12. BÖLÜM

TOKSİK MULTİNODÜLER GUATR VAKASINA YAKLAŞIM

Çiğdem ÖZDEMİR[1]

GİRİŞ

Tirotoksikoz, dokularda yüksek tiroid hormon etkisinden kaynaklanan klinik bir durumu tarifler. Hipertirodi ise tiroid dokusu tarafından tiroid hormon sentez ve sekresyon fazlalığına bağlı bir tirotoksikoz formudur[1].

Hipertiroidiye neden olan çeşitli hastalıklar mevcut olup, doğru tedavi yapılabilmesi, nedenin doğru belirlenmesine bağlıdır[2].Toksik nodü ler guatr, Henry Plummer tarafından 1913 yılında tariflenmiş, tek aktif nodülden (Toksik Adenom, TA), tiroid bezinin farklı alanlarında hiperfonksiyone çok sayıda nodülü (Toksik Multinodüler Guatr, TMNG) kapsayan bir spektrum içerir[3].TA ve MNG,fonksiyonel kapasitesi TSH regülasyonundan bağımsız tiroid folikül hücrelerinin fokal ve/ya diffüz hiperplazisi sonucu oluşur. Sık replike olan klonajenik hücrelerden zaman içinde TSH reseptörlerinde somatik aktive edici mutasyonlara bağlı noduller gelişir[4,5].

Tiroid hormonunun sellüler etkileri aktif tiroid hormonu formu olan T3 (triiyodotironin) tarafından düzenlenir. Tiroid hormonu nerdeyse her organ ve doku sistemini etkilediği için, hipertiroidi belirtileri çeşitlilik gösterebilir[1]. Yaşlı hastalarda tipik semptomlardan ziyade depresyon, yorgunluk,kilo kaybı gibi bulgular daha ön planda olup, güçsüzlük ve asteni dışında semptom görülmeyen 'apatetik tirotoksikoz' fenomeni görülebilir[6,7].Bazen hastalarda hiç veya çok az klinik hipertiroidi bulguları olup sadece laboratuvar anormalliği olarak düşük TSH değeri saptanır ki bu duruma subklinik hipertiroidi adı verilir[7].

Tirotoksikoz şüphesinde serum TSH ölçümü en yüksek sensitivite ve spesifiteye sahip ve ilk başlangıçta tarama amaçlı yapılması gereken testtir[8]. Tirotoksikoz şüphesi güçlü olup;serum TSH, serbest T4 (fT4) ,T3 birlikte kullanıldığında tanısal doğruluk artar.Aşikar hipertiroidide serum fT4,T3 veya ikisi birden yükselmiş ve serum TSH ise subnormal düzeydedir (genellikle <0.01m U/L 3.jenerasyon ölçüm kitleri ile). Subklinik hipertiroidide subnormal TSH düzeyi ile beraber normal fT4 ve normal total T3 veya fT3 görülür. Hafif hipertiroidide serum T4 değerleri normal iken sadece serum T3 yükselmiş ve serum TSH düşük veya saptanamayacak kadar baskılanmış olabilir. Bu durum 'T3-toksikozis' olarak adlandılıp otonom fonksiyone tiroid nodülü nedeniyle oluşan erken hipertiroidi safhasını yansıtıyor olabilir[1].

Toksik MNG'de klasik klinik prezentasyon fizik muayenede palpabl nodüler guatrı olan veya tiro-

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alınarak cerrahi için uygun olmadığı düşünüldü. Hastada başlanmış olan tiyonamid ve betabloker tedavinin devam edilmesine karar verildi, ötiroid olduktan sonra beta blokaj kesilip, metimazol yarı doza inildi, iyot yasağı konusunda da hasta bilgilendirildi.

Hastanın bası oluşturan nodül tipi pür kistik olmayıp mix karakterde olduğu için, ikinci kez TIIAB yapılıp, benign olduğu teyit edildikten sonra hasta da kabul ederse ehil ellerde perkutan etanol enjeksiyonu uygulaması ve RFA tedavi ilerleyen zamanda düşünülebilir.

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