

Hashimoto's Thyroiditis Presented with Pain and Fever

Hasan ERGENC¹, Selcuk YAYLACI², Dilek ARPACI³, Ceyhun VARIM¹, Ali TAMER¹

¹ Sakarya University Training and Research Hospital, Department of Internal Medicine, Sakarya

² Rize Findikli State Hospital, Department of Internal Medicine, Rize

³ Zonguldak Karaelmas University Hospital, Department of Endocrinology, Zonguldak

Corr. Author:
Hasan ERGENC,
Assistant professor
Sakarya University
Medicine Faculty,
Sakarya,
P: +90 532 700 50 90
F: +90 264 444 54 00
dr.hasanergenc@hotmail.com

Abstract

Aim: The Painful Hashimoto's Thyroiditis is an atypical form of the Hashimoto's Thyroiditis which is characterized with pain and fever in the thyroid gland. In this letter presentation, our aim is to present a case who is 49 years old female patient whose clinical presentation was in accordance with sub-acute thyroiditis; however, who was detected having thyroid auto-antibody positivity and whom we diagnosed with the Painful Hashimoto's Thyroiditis.

Keywords: Hashimoto Thyroiditis, painful, treatment

Case Report

The 49 year-old female patient applied to the Endocrinology Polyclinic with the complaint of pain in the throat. It was detected in the examination of the throat that the thyroid gland was painful with palpation. The thyroid function tests were normal when the patient came. The determined values were as follows; TSH 2.79 mIU/ml and free T4 14.96 pmol/L, sedimentation 79 and CRP 146 mg/L.

It was determined in the thyroid ultrasonography of the patient that the thyroid gland size was normal, the parenchyma was heterogeneous in advanced level and the built up blood was increased in medium level (Figure 1). In the thyroid scintigraphy, there were areas showing irregular activity distribution in both lobes (Thyroiditis). Since the patient had painful thyroid, we considered the sub-acute thyroiditis and started steroid and NSAID treatment. After the steroid treatment for 1 month, the clinic results of the patients became normal and the sedimentation became normal to (13) and CRP (4.8 mg/L). The steroid dosage was decreased in the routine follow-up examinations of the patient. During the later follow-up exami-

nations of the patient, the clinic symptoms relapsed and the sedimentation and CRP levels increased again, and we increased the steroid dosage. The steroid treatment continued for 12 months. After 12 months, the clinical symptoms were relieved. In the follow-up of the patient, the thyroid function tests progressed normal. Then ANTI-TPO (648 IU/ml) and ANTI-TG (87IU/ml) positivity were detected. The clinical symptoms of the patient started again and the thyroid scintigraphy of her was detected as being in accordance with the thyroiditis and as having thyroid uptake 4.6%. With these findings, we considered the Painful Hashimoto's Thyroiditis which is an atypical form of the Hashimoto's Thyroiditis¹. The NSAID and Dideral treatment continued for 1 year. Then the clinical symptoms and laboratory findings became normal, and the patient was started to be followed-up.

Conclusion

The Hashimoto's Thyroiditis is among the painless thyroiditis diseases². However, although very rare, there are cases reported in the literature like ours that has pain and fever in the thyroid and has antibody positivity and uptake increase.

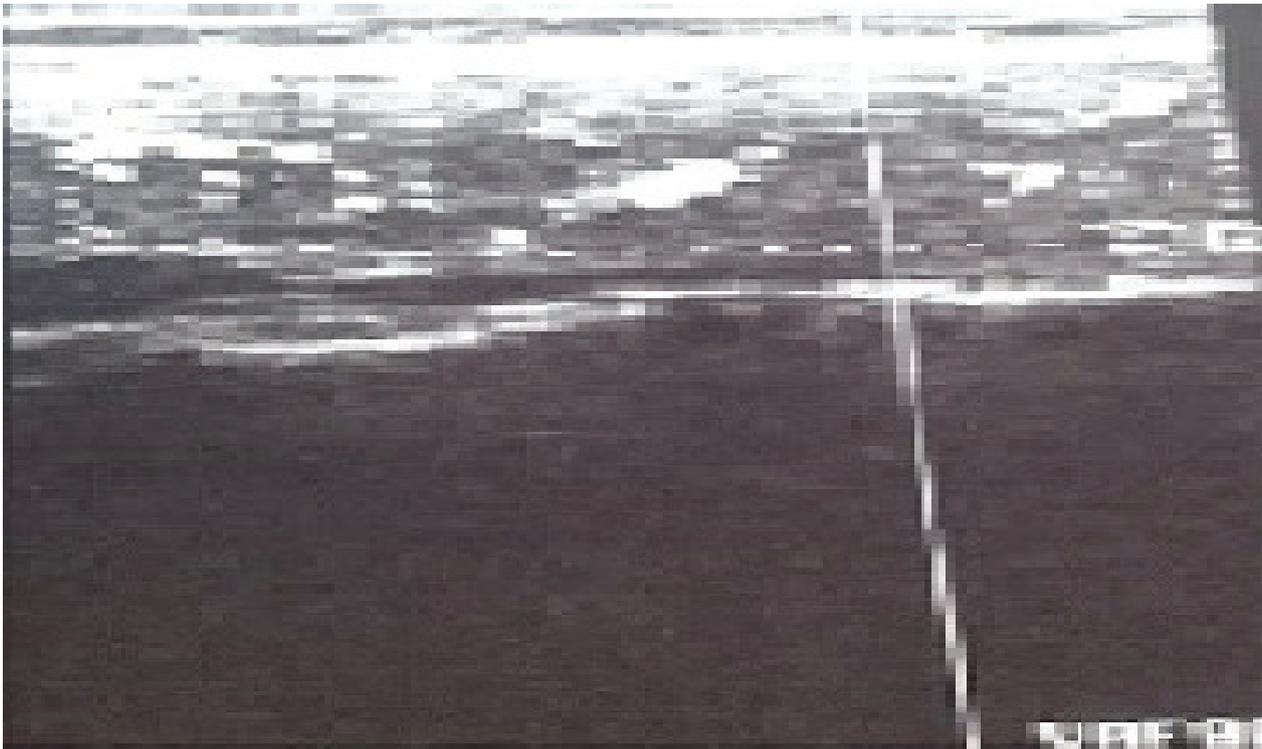


Figure Legend 1: The thyroid gland echogenicity is decreased, the contours are lobule and echogenic band formation which is in accordance with the thyroiditis attracts attention in the parenchyma.



References

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