



Reversible thyrotoxicosis-induced cardiomyopathy: a clinical case

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Abstract

The purpose of this interesting case is to present a case of cardiomyopathy caused by Graves thyrotoxicosis. This is the case of a 25-year-old man with severe symptomatic congestive heart failure, who was subsequently diagnosed with dilated cardiomyopathy, secondary to Graves' disease. Despite the fraction of systolic ejection of the left ventricle of 11% on echocardiography, treatment with antithyroid drugs led to a rapid improvement in its clinical status and normalization of the ejection fraction. The proposed mechanisms underlying the development of systolic dysfunction in thyrotoxicosis are discussed, and literature on similar cases reported earlier is also highlighted. Cardiomyopathy should be considered even in young patients with Graves thyrotoxicosis. As far as we know, this is the youngest patient in the literature who has dilated cardiomyopathy caused by Graves thyrotoxicosis.

Conclusion: The diagnosis of cardiomyopathy secondary to Graves hyperthyroidism should be considered in any patient, regardless of age, with clinical manifestations of cardiomyopathy of unknown etiology. Evaluation of the state of thyroid hormones in patients with heart failure may reveal patients with dilated cardiomyopathy and thyrotoxicosis who may have reversible heart failure, which certainly optimizes the treatment of this cohort of patients.

Biography

The diagnosis of cardiomyopathy secondary to Graves hyperthyroidism should be considered in any patient, regardless of age, with clinical manifestations of cardiomyopathy of unknown etiology. Evaluation of the state of thyroid hormones in patients with heart failure may reveal patients with dilated cardiomyopathy and thyrotoxicosis who may have reversible heart failure, which certainly optimizes the treatment of this cohort of patients.

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