

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.

How to cite this article: Bhargav PRK. Clinical Indicators of Surgical Thyroidectomy in Graves' Disease. *World J Endoc Surg* 2016;8(3):220.

Source of support: Nil

Conflict of interest: None

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



Fig. 1: Bilateral exophthalmos, diffuse goiter, and acropachy (inset showing digital clubbing)

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).

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