MEDICAL HISTORY

- 30 y.o. female
- PMH: Cholelithiasis
- PSH: Appendectomy
- SH:
  - Tobacco 1ppw, quit in October when she became pregnant
- FH:
  - Mother Graves’, Aunt takes synthroid
HPI

• Pregnant in October 2011
  — Threatened abortion with bleeding

• Labs
  — T4: 14.4, T3: 282, TSH: <0.03, TPO Ab: 85, Anti Tg Ab: <20

• US
  — Diffusely enlarged thyroid 5.5 cm both sides
  — 1.1 cm nodule in LL pole
HPI

- Started PTU at 8 weeks gestation
- Developed whole body rash, quarter size spots
- Continued taking the PTU for 4 weeks without telling her physician
- Stopped PTU, then tried to restart it, but rash quickly returned
- Was started on Lugol’s then sent for surgical consult
HOSPITAL COURSE

• Scheduled for total/subtotal TTX at 19 weeks
• Two parathyroid seen, otherwise routine parathyroidectomy
• Post-op significant pain
  – Discharged POD 3
• Transient hypocalcemia
  – Post op PTH 14, Calcium 7.4
PATHOLOGY

• 7 mm focus of PTC
• pT1a, N0, Mx
QUESTIONS

• How to prepare pregnant pt. for OR for Graves’
  – PTU, Methimazole?, SSKI
  – Beta blockers relative contraindication

• How to distinguish Graves’ from toxic nodule during pregnancy?

• How to manage thyroid hormone replacement post-op?
QUESTIONS

- Left lower thyroid nodule not seen in final path specimen
- Right PTC 7 mm in size
- RAI?