TORSADE DE POINTES

CAUSED BY GLUTEN-SENSITIVE ENTEROPATHY LEADING TO MULTIPLE ENDOCRINE FAILURE - A CASE REPORT

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As the suggested diagnosis was polyglandular autoimmune syndrome, we performed autoimmune screening and found anti-transglutaminase antibodies. However, further autoimmune screening showed no sign for other autoimmune diseases.

Gluten free diet, hydrocortisone, levothyroxin, calcium, vitamin D3, and testosterone supplementation started. ICD was implanted. TdP never occurred again.

After 12 month of treatment and gluten-free diet we still observed that the patient had no arrhythmia.

Further investigations were performed on the patient and further investigations revealed the Hashimoto's thyroiditis (anti-TPO: 12.19 IU/ml normal) and anti adrenal antibody was negative as well.

We restarted treatment with LT4: 2.05 μg/day, 15 mg hydrocortison /day, 600 mg/day calcium citrate, 1 μg alfakalcidol. The patient denied the androgenic diet.

Conclusion

We found gluten-enteropathy caused persistent polyglandular endocrine failure leading to torsade de pointes tachycardia requiring reanimation and ICD implantation without having autoimmune origin.

There is no other patient mentioned in the literature with similar cause of torsade de pointes.

Background

Torsade de pointes is an uncommon and distinctive form of polymorphic ventricular tachycardia (VT) characterized by a gradual change in the morphology of the QRS complexes from beat to beat. The ventricular rate can range from 150 beats per minute, and may never occur again.

Gluten-free diet was introduced, hydrocortisone, levothyroxin, calcium, vitamin d3, testosterone supplementation started. ICD was implanted. TdP never occurred again.

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There is no other patient mentioned in the literature with similar cause of torsade de points.