# BÖLÜM 7

# TİROİD FIRTINASI

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## GİRİŞ

Tiroid fırtınası, tirotoksikozun şiddetli klinik belirtileri ile karakterize, nadir görülen, yaşamı tehdit eden bir durumdur (1). Amerika Birleşik Devletleri (ABD) ve Japonya'dan yapılan araştırmalarda, tiroid fırtınası insidansı yılda 100.000 kişi başına sırasıyla 0,57-0,76 ve 0,20 ve yılda 100.000 hastaneye yatışında hasta başına 4,8 ile 5,6 idi (2-4). ABD'de yapılan bir araştırmada, tirotoksikozlu yatan hastaların % 16' sına tiroid fırtınası teşhisi konmuştur (4). Tiroid veya tiroid dışı cerrahi, travma, enfeksiyon, akut iyot yükü veya doğum gibi akut bir olayla tetiklenebilir. Tiroide yönelik spesifik tedaviye ek olarak, yoğun bakım ünitesinde (YBÜ) destekleyici tedavi ve herhangi bir tetikleyici faktörün tanınması ve tedavisi, tiroid fırtınasının mortalite oranı %10-30 olması nedeniyle oldukça önemlidir (2,5-8).

Uzun süredir tedavi edilmemiş hipertiroidizmi olan hastalarda (Graves hastalığı, toksik multinodüler guatr, soliter toksik adenom) tiroid fırtınası gelişebilmesine rağmen, sıklıkla tiroid veya tiroid dışı cerrahi, travma, enfeksiyon, akut iyot yükü gibi akut bir olay ya da amiodaron kullanımı, doğum gibi nedenlerle de tetiklenmektedir. Ek olarak, antitiroid ilaçların düzensiz kullanımı veya kesilmesi, tiroid fırtınasının yaygın olarak bildirilen bir tetikleyicisidir (2,3,5,8,9). Tiroid dışı cerrahi veya hipertiroidizm için tiroidektomi uygulanan hipertiroid hastalarının uygun preoperatif hazırlığının yapılması, cerrahi olarak indüklenen tiroid fırtınasının prevalansında dramatik bir azalmaya yol açmıştır (10).

Bazı faktörlerin neden tiroid fırtınasının gelişmesine neden olduğu açık değildir. Hipotezler, serum tiroid hormon seviyelerinde hızlı bir artış oranını, katekolaminlere artan tepkiyi veya tiroid hormonuna artan hücresel tepkileri içerir (1). Tiroid hormonu fazlalığının derecesi (tiroksin [T4] ve triiyodotironin [T3] yükselmesi, tiroid uyarıcı hormonun, TSH, baskılanması) tipik olarak kompli-

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üzerinde sitokinlerin direkt tirotoksik etkisi için hiçbir kanıt bulunmamaktadır (51,52).

Covid-19 vakaları hipotiroidizm, tirotoksikozis, non tiroidal sendromu içeren çeşitli tiroid hastalık oluşumlarını sunmuştur (53,54). Subakut tiroidit ve Graves hastalığının ilk fazı esnasında gözlenen tirotoksikozis Covid-19 nedenlidir (55,56). Bir başka çalışmada Covid-19'un Graves hastalığı gibi otoimmün hastalıkları tetikleyebileceği bulunmuştur. Tiroid fırtınasının önemi nedeniyle Covid-19 hastalarında bu durumu değerlendirmek gereklidir (53-56). Angela ve arkadaşları Covid-19'lu bir hastada Burch-Wartofsky kriterlerine göre tanımlanmış ilk dökümente edilmiş tiroid fırtınası vakasını sunmuşlardır (57). Sullivan ve arkadaşları geçmişte Graves hastalığı öyküsü bulunan 24 yaşındaki hastada Covid-19 ilişkili tiroid fırtınası olgusunu vaka raporu olarak sunmuşlardır (58).

## SONUÇ

Tiroid fırtınası, tirotoksikozun şiddetli klinik belirtileri ile karakterize, nadir görülen, yaşamı tehdit eden bir durumdur. Uzun süredir tedavi edilmemiş hipertiroidizmi olan hastalarda tiroid fırtınası gelişebilmesine rağmen, sıklıkla tiroid veya tiroid dışı cerrahi, travma, enfeksiyon, akut iyot yükü gibi akut bir olay ya da amiodaron kullanımı, doğum gibi nedenler ve ek olarak antitiroid ilaçların düzensiz kullanımı veya kesilmesi, tiroid fırtınasının yaygın olarak bildirilen bir tetikleyicisidir.

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