**A CASE OF THYROID SARCOIDOSIS**

**Prologue**
When presented with a set of symptoms, clinicians are efficient in linking clinical features with specific diseases. However, not infrequently, patients present with multiple pathologies. Therefore when a diagnosis is made, recognizing and detecting additional clinical features which might point to additional pathology is important. Furthermore the presence of an additional underlying condition may mask or aggravate the clinical picture. Our case illustrates these observations.

**The Story Unfolds...**
A 46 year old female presents with the following symptoms.

- Sweating
- Breathlessness
- Palpitation
- Tremor
- Chest Discomfort
- Fatigue
- Low grade fever
- Night sweats

**Initial Management**

**INVESTIGATIONS AND DIAGNOSIS**

**Initial反射**

**The Plot Thickens...**

The patient was admitted for further investigations to uncover the roadblock affecting on the original presentation.

Further investigations were performed with notable:

- Antinuclear antibody, anti-mitochondrial, anti-smooth muscle and anti-TPO antibodies were negative.
- CT scan, MRI neck, sinus and chest were normal.
- Thyroid function tests were normal.

**The Novel Pathway to Thyroid Disruption**

**Post-Operative - The Clues Pieced Together**

**Epiology**

This case demonstrates how thyroid gland sarcoidosis needs to consider with one’s clinical feature.

The management of this condition can be associated with hyperthyroidism, hypothyroidism, and euthyroidism. Although the symptomatic relief of thyroid function test abnormalities is not achieved with Therapy of choice of high dose prednisolone followed by gradual tapering and discontinuation of steroid therapy. However, the rate of relapse is higher than in the general population. A long-acting agent should be given if necessary to prevent disability and prevent complications. However, treatment of high dose Prednisolone should be discontinued if there is no improvement and side effects are present.

**Eliminate all other factors, and the one which remains must be the truth.**

A Conan Doyle