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1 A 54-year-old woman presented with giant struma ,
hyperthyroidism of unknown duration , palpitations and dyspnoea .

2 The ECG showed tachycardia atrial fibrillation .

3 Echocardiography revealed dilatation of the left ventricle , highly
reduced systolic function and diffuse hypokinesia .

4 Serum thyroid stimulating hormone -LRB- TSH -RRB- levels were less than
0.03 IU/ml -LRB- physiological range 0.554.78 IU /
ml -LRB- , free triiodothyronine -LRB- fT3 -RRB- was 7.32 pg/ml -LRB- 2.304.20
pg/ml -LRB- and free thyroxine -LRB- fT4 -RRB- amounted to Fig .

5 1 Turbo field-echo -LRB- TFE -RRB- inversion recovery -LRB- IR -RRB-
sequences in vertical -LRB- a -RRB- and horizontal -LRB- b -RRB-
long axis 10 min after intravenous gadolinium-based contrast agent administration :
the healthy basal and midventricular myocardium shows no prolonged
gadolinium retention and is depicted in black -LRB- arrowheads -RRB- ,
whereas the transmural scar in the apical segments
retains the gadolinium and has a bright appearance -LRB- arrows
-RRB- .

6 Auxiliary finding of bilateral pleural effusions -LRB- asterisk -RRB-