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Thyrotoxicosis is the state in which thyroid hormones are excessively produced. Thyrotoxicosis, also known as a thyroid storm, is an uncommon but serious disorder that requires medical intervention right away, ideally in an intensive care unit. It occurs in patients with overt hyperthyroidism at a rate of 1-2% [1]. It is a severe, perhaps deadly side effect of having an overactive thyroid. Possibly it is an exaggerated presentation of hyperthyroidism. There is a sudden multisystem involvement with it. Despite recent breakthroughs in its treatment and supportive measures, thyroid storm mortality is still thought to range from 8 to 25%. Thus, it is crucial to identify it early and begin vigorous

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Thyrotoxic myopathy is characterized by muscle weakness, proximal muscle wasting, fatigue, and heat intolerance. The core muscles are those of the pelvic girdle and shoulder, with infrequent complicity of the bulbar and oropharyngeal muscles, resulting in swallowing and respiratory difficulties. The weakness is usually substantial to the degree of objective muscle wasting, with normal or hyperactive deep tendon reflexes [13].

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Conclusion: According to research, hyperthyroidism increases the risk of thromboembolic events. There is no agreement on when to start anticoagulation for atrial fibrillation in severe thyrotoxicosis. Anticoagulation is not routinely started if the risk on a CHADS2 score is low; however, it's worthwhile to be considered for those with thyroid storm or severe thyrotoxicosis with the impending storm, regardless of CHADS2 risk, because it appears to increase the risk of thromboembolic episodes [14].

- Cardiovascular collapse
- Cardiomyopathy [15]
- Death



Antithyroid medications and radioactive iodine are the treatment for hyperthyroidism [16]. The primary therapeutic option for thyrotoxicosis/hyperthyroidism is medical treatment. For therapeutic purposes, two types of thyrotoxicosis must be considered: thyrotoxicosis with hyperthyroidism and thyrotoxicosis without hyperthyroidism. Conventional therapies include beta-blockers, antithyroid drugs [ATDs], corticosteroids, inorganic iodide, perchlorate, cholecystographic agents, lithium, and cholestyramine [17]. Surgical intervention ought to be considered in cases of extreme goiter, severe ophthalmopathy, pregnancy, persistent hyperthyroidism despite antithyroid medication and radioactive iodine treatment, and individual preferences [18]. Potassium perchlorate can also be used as a treatment for thyrotoxicosis [19] or combined with propylthiouracil. Beta-blockers such as propranolol are given to treat thyroid hormone excess effects in peripheral tissues [20,21].

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Not applicable.

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Author declares no conflict of interest.

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