**Relapse Subacute Thyroiditis: Atypical Symptoms**

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**Introduction**

Subacute thyroiditis (ST) is a self-limited condition; relapse is rarely seen. Anterior cervical complaints and inflammatory syndrome is highly suggestive.

**Material & Methods**

We report a series of female cases associating a relapse of ST which was confirmed after the admission for atypical distant symptoms as diffuse headache or ear pain. The endocrine profile is presented.

**Results**

A 48-year patient was diagnosed with ST one year ago and treated with daily prednisone for 3 months. On admission, she complains of asthenia, palpitations, but mostly of persistent headache (not correlated with arterial hypertension). Thyroid exam revealed a mild pain. Inflammatory tests showed: erythrocyte sedimentation rate (ESR) of 63 mm/1-h, fibrinogen of 659.932 mg/dL (N:200-500), C reactive protein (CRP) of 3.5mg/dL (N:0-1mg/dL).

Thyroid ultrasound showed: intense inhomogeneous aspects, a few nodules of <1cm. TSH was suppressed (of 0.016µUI/mL, N:0.5-4.5µUI/mL), high freeT4 (of 47.4pmol/L, N:10.3-24.4pmol/L), and negative autoimmunity: TPO (anti-thyreoperoxidase antibodies) of 10UI/mL (N:0-35UI/mL), TRAB (TSH-Receptor antibodies) of 0.3UI/mL (N:<1UI/mL). 131I radioiodine uptake was low: of 2% (at 2-h; N:12±5%), respective of 3% (at 24-h, N:35±5%).

Oral cortico-therapy (daily prednisone up to 20 mg/day) was further recommended for 8 more weeks (when ESR decreased to 4mm/1-h, and TSH normalized to 2.27µUI/mL).

A 37-year subject has an episode of ST 6 months ago and she was treated with non-steroidal anti-inflammatory drugs. She was admitted for persistent intense bilateral ear pain, weight loss (5 kilos / last month), and mild anterior cervical sensibility only at palpation. Intense inhomogeneous pattern at ultrasound was correlated with inhibited 131I radioiodine uptake: of 0.8% (2-h), respective of 0.2% (24-h). ESR of 109.6mm/1-h, and CRP of 25mg/dL, TSH<0.03µUI/mL were consistent for relapse of ST. After 2 months of prednisone ESR became 5.9mm/1-h, and TSH=1.7µUI/mL.

**Conclusion**

Headache or otalgia represents atypical symptoms as clue for a relapse ST.