Clinical Indicators of Surgical Thyroidectomy in Graves’ Disease

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ABSTRACT
Pathognomonic clinical triad of Graves’ disease are diffusely enlarged goiter, exophthalmos, and acropachy. Thyroidectomy appears to be ideal treatment for this condition in comparison to radioiodine.

Keywords: Goiter, Radioiodine therapy, Thyroidectomy.

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INTRODUCTION
The clinical image shows bilateral exophthalmos, large diffuse goiter, and clubbing of fingers in a 45-year-old gentleman with clinical features of hyperthyroidism. The triad is strongly suggestive of Graves’ disease or toxic diffuse goiter. Especially, thyroid acropachy characterized by clubbing of fingers and toes is a characteristic stigmata of this condition.1 Graves’ disease is an organ-specific autoimmune thyroid disease caused by thyrotropin (TSH) receptor stimulating antibodies.2 Amongst the three therapeutic options, surgical thyroidectomy appears to be optimal compared to antithyroid drugs or radioiodine for permanent resolution of disease.3 Twelve months after uneventful total thyroidectomy and thyroxine replacement, the patient had significant relief of symptoms and resolution of all clinical stigmata (Fig. 1).

REFERENCES