

fraction. This manifested as impaired left ventricular function, dilation in all cardiac chambers and valvular regurgitations possibly complicated by a late diagnosis of long-standing autoimmune hyperthyroidism. In conclusion, early detection of autoimmune hyperthyroidism is imperative, considering the characteristic symptoms. The presence of anti-TPO antibodies and myxedema, typically associated with Hashimoto's thyroiditis, adds diagnostic intricacy. Notably, this presentation can also occur in Graves' disease where severe heart failure with myxedema becomes a complication of long-standing hyperthyroidism. This highlights the crucial role of vigilant clinical suspicion, recognizing diverse manifestations, and swift diagnosis of hyperthyroidism, emphasizing the need for interdisciplinary collaboration in addressing complex clinical scenarios.

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Experience of using tocilizumab for the treatment of glucocorticoid-resistant graves orbitopathy

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Objective

to evaluate the efficacy of tocilizumab (TZM) in the treatment of glucocorticoid-resistant Grave's orbitopathy (GO).

Materials and Methods

3 patients with GO on the background of compensated Graves' disease were observed. Treatment of GO was initiated with methylprednisolone (total doses of 8, 000-13, 1 mg) without significant clinical effect with a CAS of 4 points. After that TZM was administered three times intravenously once a month at a dose of 8 mg/kg.

Results

The table shows the results of the initial CAS values (1) and the results of the examination 1 month after the end of therapy (2). We registered decrease of GO severity: reduction of proptosis, ophthalmotonus depletion and involution of thickness of oculomotor muscles. All patients noted a significant improvement in their quality of life, but 2 patients had minor leukopenia.

Conclusion

TZM has been shown to be effective in reducing CAS in patients with glucocorticoid-resistant GO, so it can be used to reduce the inflammatory process and severity in patients with GO.

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