a</sup> (18,1%)</b>	<b>7 <sup>a,b</sup> (7,2%)</b>	<b>13 <sup>b</sup> (21,3%)</b>	37 (14,7%)
<b>Total</b>	<b>94</b>	<b>97</b>	<b>61</b>	<b>252*</b>

<sup>a</sup> P < 0,04 and <sup>b</sup> P< 0,02

\* No exact data were given in 72 cases

# Prevalence of allergen-specific IgE in autoimmune thyroid diseases

Allergen groups	Graves'disease (n=149)	Hashimoto's thyroiditis (n=110)	Controls (n=65)	Total
D (dust mite I-II)	33 (22,1%)	25 (22,7%)	7 (10,8%)	65 (20,1%)
T (alder, birch, hazel)	25 <sup>a</sup> <b>(16,8%)</b>	7 <sup>a</sup> <b>(6,4%)</b>	6 (9,2%)	38 (11,7%)
W (mugwort, plantain, ragweed)	35 <sup>b</sup> <b>(23,5 %)</b>	12 <sup>b</sup> <b>(10,9%)</b>	10 (16,4%)	57 (17,6%)
G (grass-mixture)	30 (20,1%)	14 (12,7%)	7 (10,8%)	51 (15,7%)
E (cat, dog and others epithelia, feather-mixture)	40 (26,8%)	23 (20,9%)	19 (29,2%)	82 (25,3%)
M (molds*)	10 (6,7%)	4 (3,6%)	4 (6,2%)	18 (5,6%)
<b>Total</b>	<b>149</b>	<b>110</b>	<b>65</b>	<b>324</b>

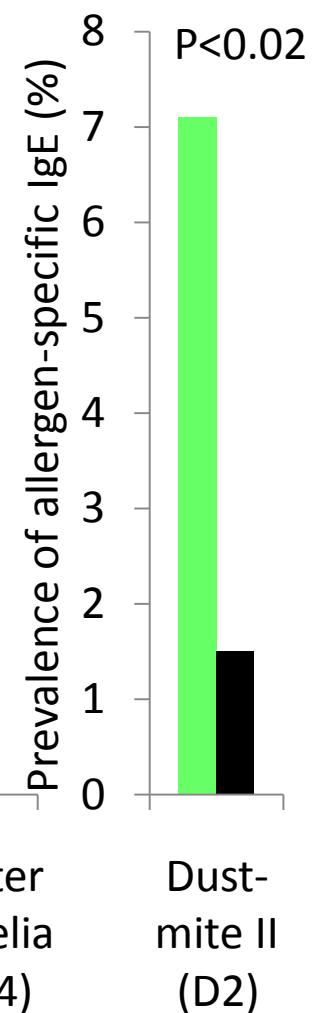
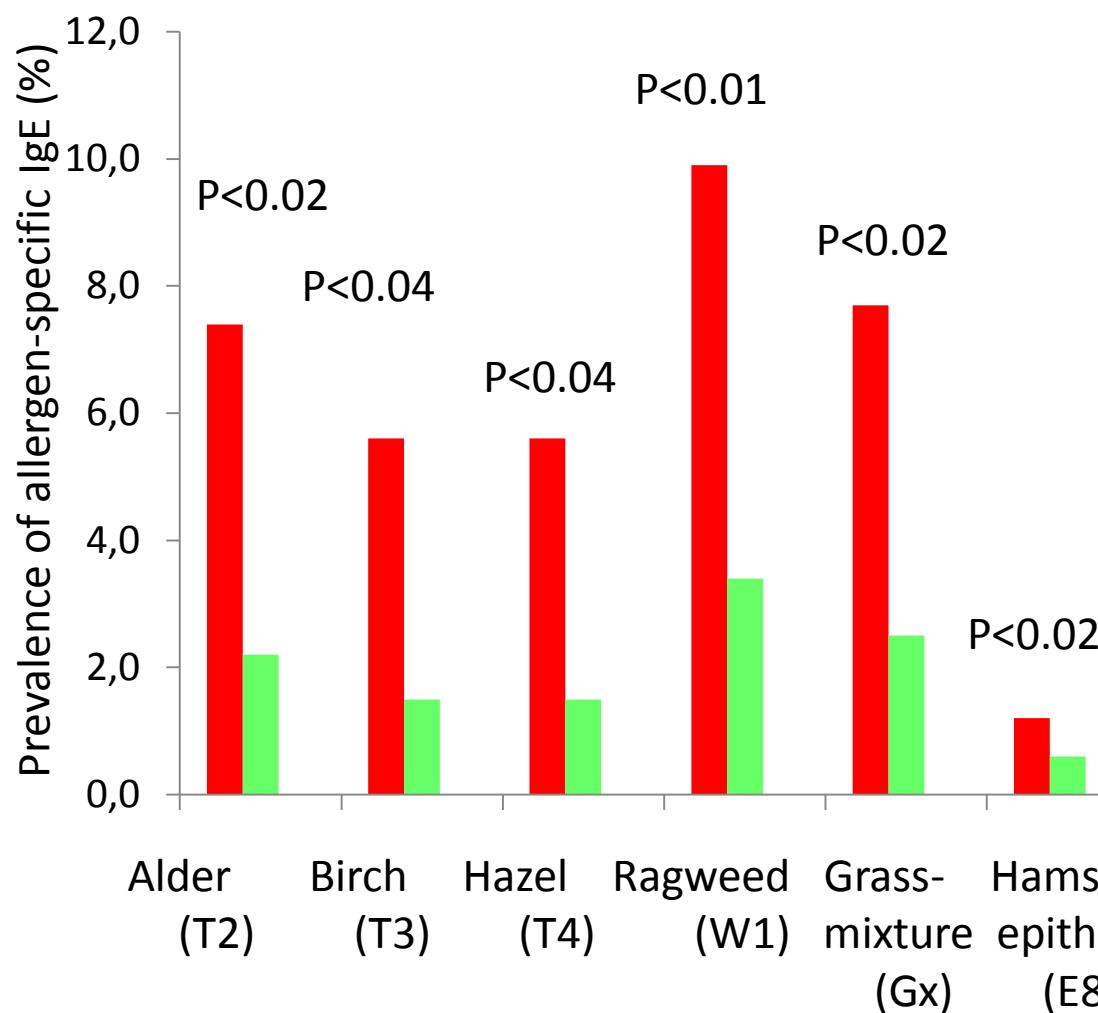
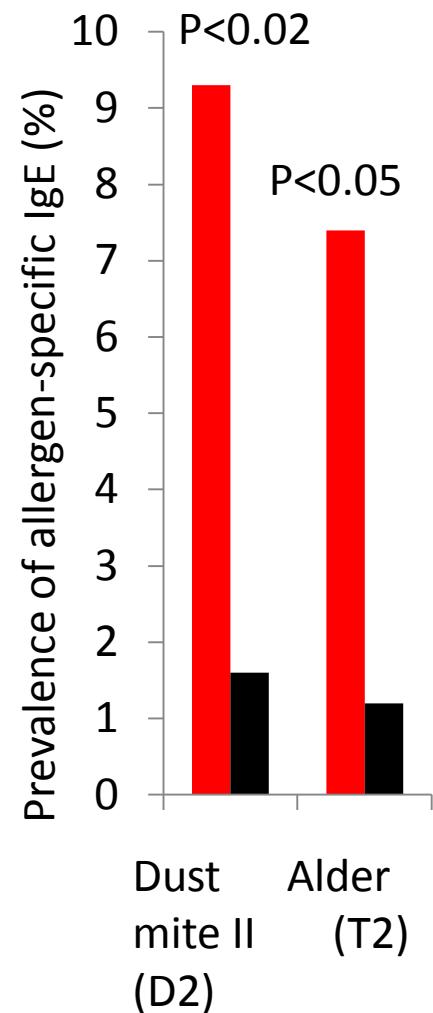
<sup>a</sup> P < 0,02 and <sup>b</sup> P< 0,015 \* Alternaria,Aspergillus, Cladosporium, Penicillium

