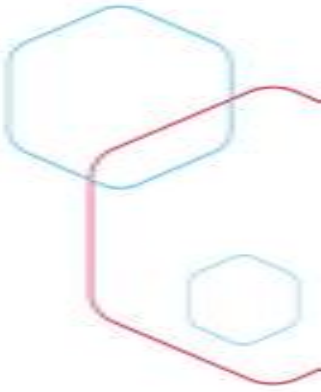


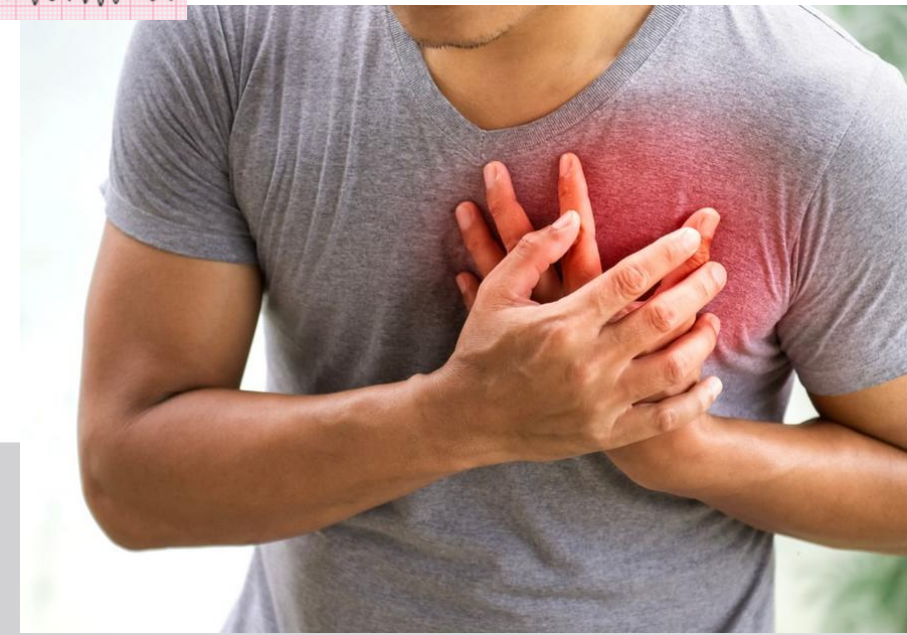
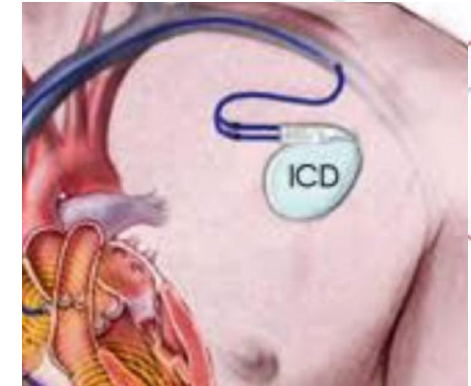
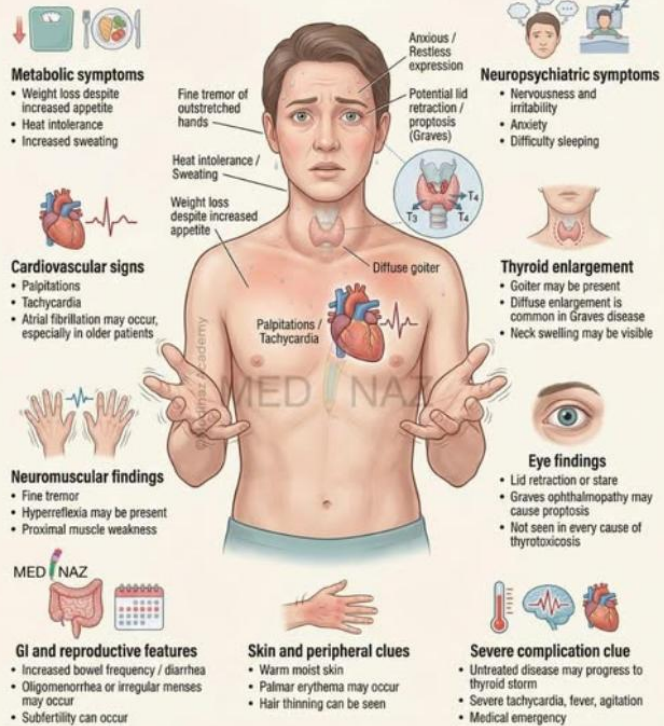
AKUTNÍ TYREOIDEKTOMIE JAKO ŘEŠENÍ REFRAKTERNÍ ELEKTRICKÉ BOUŘE U PACIENTKY S AMIODARONEM INDUKOVANOU TYREOTOXIKÓZOU



