

Perioperative Assessment Guidelines and Thyroid Disease

Laura Sterian Ward

Faculdade de Ciências Médicas da Unicamp, Campinas, SP, Brazil

Dear Editor,

We read with great interest the guidelines published by the Brazilian Archives of Cardiology. The publication of norms, consensuses, and guidelines, in addition to the NSA, AMB-CFM guidelines is important for the specialty and, undoubtedly, Cardiology excels in providing an important source of reference on various subjects in everyday clinical practice.

The recent publication about the perioperative assessment of patients fits very well into these practical issues and offers valuable and well prepared information, based on the most recent literature¹. Unfortunately, the passage on thyroid disease does not follow the high standards of the rest of the publication. In addition to citing old data and the absolute lack of familiarity with the subject, Chapter 9.1 has gross errors that can lead the reader to reach false conclusions and to take inadequate measures.

Hence, it lacks the reference to the first sentence, in which the authors state that the incidence of goiter is 15% to 30% of the adult population in endemic areas. Perhaps the appropriate reference refers to the aborigines of Malaysia or remote regions in Central Asia or Africa. Nevertheless, endemic goiter in Brazil has been very limited for several decades, thanks to the introduction of iodized salt, and there are no data that might support this introductory assertion by the authors of the

guideline². Shortly later, the article also mentions an estimated prevalence of hypothyroidism as five cases per 1,000 patients, once again without providing any reference. We assume that the authors meant five cases of hypothyroidism for every thousand individuals. Two large population studies have been published in Brazil and both showed that the prevalence of TSH abnormalities was around 10% of the population, a figure that is similar to the large North-American population studies³⁻⁶.

This prevalence is two-fold higher in the population of women over 60 years³. However, more serious than citing incorrect numbers is the assertion that the most frequent cause of hypothyroidism is iatrogenic, a statement that demonstrates a total lack of knowledge by the authors, also reflected in many other parts of the text, which quotation would be too long and even more inelegant.

The ANS, AMB/CFM guidelines include in their design, many experts involved in the same area, precisely to avoid such errors or misunderstandings, as the ones mentioned. Perhaps the Brazilian Society of Cardiology should follow such conduct when preparing its guidelines, as, inevitably, issues involving other medical specialties will eventually be addressed in this initiative that we praise and hope will be maintained.

Keywords

Thyroid diseases; guidelines.

Mailing Address: Laura Sterian Ward •

Rua Olympio Pattaro, 45 - Barão Geraldo - 13085-045 – Campinas, SP, Brazil
E-mail: ward@fcm.unicamp.br

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Reply

Dear Dr. Laura S. Ward,

Thank you for your interest and your valuable comments on the II Perioperative Assessment Guidelines of the Brazilian Society of Cardiology (SBC). In response to your suggestion on the composition of the members responsible for drafting the Guidelines, we agree entirely. The preparation of recommendations involving many medical and nonmedical specialties should be a joint effort. This fact is shown in the list of authors: five areas of medical expertise and one in dentistry were contemplated in the

first draft and six areas of Medicine in the second version, in both cases including Endocrinology.

The considerations concerning epidemiological data and the etiology of endocrine diseases are relevant and should be taken into account in making recommendations for medical practice, the primary objective of this guideline. On the other hand, the opinion of the editors on the present guideline is that these considerations do not change the content of the recommendations found in the text.

Bruno Caramelli

Danielle M. Gualandro