Graves' disease (n=149) ■  
Controls (n=65) ■

Graves' disease (n=149) ■

Hashimoto's thyroiditis (n=110) ■

Hashimoto's thyroiditis (n=110) ■  
Controls (n=65) ■



Graves' ophthalmopathy



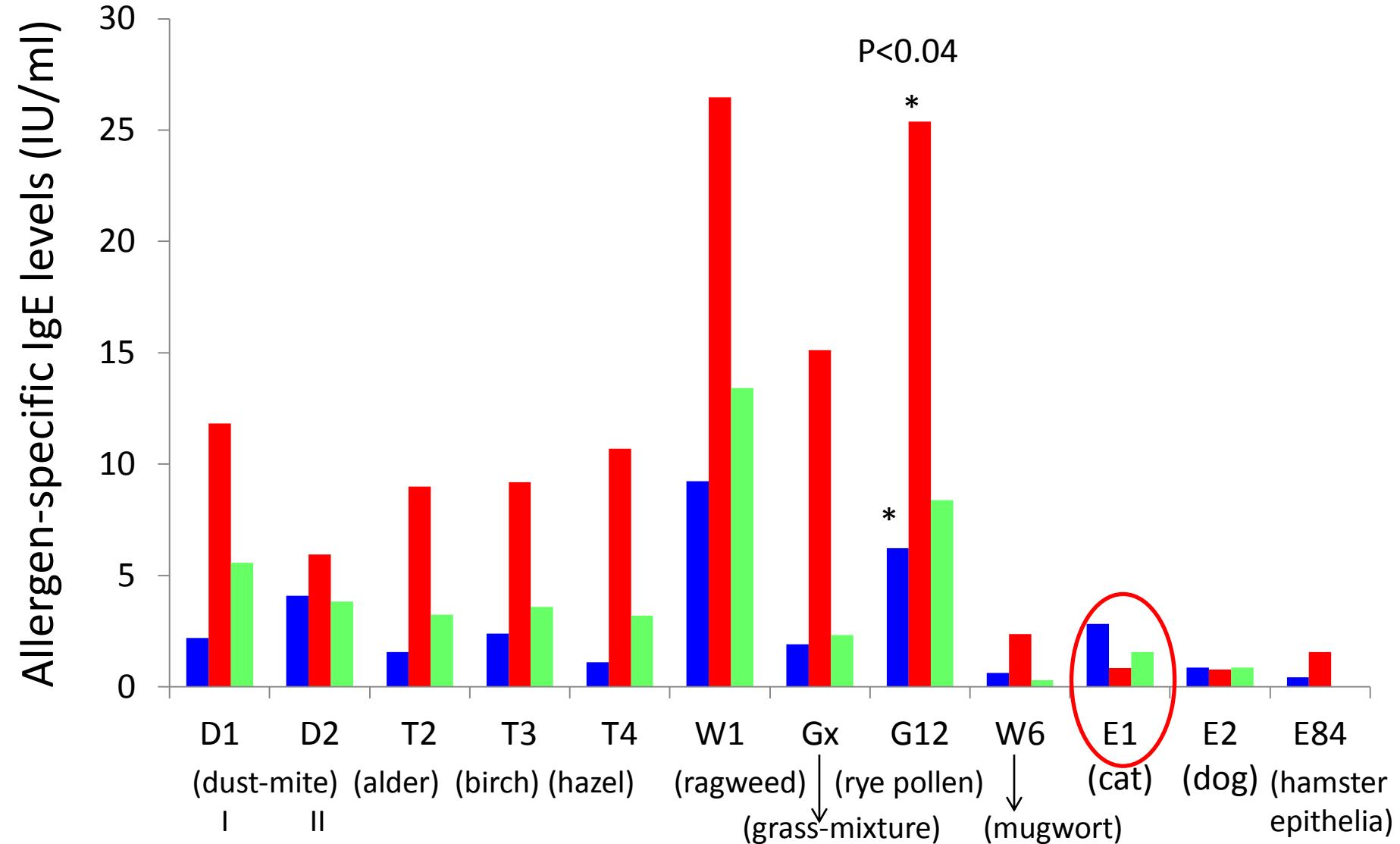
Hashimoto's thyroiditis

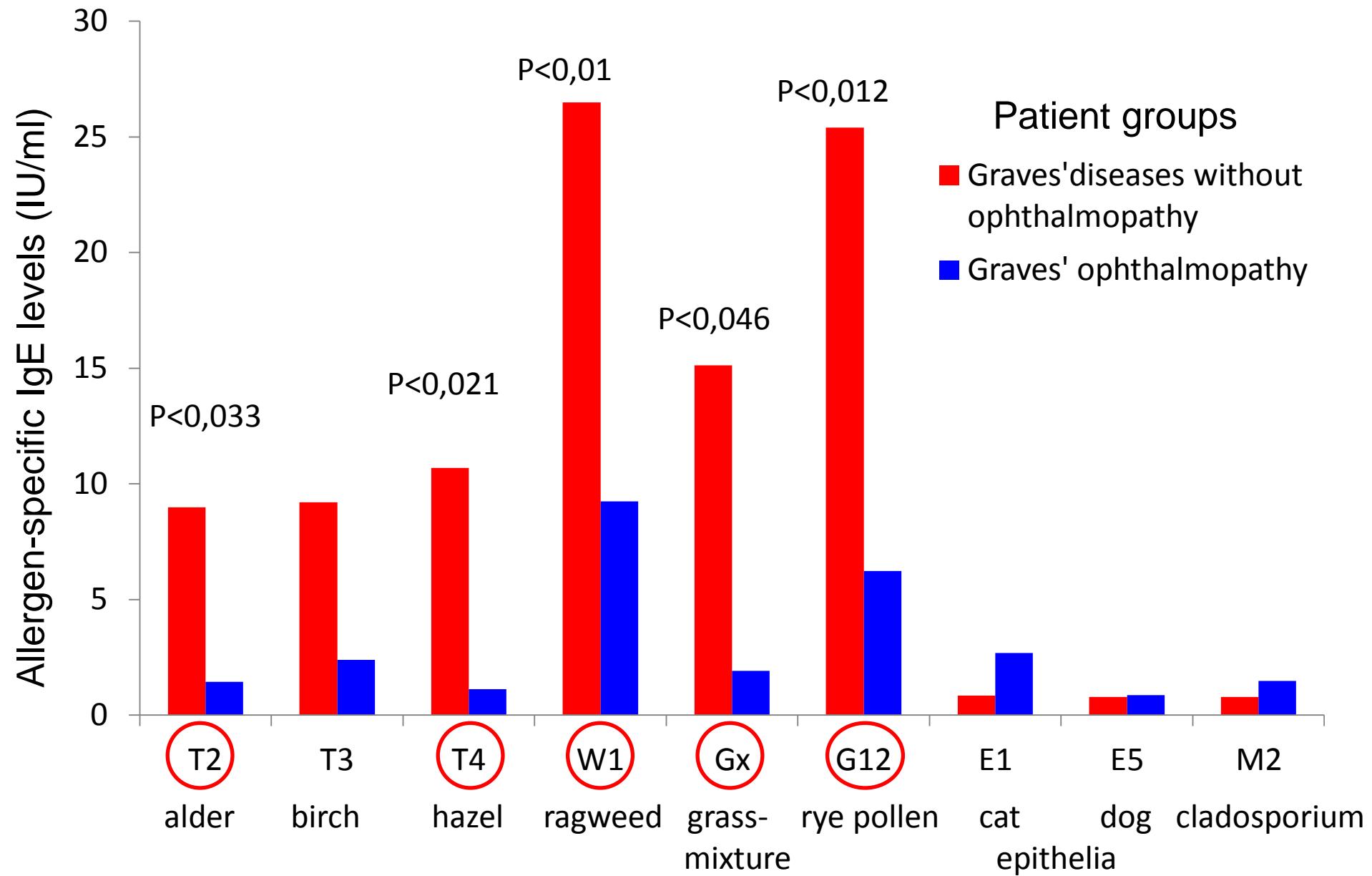


Graves' disease without eye signs

