

ABSTRACT

INTRODUCTION

Thyroid gland dysfunction profoundly impacts the body's hemodynamics, leading to significant changes in cardiac output, blood pressure, and pulmonary vascular resistance. Notably, hyperthyroidism is a reversible trigger for pulmonary hypertension, and correcting the underlying hormonal imbalance leads to improved cardiovascular outcomes and symptom relief. Thyroid disorders frequently affect the cardiovascular system, with a recent rise in reports of thyrotoxicosis-related pulmonary hypertension.

CASE REPRESENTATION

We present a case of 60y old male, previously unevaluated presenting with progressively worsening exertional dyspnea associated with atypical chest pain and palpitations. On examination he had exophthalmos and proptosis with diffuse non-tender goitre, suggestive of thyrotoxicosis and bilateral pitting oedema of the lower limbs and elevated JVP, suggestive of right heart failure. Cardiac auscultation revealed features of severe pulmonary hypertension. Transthoracic echocardiogram revealed severe pulmonary hypertension with right heart failure. Commencement of anti-thyroid treatment markedly improved his symptoms with resolution of the pulmonary hypertension.

CONCLUSION

This case emphasizes the significance of recognizing thyrotoxicosis as a potential trigger for pulmonary hypertension, a condition that can be entirely resolved when a euthyroid state is achieved.