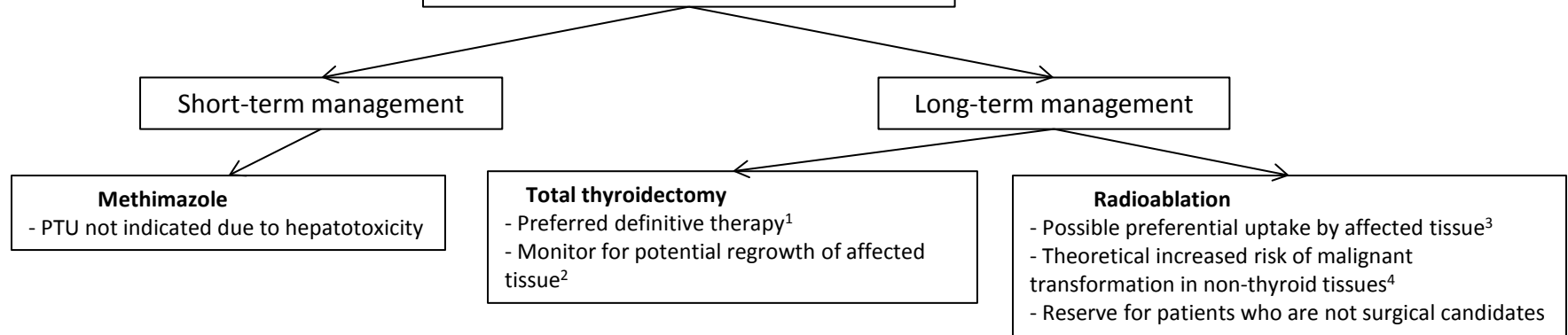


Hyperthyroidism Management



¹Total thyroidectomy is preferred over subtotal as any remaining abnormal tissue has the potential to regrow, with recurrence of hyperthyroidism. Accordingly, radioactive iodine uptake scan will not alter management and is not part of routine pre-operative care. ²After thyroidectomy patients should continue to be monitored with yearly physical exam and thyroid US. ³Preferential uptake of radioactive iodine by diseased tissue may lead to a theoretical increased risk of thyroid cancer in the remaining unaffected tissue. ⁴G_sα mutations carry a slight increased risk of malignant transformation in both thyroid and non-thyroidal tissues, which may be increased by radiation exposure.

References

- Celi FS, Coppotelli G, Chidakel A, Kelly M, Brillante BA, Shawker T, Cherman N, Feuillan PP, Collins MT. The role of type-1 and type-2 5'deiodinase in the pathophysiology of the T3 toxicosis of McCune-Albright syndrome. J Clin Endocrinol Metab. 2008.
- Collins MT, Sarlis NJ, Merino MJ, Monroe J, Crawford SE, Krakoff JA, Guthrie LC, Bonat S, Robey PG, Shenker A. Thyroid carcinoma in the McCune-Albright syndrome: contributory role of activating Gs alpha mutations. J Clin Endocrinol Metab. 2003.
- Tessarì D, Corrias A, Matarazzo P, De Sanctis L, Wasniewska M, Messina MF, Vigone MC, Lala R. Thyroid abnormalities in children and adolescents with McCune-Albright syndrome. Horm Res Paediatr. 2012.

Legend

PTU = propylthiouracil; T3 = triiodothyronine; US = ultrasound