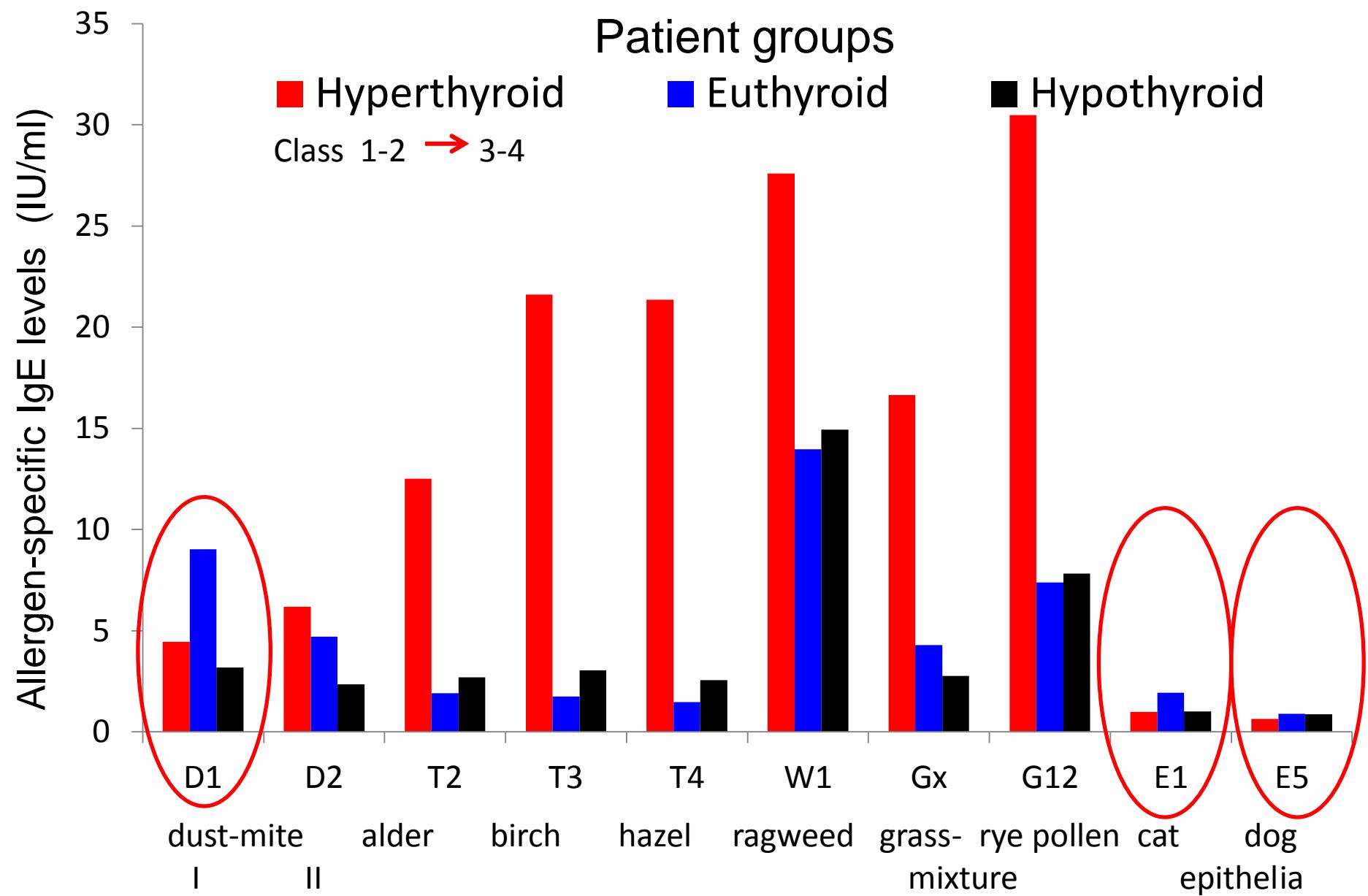


P<0.04

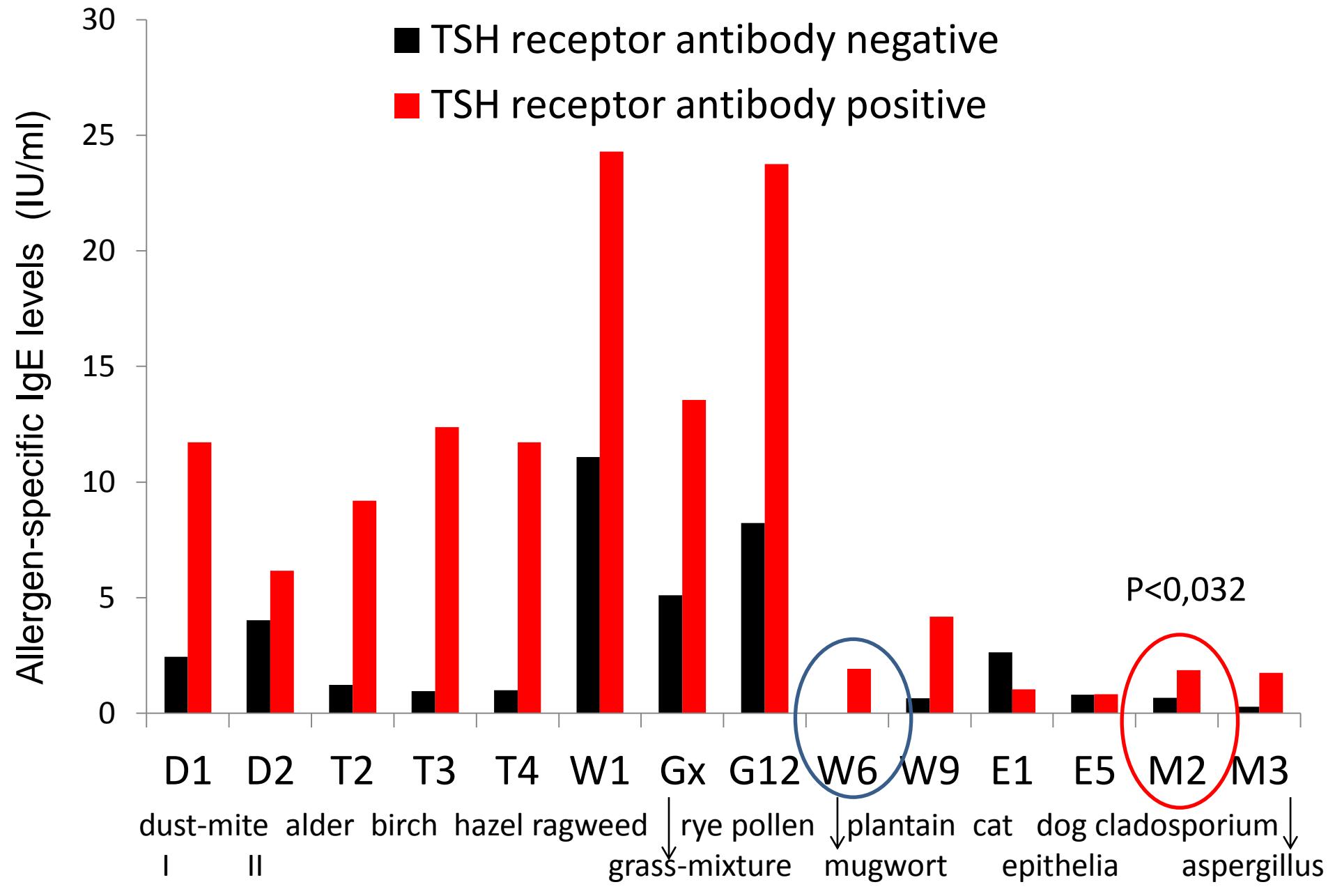




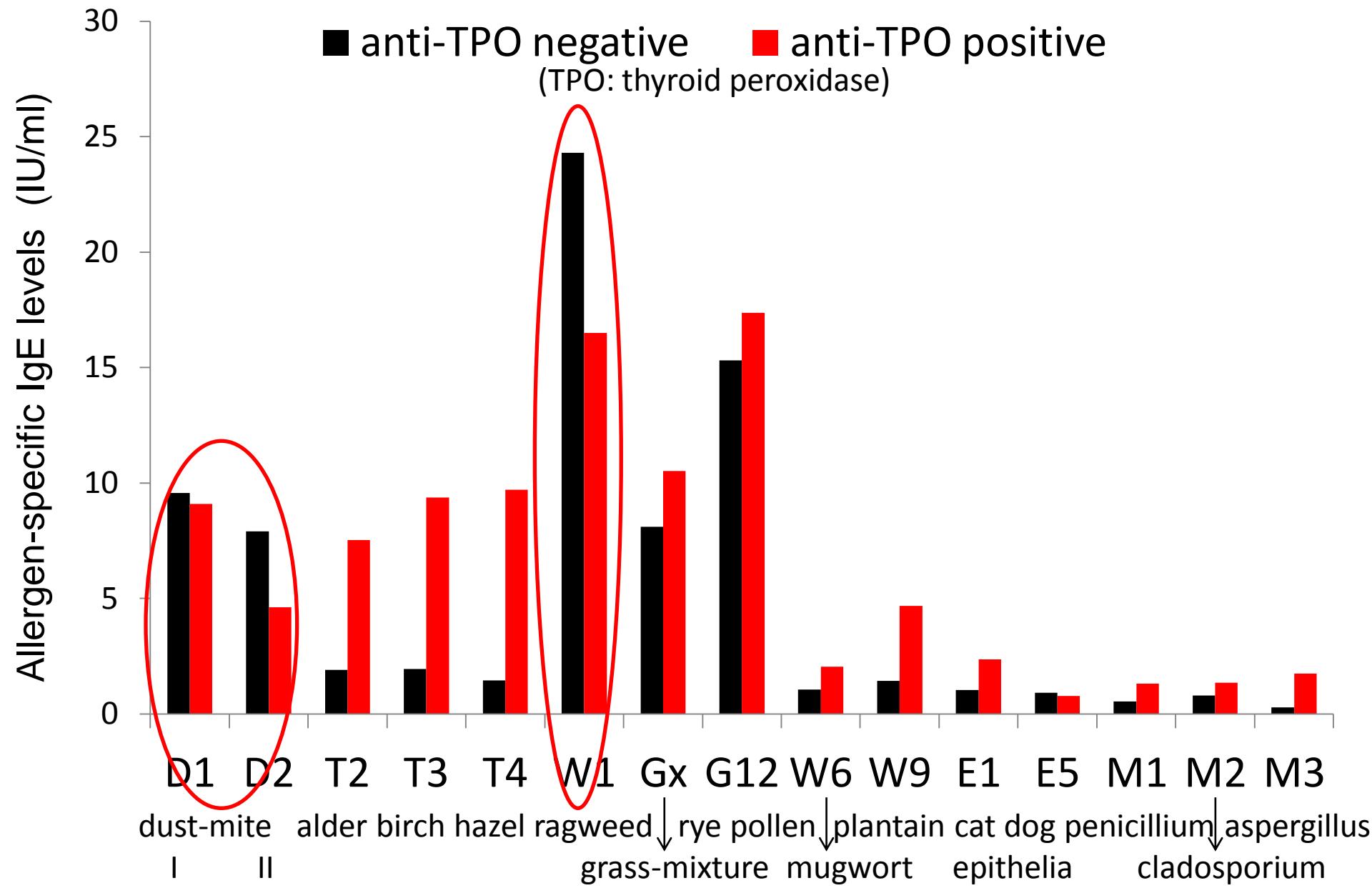
IU/ml	Class	Allergen-specific IgE content
<0,35	0	none
0,35 – 0,69	1	low
0,7 – 3,4	2	increased
3,5 – 17,4	3	significantly increased
17,5 – 49,9	4	high
50 - 100	5	very high
>100	6	extremely high

