Chirurgia (Bucur). 2015;110(4): 333-338

Cardiothyreosis: Pathogenic Conjectures, Clinical Aspects and Surgical Approach

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Abstract

Introduction: The presence of striking cardiovascular manifestations were noted in the first descriptions of hyperthyroidism owing to Parry (1825) and Basedow (1840) in his famous Merseburg triad. Hyperthyroidism may either cause cardiac complications in individuals with a normal myocardium (genuine form of disorder) or complicate preexisting cardiac troubles.

Material and method: An homogenous series of 49 cardiothyreosis, 11 males and 38 females, aged 12 – 78 (mean 45) years selected between 138 thyrotoxic patients operated on in a period of two decades is herein presented. There were registered 15 Basedow diseases, 16 toxic adenomas and 18 multinodular toxic goiters. Among these were found isolated or dominating when combined together, 21 cases with rhythm troubles (4 with extrasistolic arrhythmia and one with fibrilloflutter, 10 cases with cardiac failure and 9 cases with coronary cardiac disease. To these 7 hypertensive patients and two with mitral valvulopathy were added. In hyperthyroidism clinical diagnosis was confirmed on imaging exams and hormonal determinations while cardiovascular disturbances was ascertained by interrogatory, clinical signs, EKG and echocardiography. All our cases were operated on performing 33 total or near total thyroidectomies and 16 lobectomies without morbidity recording however 5 postoperative tachyarrhythmias but finally most of them with good clinical results (87,7% cured or significantly ameliorated).

Discussions and conclusions: Pathogenic diagnosis of such so-called "cor thyreotoxicosis" is not always easy on account of cardiovascular syndrome which frequently overshowed the thyroid subclinical pictures or emergencies of new described entities as amidarone induced thyrotoxicosis. The single administration of a whole calculated dose of I 131 with subsequent treatment with thyrostatics and ·ˊ·-blockers till remission of toxicosis is achieved can be chosen opposing to thyroidectomy after short medicamentous preparation which is effective in large thyromegalies and toxic adenomas.

Key words: cardiothyreosis, hyperparathyroidism, cardiac failure, arrhythmia, thyroidectomy

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