Michal Hnidka

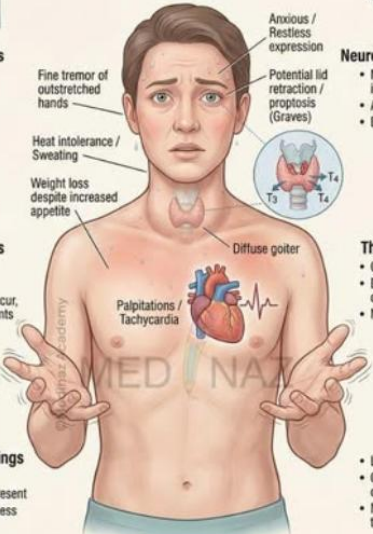
THYROTOXICOSIS

Clinical Features



THYROTOXICOSIS

Clinical Features



Metabolic symptoms

- Weight loss despite increased appetite
- Heat intolerance
- Increased sweating

Cardiovascular signs

- Palpitations
- Tachycardia
- Atrial fibrillation may occur, especially in older patients

Neuromuscular findings

- Fine tremor
- Hyperreflexia may be present
- Proximal muscle weakness

GI and reproductive features

- Increased bowel frequency / diarrhea
- Oligomenorrhea or irregular menses may occur
- Subfertility can occur

Skin and peripheral clues

- Warm moist skin
- Palmar erythema may occur
- Hair thinning can be seen

Severe complication clue

- Untreated disease may progress to thyroid storm
- Severe tachycardia, fever, agitation
- Medical emergency

Neuropsychiatric symptom

- Nervousness and irritability
- Anxiety
- Difficulty sleeping

Thyroid enlargement

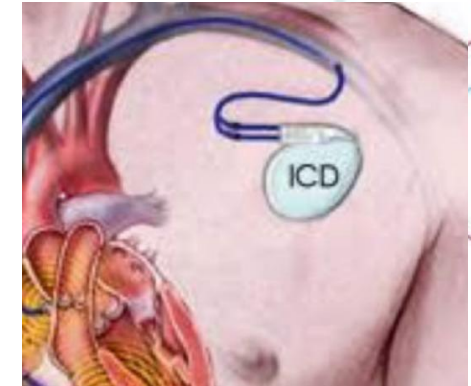
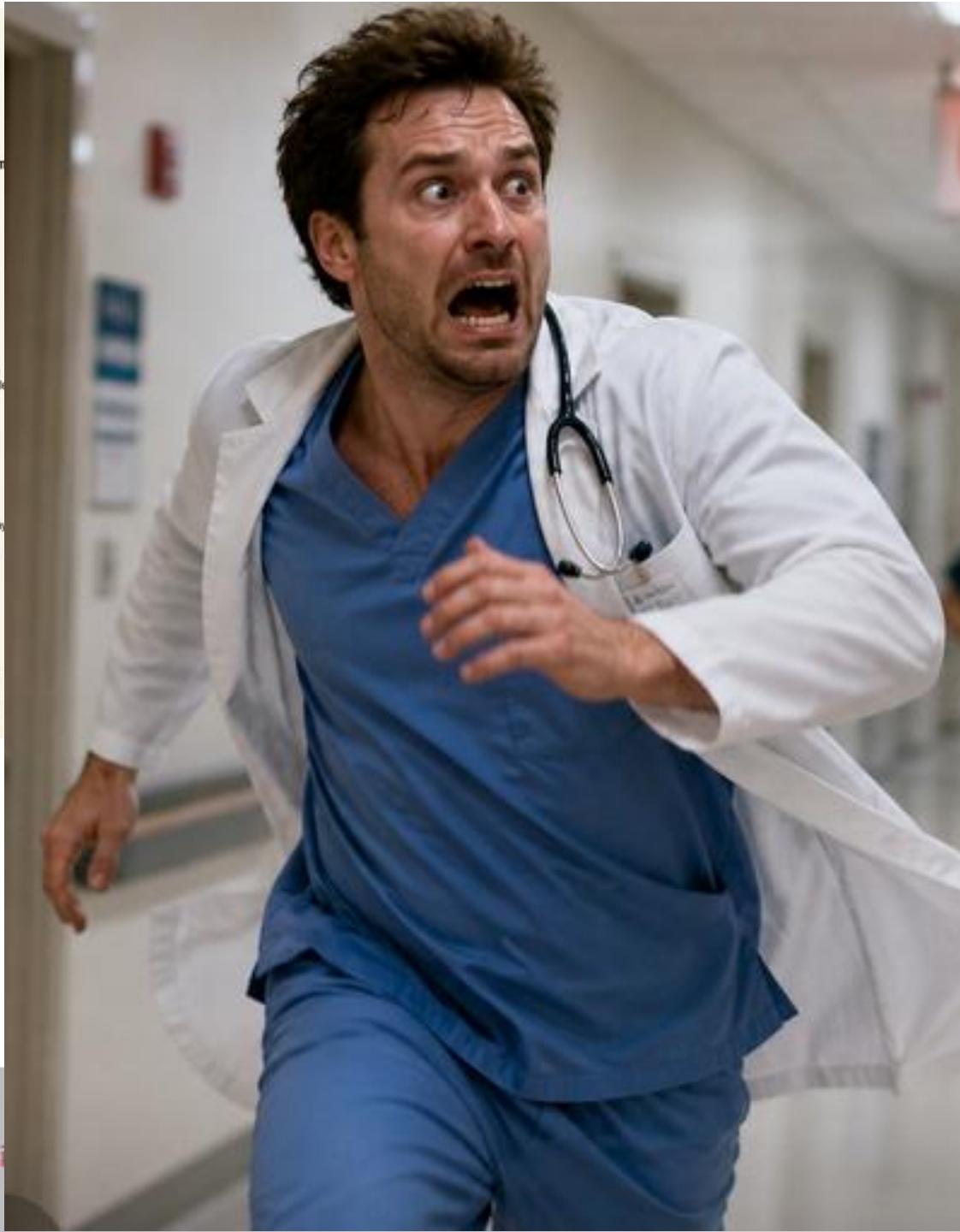
- Goiter may be present
- Diffuse enlargement is common in Graves disease
- Neck swelling may be visible