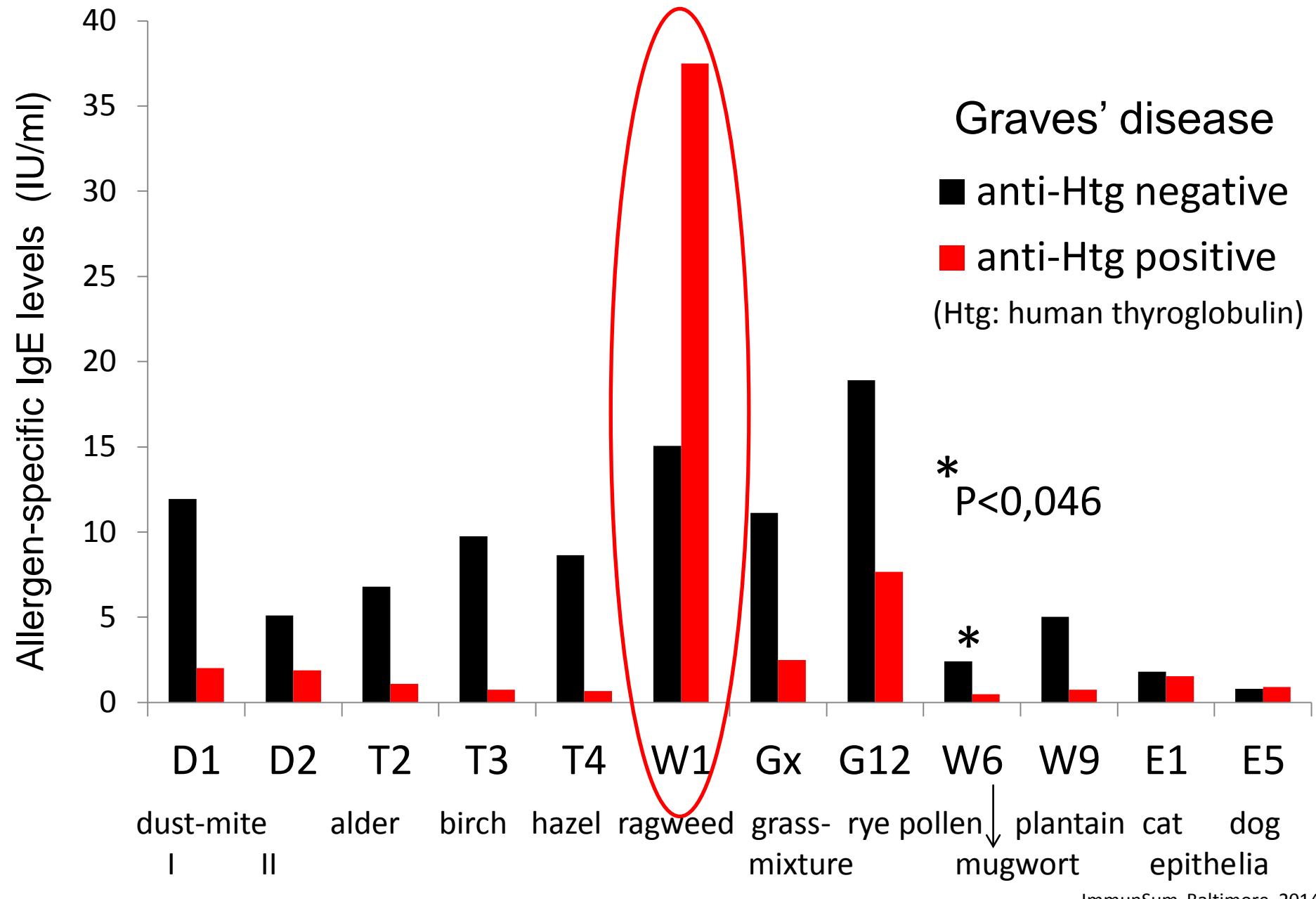


# Graves' disease



# Graves' disease





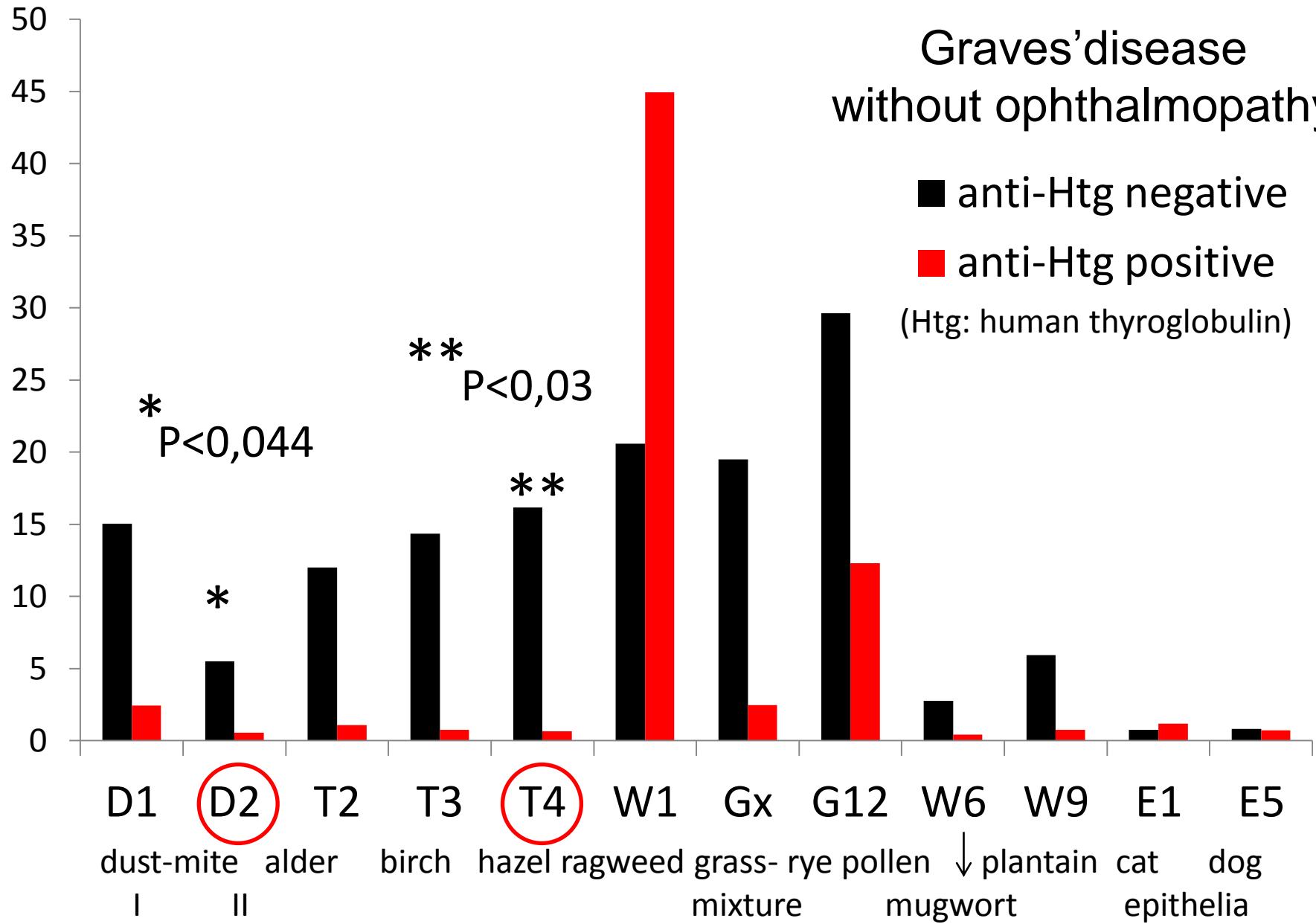
# Graves' disease without ophthalmopathy

■ anti-Htg negative

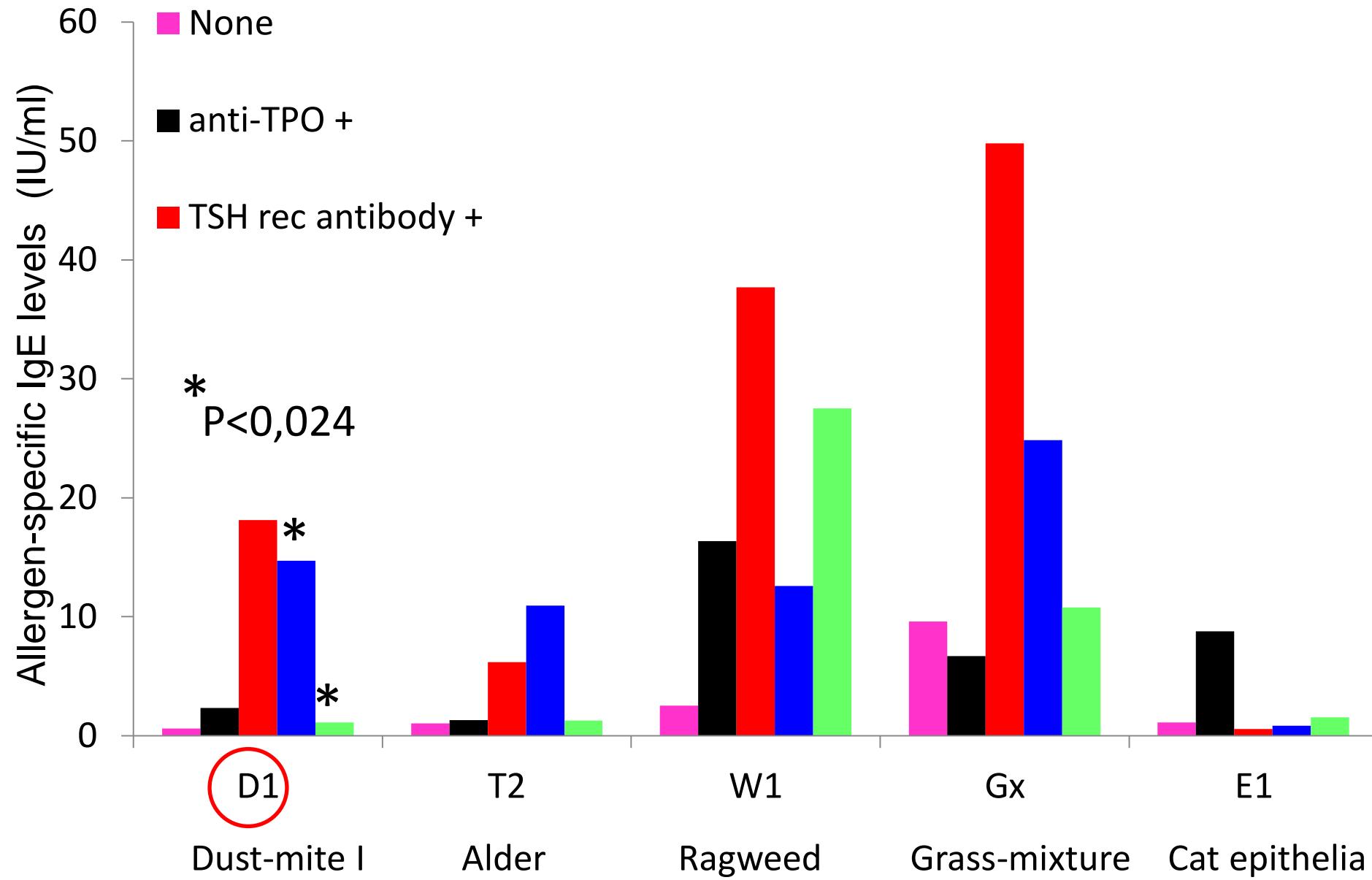
■ anti-Htg positive

(Htg: human thyroglobulin)

Allergen-specific IgE levels (IU/ml)



## Patient groups



# Conclusions

- Allergic rhinitis and conjunctivitis was more frequent in autoimmune thyroid diseases
- However, the attack of allergic rhinitis was higher in Hashimoto's thyroiditis and allergic conjunctivitis in Graves' disease.
- Seasonal allergic attack can play as an inducer or aggravator role in the development of Graves' disease.
- The prevalence of allergen-specific IgE levels against trees and weeds were more frequent in Graves' disease than in Hashimoto's thyroiditis.
- Allergen-specific IgE levels were lower in Graves' ophthalmopathy compared to those without eye signs, as well as lower compared to Hashimoto's thyroiditis.
- Hyperthyroidism was associated with elevated allergen-specific IgE levels resulting in a higher class degree. (Except cat epithelia.)
- The presence of antithyroid antibodies influenced the allergen-specific IgE levels. TSH receptor antibody positive and sometimes anti-thyroid peroxidase positive patients showed higher IgE levels, but anti-thyroglobulin (Htg) positivity was associated lower IgE levels, particularly in Graves' ophthalmopathy.
- The frequent presence of allergic conjunctivitis in Graves' disease can lead to a difficulty in the diagnosis of ophthalmopathy.

