



# Updates on Two Interesting Cases: Case 1

Lindsay Bromley, MD

June 14<sup>th</sup>, 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

Thyroglobulin Ab: 133 (<4.0)

TPO Ab 463.7 (<9.0)

	12/18/07	1/24/08	10/30/08	5/22/09	7/22/09
TSH	90.603 (0.350- 5.500)	1.507	0.009	0.05 (0.30- 4.20)	0.09
FT4	0.39 (0.61- 1.76)				

Synthroid dose	75mcg	75mcg	taper down, dose unknown	stopped	off
----------------	-------	-------	-----------------------------	---------	-----

# 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