Eye findings

- Lid retraction or stare
- Graves ophthalmopathy may cause proptosis
- Not seen in every cause of thyrotoxicosis

Other features:

- Anxious / Restless expression
- Potential lid retraction / proptosis (Graves)
- Diffuse goiter
- Palpitations / Tachycardia
- Fine tremor of outstretched hands
- Heat intolerance / Sweating
- Weight loss despite increased appetite



nemocnicetrinecpodles

Kazuistika

- žena, 68let
- sarkoidóza s postižením myokardu, EF LK 25-30%
- BIV-ICD 8/2023
- Stp. opak. epizodách monomorfní komorové tachykardie v 8/2025, 9/2025, 10/2025 - v r2025 endokardiální ablace KT
- infliximab, kortikoidy, amiodaron

1x výboj ICD

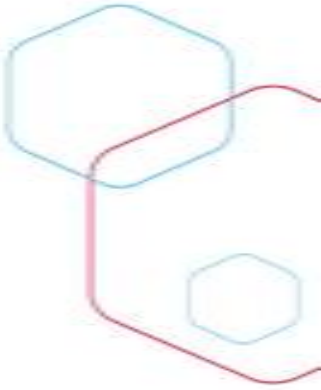
- tyreotoxikóza

☐ Séroum, plazma - hormony			
S/P_TSH	< 0,01		<u>< 0,01</u>
S/P_T4 - volný	> 100,0		<u>100,0</u>

- snížená vaskularizace, TRAK negativní - II. typ AIT
- vysazen amiodaron, thyrozol

Recidivující arytmická bouře

- kolaps
- v paměti ICD polymorfní KT, opakované výboje ICD
- maximalizace BB, analgosedace, blokáda ggl stellatum
- pulzy kortikoterapie, změna base rate stimulace
- recidivující monomorfní i polymorfní KT



Možnosti?

- tyreotoxikóza jako trigger KT - tyreoidektomie?
- vysazovat amiodaron? biologický poločas 100 dní
- tyreostatika? eutyreóza za týdny až měsíce
- akutní ablace KT?

Tyreoidektomie

- operace ve FN Ostrava
 - nasazení amiodaronu
 - stabilizace rytmu
-
- totální tyreoidektomie je řešením ALT s rytmickou nestabilitou