# Food allergens

# Prevalence of food allergen-specific IgE in autoimmune thyroid diseases

Allergen groups	Graves'disease (n=149)	Hashimoto's thyroiditis (n=110)	Controls (n=65)	Total
F17 (hazelnut)	<b>13 <sup>a</sup> (8,7%)</b>	<b>1 <sup>a</sup> (0,9%)</b>	2 (3,1%)	16 (4,9%)
F35 (potato)	<b>16 <sup>b, c</sup> (10,7%)</b>	<b>3 <sup>b</sup> (2,7%)</b>	<b>1<sup>c</sup> (1,5%)</b>	20 (6,2%)
F85 (celery)	<b>24 <sup>d</sup> (16,1%)</b>	<b>5<sup>d</sup> (4,5%)</b>	4 (6,2%)	33 (10,2%)
F31 (carrot)	<b>25 <sup>e</sup> (16,8 %)</b>	<b>6 <sup>e</sup> (5,5%)</b>	4 (6,2%)	35 (10,8%)
F25 (tomato)	<b>10 <sup>f</sup> (6,7%)</b>	<b>1<sup>f</sup> (0,9%)</b>	0	11 (3,4%)
F33 (orange)	<b>17 <sup>g,h</sup> (11,4%)</b>	<b>3 <sup>g</sup> (2,7%)</b>	<b>1 <sup>h</sup> (1,5%)</b>	21 (6,5%)
F4 (wheat flour)	<b>22 <sup>i</sup> (14,8%)</b>	<b>4 <sup>i</sup> (3,6%)</b>	3 (4,6%)	29 (9%)
<b>Total</b>	<b>149</b>	<b>110</b>	<b>65</b>	<b>324</b>

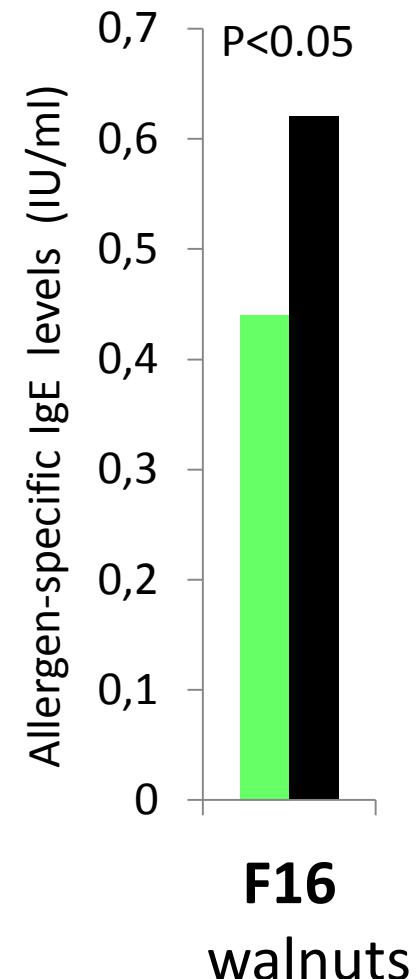
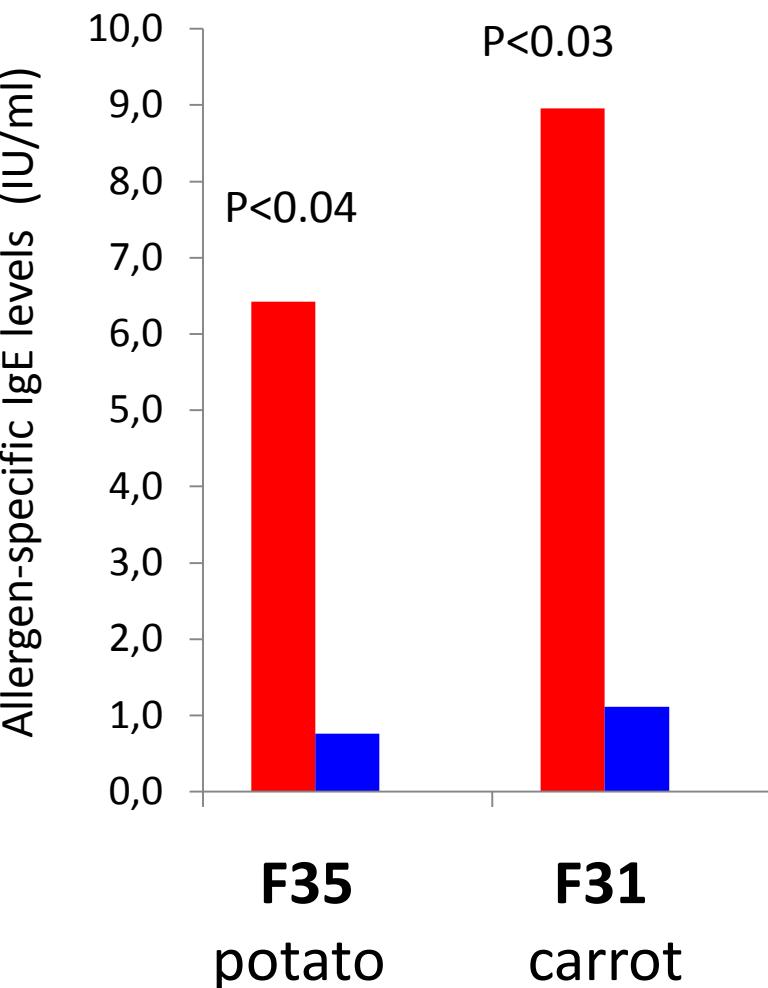
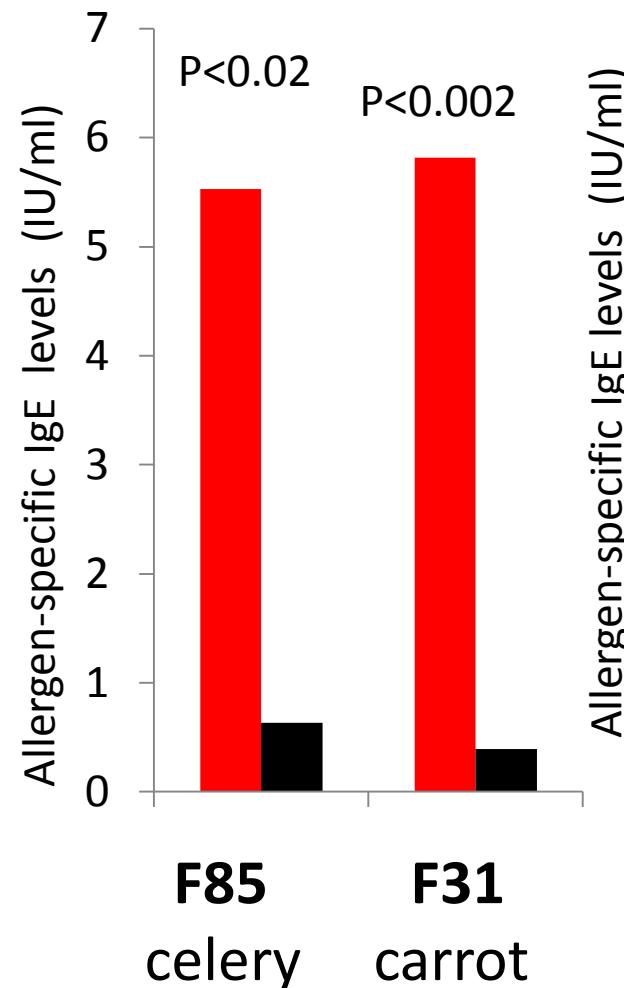
<sup>a</sup> P < 0.01, <sup>b</sup> P< 0.03, <sup>c</sup> P<0.04, <sup>d</sup> P<0.01, <sup>e</sup> P<0.01, <sup>f</sup> P<0.03, <sup>g</sup> P<0.02, <sup>h</sup> P<0.03 and <sup>i</sup> P<0.01

with Yates corrections.

