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[Hormone replacement therapy after total thyroidectomy. Can the combined treatment be considered effective to get metabolic adequacy? Preliminary results].

[Article in Italian]

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Abstract

INTRODUCTION:

Even if T4 is standard treatment for hypothyroidism after thyroidectomy, **a treatment with T4 plus T3 has been proposed as an alternative reproducing carefully the physiology of the thyroid.** We performed an observational study about the effects of the combined replacement therapy with T4 and T3 in patients who underwent total thyroidectomy.

PATIENTS AND METHODS:

Fifty thyroidectomized patients (not for cancer), in T4 replacement therapy, were included in the study. Such a therapy has been changed by administering T3 and T4 in proportion 1/16. Adverse effects, clinical parameters and general health perceptions (SF36 Questionnaire) have been considered at the time of enrollment (T0), after 30 days (T1) and after 60 days (T2).

RESULTS:

No differences in weight, cardiac frequency and blood pressure have been found between T0 and T2. A not statistically significant reduction has been found in total cholesterol (3 mg/dL) and triglycerides (3.29 mg/dL) levels. **A reduction of complaints referred by the patients at T0 has been revealed in T2: anxiety from 21 to 13 patients; headache from 22 to 13; tiredness from 17 to 8 ($p<0.05$); sleepiness from 25 to 15 ($p<0.05$).** About the questionnaire, in the General Health Perception sub-score has been found a not significant increase of the parameter.

DISCUSSION AND CONCLUSIONS:

T4 replacement therapy is of proved efficacy, notwithstanding some complaints afflict a share of patients. **To improve the quality of life of these patients, we consider relevant the reduction of complaints and the improvement of well-being and cognitive function obtained by the combined T4 and T3 treatment. Moreover, even if the production of T3 from T4 usually ensures euthyroidism in all tissues, contemporary pathologies and alterations determined by the oldness can disturb the enzymatic activity, which is the essential requirement of T4 therapy.** These preliminary findings in a small group of patients encourage further studies on a larger patient population