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Thyroid surgery-Pre and postoperative care address

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Iatrogenic injury to recurrent laryngeal nerve in Thyroid surgery is an important complication. In Thyroid cancer surgery this complication is much more common. When it occurs, at the time of surgery what should we do and at the end of operation what should be done in exudation period? When we receive TVC paralysis with the history of Thyroid surgery and breathiness after that, we do direct laryngoscopy with evaluation of vocal fold movement. If we find unilateral paralysis with complain of breathiness or aspiration we do medicalization thyroplasty when the patients are sedated or augmentation of vocal cord under general anesthesia directly in the TVC. We have many images or video from this procedure with outcome of such intervention.

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Chrono-biological Hypothalamic–Pituitary–Thyroid axis status and anti-depressant outcome in major depression

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Background: The difference between 11 PM and 8 AM TSH response to TRH tests on the same day (ΔΔTSH test) is an improved measure in detecting hypothalamic-pituitary-Thyroid (HPT) axis dysregulation in depression. This chrono-biological index (1) is reduced in about three quarters of major depressed inpatients and (2) is normalized after successful antidepressant treatment.

Methods: In this present study, the ΔΔTSH test was performed in 50 drug-free DSM-IV euThyroid major depressed inpatients and 50 hospitalized controls. After 2 weeks of antidepressant treatment, the ΔΔTSH test was repeated in all inpatients. Antidepressant response was evaluated after 6 weeks of treatment.

Results: At baseline, ΔΔTSH values were significantly lower in patients compared to controls and 38 patients (76%) showed reduced ΔΔTSH values (i.e., <2.5 mU/L). After two weeks of anti-depressant treatment, 20 patients showed ΔΔTSH normalization (among them 18 were subsequent remitters), while 18 patients did not normalize their ΔΔTSH (among them 15 were non-remitters) ($p<0.00001$). Among the 12 patients who had normal ΔΔTSH values at baseline, 8 out 9 who had still normal values after 2 weeks of treatment were remitters, while the 3 with worsening HPT axis function (i.e., reduced ΔΔTSH value after 2 weeks of treatment) were non-remitters ($p<0.02$). A logistic regression analysis revealed that ΔΔTSH levels after 2 weeks of treatment could predict the probability of remission.

Conclusions: Our results suggest that (1) chrono-biological restoration of the HPT axis activity precedes clinical remission and (2) altered HPT axis function after 2 weeks of anti-depressant is associated with treatment resistance.

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