Graves' disease (n=149) ■  
Controls (n=65) ■

Graves' disease without (n=92) ■  
Graves' disease with ophthalmopathy  
(n=57) ■

Hashimoto's  
thyroiditis (n=110)  
Controls (n=65) ■



# Patient groups

Hyperthyroid

Euthyroid

Hypothyroid

Allergen-specific IgE levels (IU/ml)

18

16

14

12

10

8

6

4

2

0

F16  
walnuts

F35  
potato

F85  
celery

F31  
carrot

F33  
orange

F4  
wheat flour

F5  
rye meal

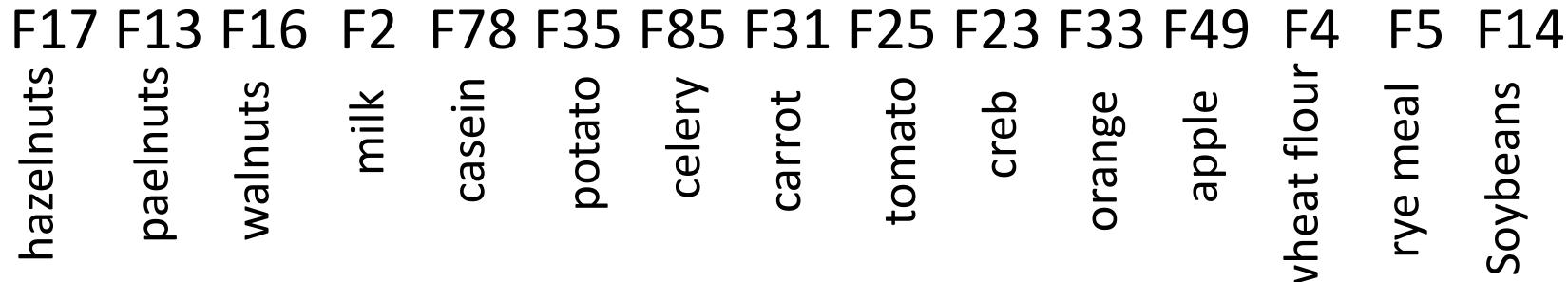
F14  
soybeans

\* P<0,04

# Graves' disease

Allergen-specific IgE levels (IU/ml)

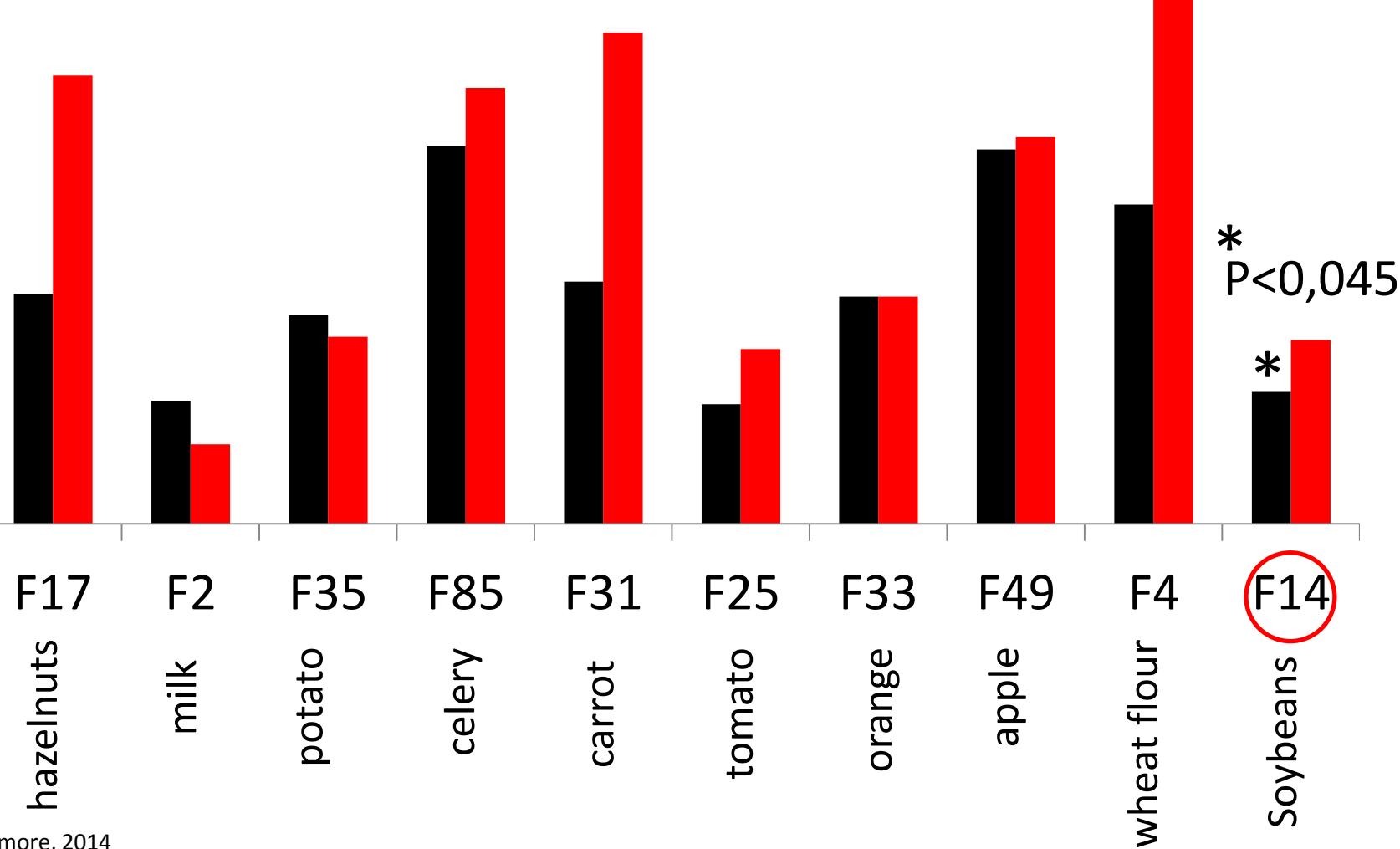
- TSH receptor antibody negative
- TSH receptor antibody positive



# Graves' ophthalmopathy

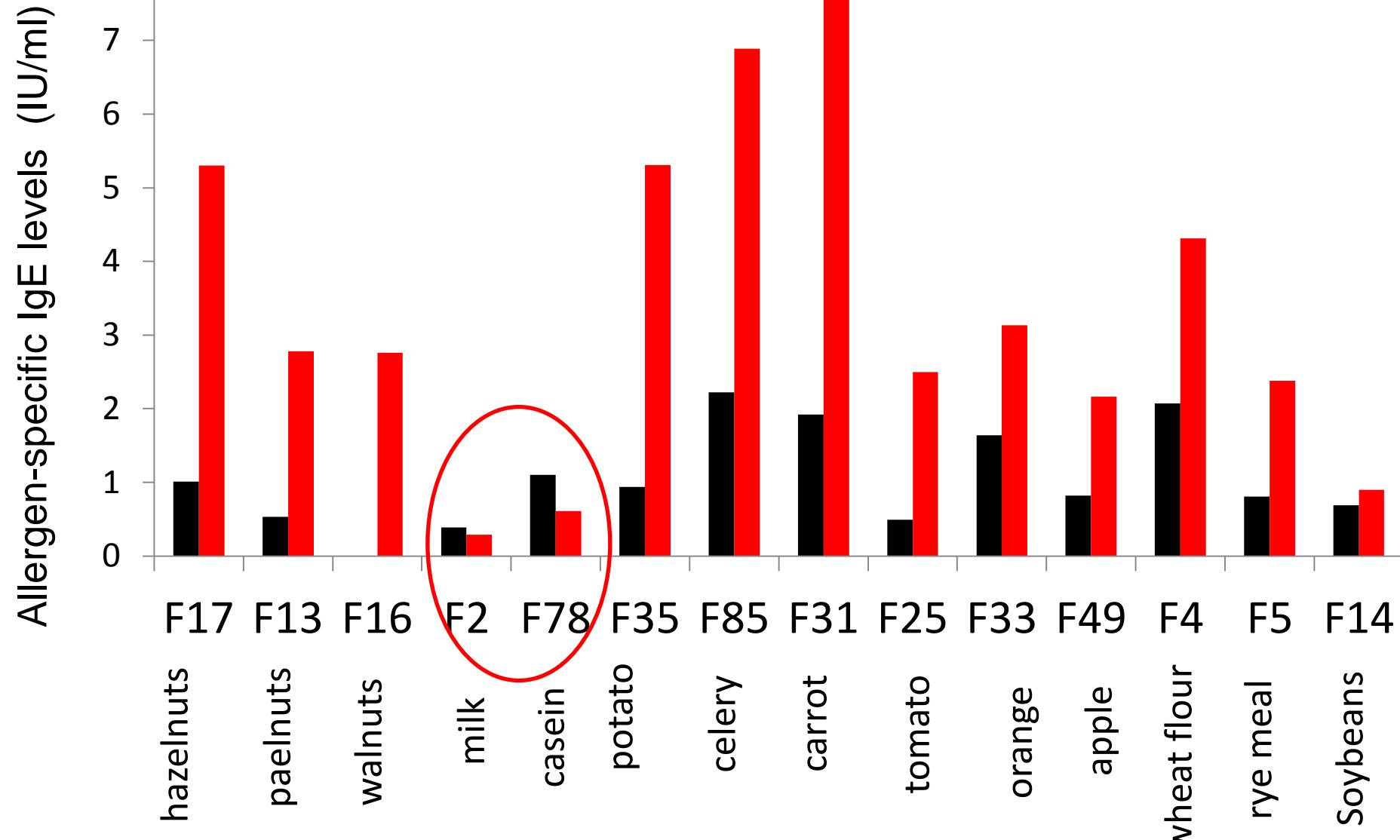
Allergen-specific IgE levels (IU/ml)

