Fabian-Danielewska Anna, Wawryków Agata, Korabiusz Katarzyna, Stecko Monika, Żukowska Magdalena. Relationship between intestinal microbiota and thyroid homeostasis. Journal of Education, Health and Sport. 2019;9(4):375-379. eISSN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.2639384 http://ojs.ukw.edu.pl/index.php/johs/article/view/6827

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017). 1223 Journal of Education, Health and Sport eISSN 2391-8306 7

© The Authors 2019;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland

Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article license of the Creative Commons Attribution Non commercial license Share alike. (http://creativecommons.org/licenses/by-nc-sa/4.0/) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 28.03.2019. Revised: 30.03.2019. Accepted: 14.04.2019.

## Relationship between intestinal microbiota and thyroid homeostasis

Anna Fabian-Danielewska<sup>1</sup>, Agata Wawryków<sup>2</sup>, Katarzyna Korabiusz<sup>2</sup>, Monika Stecko<sup>2</sup>, Magdalena Żukowska<sup>2</sup>

lek. Anna Fabian-Danielewska<sup>1</sup>, mgr Agata Wawryków<sup>2</sup>, mgr Katarzyna Korabiusz<sup>2</sup>, mgr Monika Stecko<sup>2</sup>, lek. Magdalena Żukowska<sup>2</sup>

Key words: microbiota, thyroid

<sup>&</sup>lt;sup>1</sup> Pomorski Uniwersytet Medyczny w Szczecinie, Studium Doktoranckie Wydziału Lekarskiego

<sup>&</sup>lt;sup>2</sup> Pomorski Uniwersytet Medyczny w Szczecinie, Studium Doktoranckie Wydziału Nauk o Zdrowiu

## Summary

The human digestive tract is inhabited by hundreds of bacterial species, both aerobic and anaerobic, bacteriophages, viruses and fungi that collectively are referred to as intestinal microbiota. Microbiota has a significant impact on the production and maintenance of immunological, hormonal and metabolic homeostasis. Dysbiosis is present in inflammations, e.g. intestinal inflammation, autoimmune diseases, e.g. multiple sclerosis, type 1 diabetes, rheumatic diseases, metabolic disorders such as obesity or type 2 diabetes, and mental illness. Currently, numerous studies are underway on the effect of microbiota on thyroid autoimmune diseases. . It seems, that microbiota has a small, if any, effect on the metabolism of iodine and selenium - elements particularly responsible for thyroid homeostasis. However, the relationship between thyroid function and the gastrointestinal tract has been proven.

The human digestive tract is inhabited by hundreds of bacterial species, both aerobic and anaerobic, bacteriophages, viruses and fungi that collectively are referred to as intestinal microbiota. [1] Microbiota consists of over a thousand commensal, symbiotic and pathogenic microorganisms. [7] At the time of birth, the composition of the microbiota is relatively poor, with the growing diversity of bacteria, viruses and fungi colonizing the digestive tract. In adulthood, it is fairly stable (it undergoes changes in long-term changes in diet, use of medicines, in some diseases). [1,6] Intestines are mainly an environment for bacteria of the genus *Firmicutes* and *Bacterioidetes*. It is believed that each person has an individual set of intestinal bacteria to some extent. Microbiota has a significant impact on the production and maintenance of immunological, hormonal and metabolic homeostasis. It

takes part in the digestion, fermentation of nutrients and in energy storage processes obtained in short-chain fatty acids. In addition, it is involved in the production of neurohormones, vitamins B and K, polyamines as well as mineral homeostasis. Microbiota is also an important element in the proper functioning of the brain-gut axis and even brain development. [1,6,7] Dysbiosis is present in inflammations, e.g. intestinal inflammation, autoimmune diseases, e.g. multiple sclerosis, type 1 diabetes, rheumatic diseases, metabolic disorders such as obesity or type 2 diabetes, and mental illness [6,7]

Currently, numerous studies are underway on the effect of microbiota on thyroid autoimmune diseases. The digestive tract is responsible for the absorption of micronutrients among others iodine and selenium, which are necessary for the production of thyroid hormones. Iodine is absorbed using the Na / I symprorter. It seems, that microbiota has a small, if any, effect on the metabolism of iodine and selenium - elements particularly responsible for thyroid homeostasis. [1] However, the relationship between thyroid function and the gastrointestinal tract has been proven. Triiodiotronine influences the development and differentiation of epithelial cells of the intestinal mucosa. [2] Both hypothyroidism and hyperthyroidism give gastrointestinal symptoms. It has been proven that thyroid dysfunction can affect the intestinal bacteria population. It has been shown that people with overt hypothyroidism have a higher risk of bacterial overgrowth in the small intestine. [3,6] This hyperplasia is explained by gastrointestinal symptoms in these patients. Adequate antibiotic therapy leads to decontamination and resolution of these symptoms. However, in the hyperthyroidism, more bacteria of the genus Bifidobacterium, Lactobacillus and Clostridium and Enterococcus were observed in relation to the healthy population. [6]

The most common thyroid dysfunction is Hashimoto disease, involving about 5% of world population. It is a chronic, autoimmune thyroiditis leads to hypothyroidim. In patients with Hashimoto's disease morphological changes in the distal part of the duodenum were shown. In the electron microscope, an increased distance between adjacent microvilli and a change in microvilli thickness was observed. These patients have also been diagnosed with

intestinal leakage by a lactulose/mannitol test, resulting in increased permeability to toxins, antigens or bacterial metabolites from the intestine into the bloodstream as compared to the control group. In this mechanism the effect of microbiota on thyroid disease is quested.

[4]

The relationship between microbiota and thyroid homeostasis is still not sufficiently studied. Currently, the "Investigation of Novel biomarkers and Definition of the microbiome In Graves' Orbitopathy" (INDIGO) project is being carried out. The aim of the project is to identify prognostic biomarkers to facilitate early prophylactic intervention, examine the role of the microbiome in disease progression, and assess the impact of probiotics on the reduction of Graves' disease. [5]

## Bibliography:

- 1. J. Hardina, A.Banning., A Kipp i.in: The gastrointestinal microbiota affects the selenium status and selenoprotein expression in mice. J.Nutr. Biochem. 2009;20:638-648.
- 2. C.Virili, M.Centanni: Does microbiota composition affect thyroid homeostasis?. Endocrine. 2015; 49:583-587
- 3. F. Zhao, J.Feng, J.Li, L.Zhao I in.: Alterations of the Gut Microbiota in Hashimoto's Thyroiditis Patients. Thyroid. 2018: 2(28): 175-186
- 4. C.Virili, P Fallahi, A.Antonelli, S.Benvenga, M.Centanni: Gut microbiota and Hashimoto's thyroiditis. Rev Endocr Metab Disord. Publish online: 08 October 2018.
- H.Kohling, S.Plummer, J. Marchesi, K.Davidge, M.Ludgate: The microbiota and autoimmunity: Their role in thyroid autoimmune diseases. Clinical Immunology. 2017; 183: 63-74

- 6. C.Virili, M. Centanni: "With a little help from my friends" The role of microbiota in thyroid hormone metabolism and enterohepatic recycling. Molecular and Cellular Endocrinology.2017; 458: 39-43
- 7. H. Karakuła-Juchnowicz, H. Pankowicz, D. Juchnowicz, J.L.V. Piedra, T. Małecka-Massalska: Intestinal microbiota a key to understanding the pathophysiology of anorexia nervosa?. Psychatr. Pol. 2017; 51(5): 859-870.