

Introduction

Autoimmune thyroid disease affects about 2 to 4% of women and upto 1% of men world wide and the prevalence rate increase with advancing age (*Canaries et al., 2011*).

Autoimmune thyroid disease is often associated with a number of autoimmune diseases as systemic lupus erythematosus (*Pyne and Isenberg, 2002*), rheumatoid arthritis (*Chan and Bucknall, 2001*), Sjogren syndrome (*Perez et al., 2005*), Scleroderma and alopecia areata.

The association between Autoimmune thyroid disease and rheumatic diseases has been well accepted and blamed for precipitating or exacerbating their symptoms (*Delamer et al., 2000*)

The prevalence of thyroid disease differs from population to population (*Vanderpump et al., 2010*)

The prevalence of thyroid disease is greater in systemic lupus erythematosus and rheumatoid arthritis than in general population (*Pyne and Isenberg, 2002*).

Hypothyroidism (subclinical and overt) is the most frequent thyroid disease associated with rheumatoid arthritis (*Miller et al., 2007*).

Autoimmunity is one of the several pathogenic mechanisms involved in thyroid dysfunction in SLE. Other pathogenic mechanisms include the effect of drugs, such as corticosteroids or immunosuppressors, the effect of the underlying systemic disease (*Kumar et al., 2010*).

Thyroid disease found to be a risk factor for premature menopause and preterm delivery in women diagnosed with systemic lupus erythematosus (*Mansourian, 2010*).

Aim of the study

To study the the frequency of thyroid dysfunction in patients with systemic lupus erythematosus and rheumatoid arthritis.