**Hyperthyroidism Management**

**Short-term management**

- **Methimazole**
  - PTU not indicated due to hepatotoxicity

**Long-term management**

- **Total thyroidectomy**
  - Preferred definitive therapy\(^1\)
  - Monitor for potential regrowth of affected tissue\(^2\)

- **Radioablation**
  - Possible preferential uptake by affected tissue\(^3\)
  - Theoretical increased risk of malignant transformation in non-thyroid tissues\(^4\)
  - Reserve for patients who are not surgical candidates

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\(^1\)Total thyroidectomy is preferred over subtotal as any remaining abnormal tissue has the potential to regrow, with recurrence of hyperthyroidism. Accordingly, radioactive iodine uptake scan will not alter management and is not part of routine pre-operative care. \(^2\)After thyroidectomy patients should continue to be monitored with yearly physical exam and thyroid US. \(^3\)Preferential uptake of radioactive iodine by diseased tissue may lead to a theoretical increased risk of thyroid cancer in the remaining unaffected tissue. \(^4\)Gs\(\alpha\) mutations carry a slight increased risk of malignant transformation in both thyroid and non-thyroidal tissues, which may be increased by radiation exposure.

**References**


**Legend**

PTU = propylthiouracil; T3 = triiodothyronine; US = ultrasound