

QUALITY OF LIFE BEFORE AND AFTER OPERATION IN PATIENTS WITH DIFFUSE TOXIC GOITER

Rakhmonov A.K.

Aliboev M.R.

Soliev B.O.

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Relevance of the problem: By the main criteria for the effectiveness of treatment of thyrotoxicosis, most researchers mean the elimination of thyrotoxicosis and the achievement of immunological remission. However, according to domestic and foreign literature in recent years, many scientists consider quality of life (QOL) to be the most reliable and sensitive criterion for assessing the results and effectiveness of therapy. Disability is measured by assessing the patient's behavior as he performs specific actions in specific situations under certain conditions and is an important indicator that contributes to the understanding of the relationship between damage, the disease process and its outcome. In recent years, the concept of "health-related quality of life (QOL)" has been increasingly used, which is considered as a holistic characteristic of the physical, mental, emotional and social state of the patient, based on his subjective perception.

Purpose of the study: To study the long-term results of surgical treatment of DTG, taking into account the quality of life.

Material and research methods: In order to study the quality of life before and in the postoperative period, a study was conducted using a method developed on the basis of the Department of the III Surgical Department of the ASMI Clinic, with the calculation of the so-called quality of life index (QOL) of the III Surgical Department of the ASMI Clinic, which allows us to study how the overall level of quality of life and its individual components. To determine only the general level of quality of life and as an express method, we used a linear analogue scale (LAS).

The questionnaire included two modules: universal and specific (28 and 12 questions, respectively). Answers to questions in the universal module provided insight into the patient's functional ability and perceptions. Functional ability refers to physical activity, daily activities, social connections, sexual and emotional functions, intellectual activity, and economic security. Perception questions allowed patients to obtain responses regarding their health status, level of general well-being, life satisfaction, and the impact of the treatment on their lives. The universal module included questions designed to assess those components of quality of life that are common to patients with a wide variety of pathologies.

The specific module included questions regarding the impact of the underlying disease on the patient and the consequences of surgical treatment.

The total number of questions included in the questionnaire was 40. The hypothetically possible range of the final score can range from 0 to 160. The level of quality of life is directly dependent on the score.

The share of the triad of questions was: "functional activity" - 25 (62.5%) questions, "perception" - 3 (7.5%) questions, "specific questions" on the symptoms of the disease - 12 (30%), which corresponds to generally accepted standards for questionnaire design.

Results of the study: When studying the long-term results of surgical treatment of 363 patients on the basis of III surgery with diffuse toxic goiter (DTZ), 67 patients of whom underwent

operations according to O.V. Nikolaev with the traditional method of subtotal subfascial strumectomy (TMSSS - the remaining stump up to 4 g., 1st group), in 38 patients - subtotal subfascial strumectomy with intraoperative autotransplantation of thyroid tissue (SSSISTTC - remaining stump up to 0.5-1 year and with autotransplantation up to 1.5-2 years, 2nd group), and in 258 patients using the improved technique of the Clinic for subtotal subfascial resection of the thyroid gland (MSSRTC - the remaining stump up to 2 years, group 3), that the outcome after TMSSS surgery in 85.1% (d=57) of cases is euthyroidism, in 4.5% (d=3) - hypothyroidism and 10.4% (d=7) - relapse of thyrotoxicosis. After surgery, SSSIOATCH in 86.9% (d=33) of cases there is euthyroidism, in 10.5% (d=4) - hypothyroidism and in 2.6% (d=1) - relapse of thyrotoxicosis. And after the operation of MKSSR thyroid gland in 86.5% (d=223) of cases there is euthyroidism, in 12.4% (d=32) - hypothyroidism and in 1.1% (d=3) - relapse of thyrotoxicosis. Some patients who underwent SSSIATTC and MCSSRTC achieved hypothyroidism. The risk factor for the most unfavorable outcome of surgical treatment of thyrotoxicosis - relapse of thyrotoxicosis - is a low TSH level (less than 0.6 mmol/l) before surgery. One patient experienced postoperative tracheomalacia after TMSSS. The patient was immediately given a temporary tracheostomy. After the breathing condition improved, the tube was removed on the 3rd day. Permanent hypoparathyroidism was not observed in all patients. In order to study the effect of surgical treatment of DTG on quality of life, we interviewed patients at the preoperative stage. It was revealed that the disease had a negative impact on many aspects of QoL. On average, the IQL of patients before surgery was only 104.8 ± 11.6 points. The lowest values among all components of QoL (less than 60% of the maximum possible value) registered stratified when the patient assessed the conservative treatment performed (45%) and his own health (52.5%), as well as his economic condition (58.7%). Almost equally low QoL was in the following indicators: physical condition (60.3%), emotional function (63.4%), intellectual function (66.8%), maintaining social contacts (67.5%), sexual function (68%). Less pronounced changes (74.5%) were found in the manifestation of symptoms of the disease. The value of such QoL indicators as physical condition, emotional function, intellectual function, social function, economic status and perception of one's health and well-being in patients before surgery was statistically significantly different from the value of the corresponding QoL components in healthy individuals ($p < 0.001$).

Conclusion: Despite the absence of significant differences in quality of life indicators in the 1st and 2nd groups of patients, TMSSS for DTG leads to different results (recurrence of thyrotoxicosis, often postoperative hypothyroidism and very rarely to the preservation of persistent euthyroidism) and the same as SSSIOATCH. risk of postoperative complications. At the same time, postoperative hypothyroidism is the only clinically predictable outcome of surgical treatment of DTG, which is quite easily compensated for by L-thyroxine preparations and does not lead to a decrease in the quality of life of patients. It is also necessary to take into account the pathogenetic features of the onset of the disease: with TMSSS, in fact, the body remains a "target" for antithyroid antibodies produced by cells of the immune system. Therefore, the optimal volume of surgical intervention for DTG should probably be recognized as MCSRS.

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