

Clinical Images

An Old Lady with Shortness of Breath

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A 55 years old normotensive lady presented with progressive shortness of breath and palpitation for 2 months, orthopnoea and dry cough for the last 7 days. Physical examination revealed her pulse rate was 112 bpm, in atrial fibrillation, a systolic flow murmur all over precordium. and bilateral basal crackles. No thyroid swelling was present in front of her neck. On routine chest X ray a homogenous opacity in right upper and mid zone was present (Fig.-1), revealing the



Fig - 1: Showing a dense homogenous opacity in right upper and mid zone.

possibility of retrosternal goiter. Her thyroid hormone profile showed features of hyperthyroidism (TSH < .04 mIU/L, FT₄- 210 nmol/l, FT₃- 7 nmol/l). Thyroid scan could not be done as patient declined to perform any further investigations.

After a short period of antithyroid therapy and optimized treatment of heart failure, her symptoms improved significantly. Congestive heart failure has been noted in only 6% of patients with hyperthyroidism.^{1,2} Heart failure can occur without any underlying organic heart disease in these patients, solely caused by atrial fibrillation. Underlying mechanism may be due to a decline in myocardial contractility, left ventricular ejection fraction and an increase in ventricular dimensions.³ Systolic dysfunction in these patients usually reversible once a euthyroid state is reestablished but is not a rule.³

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