

Meeting abstract

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Hyperthyroidism in the elderly: surgical treatment

Andrea Venturoni¹, Vitantonio Mongelli¹, Gianfranco Amicucci¹ and Sergio Leardi^{*2}

Address: ¹Surgery Unit, University of L'Aquila, L'Aquila, Italy and ²Geriatric Surgery, University of L'Aquila, L'Aquila, Italy

* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A33 doi:10.1186/1471-2318-9-S1-A33

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A33>

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Background

Hyperthyroidism in elderly patients is not to be undervalued, since it is characterized in such an age range by particular clinical and prognostic features, surgery is the principal treatment of hyperthyroidism, even if therapy and percutaneous alcoholization may play an alternative role in some cases. However the surgical risk may be high in elderly because the presence of comorbidity. The aim of this study is to evaluate the early and later prognosis after surgical treatment of hyperthyroidism in geriatric patients.

Materials and methods

In the period between 1978–2008 out of 2167 patients surgically treated for thyroid disease on Surgery Unit of University of L'Aquila, 233 (10.7%) subjects presented hyperthyroidism: 46 were in geriatric age range (mean age 76 yr.; 37 females and 9 males). Thirty-three presented a Multinodular Toxic Goiter (71.7%), whereas 9 patients complained of Plummer Adenoma (19.6%); only 4 patients showed Graves-Basedow disease (8.7%). The records of patients were reviewed retrospectively in order to assess ASA index, clinical findings, indications and type of surgery, postoperative morbidity and mortality. Clinical and humoral follow-up was implemented to evaluate the prognosis at 6 and 12 months post treatment.

Results

As for ASA classification, there were 10 ASA I, 31 ASA II and 5 ASA III. Compression of digestive tract and/or respiratory airway represented a surgical indication in 22 patients (44.8%). 15 (32.6%) were operated due to pre-

dominant cardiac symptoms (tachycardia, atrial fibrillation). The remaining 9 patients (19.5%) were treated for the concomitance of atypical symptoms of hyperthyroidism. (restlessness, apathy, hypertension, anorexia, depression, loss of weight, perspiration). We performed 24 total thyroidectomy, 7 "near totally", 8 sub-total, 7 hemithyroidectomy in case of Plummer adenoma. Postoperative mortality was nihil; p.o. morbidity was 6.5% for medical conditions (pneumonia) and surgery-related (1 laryngeal recurrent paralysis and 1 hypoparathyroidism) in 6.5%. Post-operative follow-up, conducted at 6 and 12 months from the operation, showed regression of hyperthyroidism and regression or improvement of all clinical symptoms complained by the patient.

Conclusion

Surgical treatment seems to be the only immediate and definitive cure for hyperthyroidism. Geriatric age does not seem to be a surgical contraindication.