

Elaboration of an Optimal Scheme for the Use of Substitution Therapy for Diffusion Toxic and Endemic Goiter After the Thyroidectomy

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Annotation. As a result of research of 32 patients with a diffusion and toxic and multinodal goiter by which the total thyroidectomy is carried out, from early postoperative complications at 5 patients transient hypoparathyroidism was observed, and at 4 of them against application of preparations of calcium and vitamin D these signs completely regressed. The hypothyroidism was observed at all patients. Purpose of replacement therapy is an obligatory component in postoperative treatment of a diffusion and toxic and multinodal goiter and is carried out under strict supervision of an endosurgeon and the endocrinologist.

Keywords: diffusion toxic goiter, endemic goiter, thyroidectomy, substitution therapy, thyroid hormone

Goiter, being a marginal pathology of the entire Central Asian continent, is becoming increasingly important, despite the presence of a large arsenal of therapeutic and diagnostic measures [1, 2].

A considerable number of patients with various forms of the disease are admitted to surgical hospitals, often in their late stages, in which conservative therapy can no longer have a positive effect [4, 7].

At the same time, the problem of treating diffuse toxic and multinodular toxic goiter deserves special attention, in which one of the radical methods is surgical. Due to the presence of complications in this disease, it is often necessary to resort to total thyroidectomy, after which mandatory replacement therapy is prescribed [5, 6, 8]. The choice of the optimal method of replacement therapy depends on many reasons, in violation of which various pathological manifestations associated with hormonal changes may occur [3, 4, 6, 9].

Purpose of the study. Development of an optimal scheme for the use of replacement therapy after total thyroidectomy for diffuse toxic and multinodular toxic goiter.

Materials and research methods. For the period from 2011 year to 2021 year 64 patients with diffuse toxic and multinodular goiter who underwent total thyroidectomy were studied at the Department of Faculty and Hospital Surgery, Urology of the Bukhara State Medical Institute. The age of the patients varied from 27 to 53 years, including 12 men and 52 women. Multinodular goiter was diagnosed in 48 patients, toxic goiter in 16 patients. In the preoperative period, patients were treated in the endocrinological dispensary for thyrotoxicosis, and after normalization of the condition (euthyroidism), they were referred for surgical treatment. Patients with multinodular toxic goiter in the preoperative period underwent puncture biopsy with cytological examination, for the purpose of differential diagnosis with tumors.

Results. Of the early postoperative complications, transient hypoparathyroidism was observed in 10 patients, and in 8 of them, these signs completely regressed on the background of the use of calcium and vitamin D preparations. One patient, due to the ineffectiveness of conservative treatment, was sent to the Republican Scientific Center of Endocrinology, from where, after improving his condition, he was sent under the supervision of an endocrinologist at the place of residence.

Hypothyroidism was observed in all patients. The purpose of substitution therapy is to suppress the clinical signs of hypothyroidism and maintain a normal level of Thyroid hormone in the blood. Therapy was prescribed depending on the age, weight of patients, the presence or absence of cardiovascular diseases. Persons under 55 years of age without pathology of the cardiovascular system were prescribed levothyroxine sodium at a dose of 1.6-1.8 mg/kg per day. Persons over 55 years of age with existing concomitant pathology of the cardiovascular system - at a dose of 12.5-25 mcg (0.9 mcg / kg) per day, and under the control of Thyroid hormone in the blood every 2 months, the dose

the drug is increased to 25 mcg / day. During the next six months, patients are recommended to

undergo dynamic monitoring of the level of Thyroid hormone, T3, T4 in the blood once a month.

Conclusions. The appointment of replacement therapy is an essential component in the postoperative treatment of diffuse toxic and multinodular toxic goiter and is carried out under the strict supervision of an endosurgeon and endocrinologist;

The choice of the dose of the drug for replacement therapy after thyroidectomy depends on the sex, age, weight of the patient, as well as the presence of concomitant diseases from the cardiovascular system.

If clinical signs of hypothyroidism occur, persons over 55 years of age should increase the dose of the prescribed drug to 25 mcg / day every 2 months.

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