■ TSH receptor antibody negative  
■ TSH receptor antibody positive



# Graves' disease

■ anti-TPO negative      ■ anti-TPO positive  
(TPO: thyroid peroxidase)

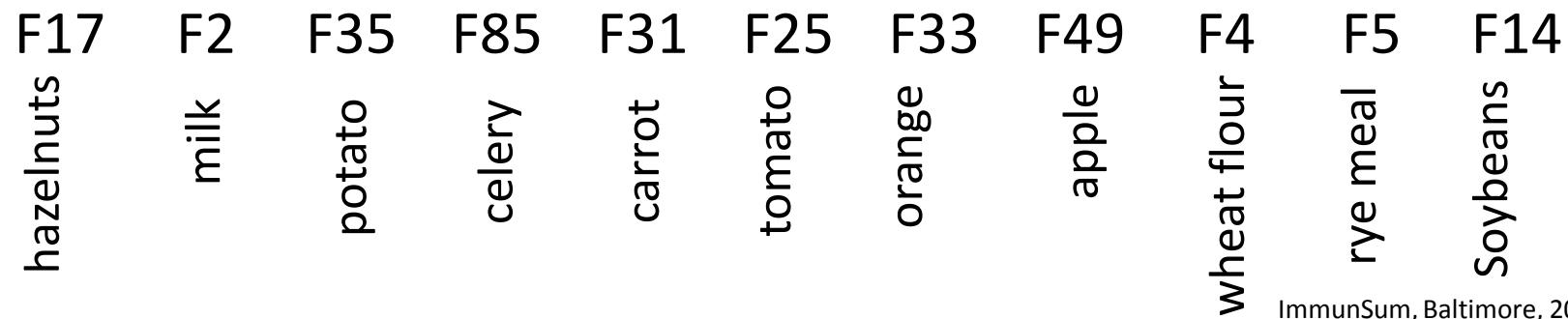


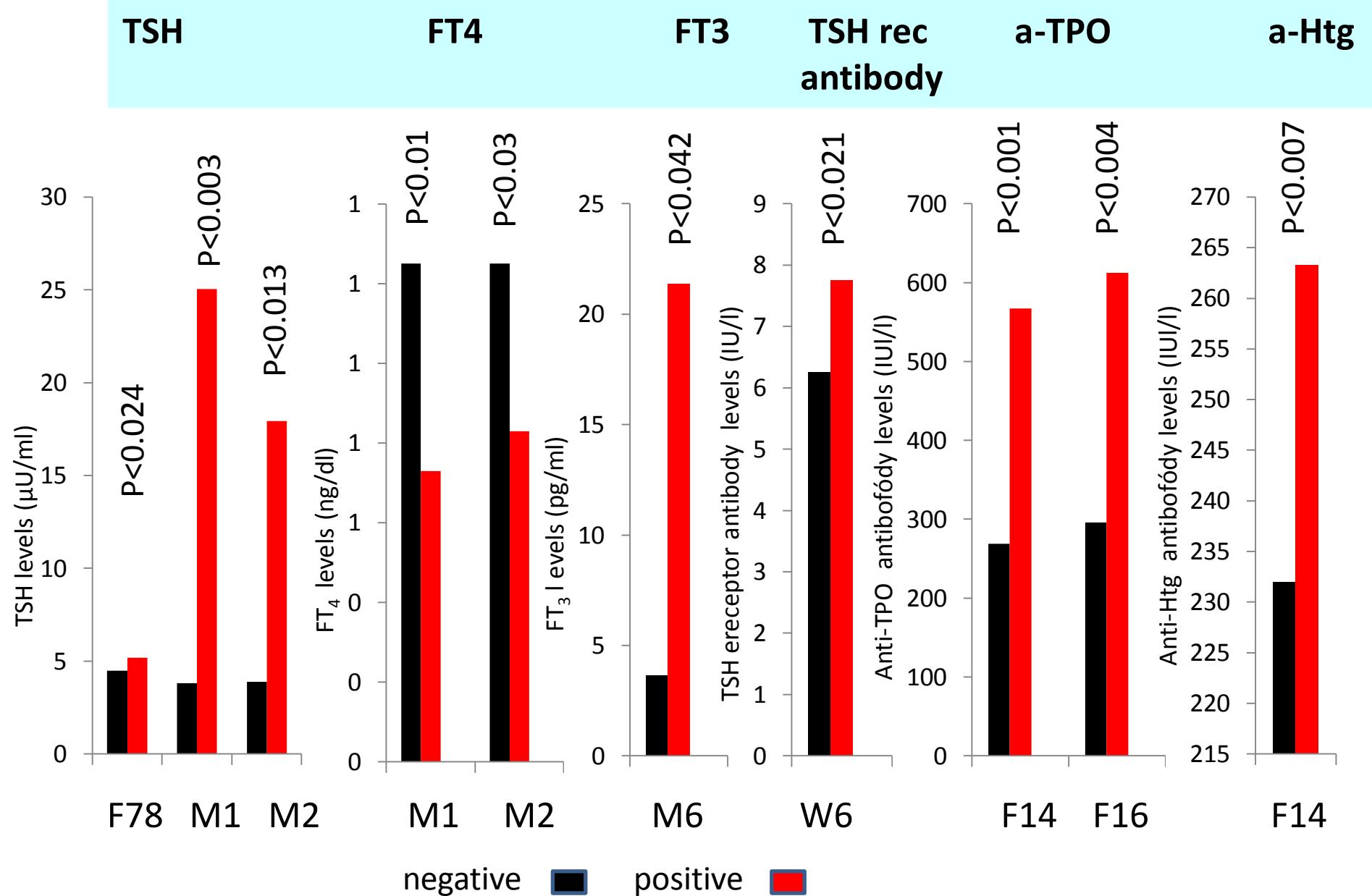
# Graves' disease

■ anti-Htg negative      ■ anti-Htg positive

(Htg: human thyroglobulin)

Allergen-specific IgE levels (IU/ml)





F78: casein    M1: Penicillium    M2: Cladosporium    M6: Alternaria  
 W6: mugwort    F14: soybeans    F16: walnuts

# Conclusions

- Food allergen-sensitization was more frequent in Graves' disease compared to that in Hashimoto's thyroiditis, and it can affect our daily meals.
- Allergen-specific IgE levels were higher in Graves' disease, but lower in Hashimoto's thyroiditis than controls.
- Hyperthyroidism was associated with elevated allergen-specific IgE levels.
- Anti-thyroid antibodies influenced the degree of IgE levels:
  1. TSH receptor and anti-TPO antibody levels were associated with higher IgE levels. (Except milk and casein allergens).
  2. Anti-Htg antibody levels were connected to lower IgE levels.



Thank you  
for your attention !

This study contains works of  
**Erzsébet Kelemen MD**, otolaryngologist  
**Láng Antalné**, medical laboratory assistant