Updates on Two Interesting Cases: Case 1

Lindsay Bromley, MD
June 14th, 2012
58 y/o with b/l eye swelling and pain

- 58y/o AA F with c/o b/l eyelid swelling, blurred vision, and posterior eye pain of 6 months duration
- Also c/o altered appearance, fatigue, “hot flashes”, diaphoresis, difficulty sleeping, palpitations, and hair loss
- H/o Graves disease in 1980, put into remission with Tapazole, followed by hypothyroidism, treated with Synthroid x 2 years
- 6 months ago current symptoms began, started decreasing Synthroid dose
- CT orbits showing b/l exophthalmos, more prominent on the R
- Ophthalmology treated with Prednisone 5mg PO daily x 2 weeks (7/09), without improvement
• PMHx
  – **Graves disease**
    • Dx’d 1980, remission
  – **Hypothyroidism**
    • dx’d 2 years ago
  – HTN
  – HL
  – GERD
  – Chronic back/neck pain
• Meds
  – **Synthroid** – d/c’d 5/09
  – Coreg 3.125mg PO BID
  – Hyzaar 50/12.5mg PO daily
  – Crestor 10mg PO qhs
  – Cyclobenzaprine 10mg PO TID prn
  – Allegra 180mg PO daily
  – Protonix 40mg PO daily
• Allergies
  – Sulfa – swelling, itching
  – Seasonal
• SocHx
  – Divorced
  – Minister in Methodist Church
  – Denies tobacco, EtOH, IVDU
• FamHx
  – Sister: Colon Cancer
  – Mother: Breast Cancer
  – MGM: unknown thyroid disease
  – HTN in family
Physical Exam

- VS: BP 113/64 mm Hg, HR 76 bpm, Ht 167.6cm, Wt 82 kg, BMI: 29.2
- Gen: overweight woman, mild anxiety
- HEENT: + stare, + proptosis, exophthalmometer R 22, L 20 at distance 105, 1+ redness to sclera, no tearing, thyroid non-palpable, no discrete nodules, no LAD
- Pulm: CTA b/l without wheeze
- CV: RRR, nl S1, S2, no murmurs appreciated
- Abd: soft, NT, ND, NABS
- Ext: trace edema to ankles b/l, normal muscle strength 5/5 throughout
- Skin: warm, moist, soft. **Wearing wig due to diffuse scalp hair loss**
- Neuro: nl DTR to patellar and biceps tendons, slight tremor of hands
Laboratory Data

- CBC wnl
- CMP wnl

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<th>12/18/07</th>
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<th>10/30/08</th>
<th>5/22/09</th>
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<tr>
<td>TSH 90.603</td>
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<td>1.507</td>
<td>0.009</td>
<td>0.05 (0.30-4.20)</td>
<td>0.09</td>
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<tr>
<td>FT4 0.39 (0.61-1.76)</td>
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Synthroid dose
- 75mcg
- 75mcg
- taper down, dose unknown
- stopped
- off

Thyroglobulin Ab: 133 (<4.0)
TPO Ab 463.7 (<9.0)
Thyroid Uptake and Scan and US 9/09

- 24-hour uptake 27% (10-35%), focal increased uptake in lower pole of R lobe. Consider toxic nodule.

- R lobe measures 3.6 x 1.3 x 1.5cm. Heterogeneous in echotexture, no obvious lesions seen

- L lobe measures 2.9 x 0.7 x 0.7cm. Heterogeneous, no obvious lesions
Impression

• Mild recurrence of Graves’ Disease

• Alternation between hypo- and hyperthyroidism felt to be secondary to presence of stimulating and blocking TSHR Abs
Follow Up

- Started Methimazole 20mg PO daily
  - 4 weeks later TSH 42
  - Improvement in eye symptoms, but continued fatigue, weakness
- Decreased to Methimazole 5mg PO daily
  - 8 weeks later, TSH 26
  - Weakness and fatigue continue, now with cold intolerance and constipation
- Decreased Methimazole to 2.5mg PO daily
Follow up

• Patient interested in definitive therapy
  ‒ Due to exophthalmos, recommended thyroidectomy rather than ablation
• Post-surgical hypothyroidism
• Stable on 100mcg Synthroid PO daily
  ‒ TSH stable between 1.00 and 1.40
• Appearance returned to normal, fatigue and weakness resolved
• Returned to ministering for her congregation