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Subacute thyroiditis: unusual presentation and diagnostic troubles

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Introduction

Subacute thyroiditis is a spontaneously remitting inflammatory condition of thyroid gland.

The disease is characterized by a whole gland involvement while thyroidal radioactive iodine uptake is depressed.

Laboratory evaluation during the early acute phase usually shows:

- **transient thyrotoxicosis**
- **elevation of serum thyroglobulin concentration**
- **elevation of erythrocyte sedimentation rate**

The most important symptom is severe pain and extreme tenderness in the thyroid region.

Case report

A 73 years old man came to our observation for **severe dysphagia** and loss of weight (10 kg in one month). One week before the first medical evaluation, he suspended all drugs *per os* because he could not swallow pills and food.

About 30 years before he underwent coronary artery bypass graft because of myocardial infarction.

Thyroid function test were performed, showing a severe hyperthyroidism:

FT4 40 pg/ml	Anti TSH receptor antibodies: 0.1 U/L (< 1.75)
FT3 11.9 pg/ml	Anti TPO anti antibodies: 2.09 UI/ml (< 4.10)
TSH <0.01 mcU/ml	Anti Tg antibodies: < 0.5 UI/ml (< 5.6)

Thyroid ultrasound showed an increased gland with inhomogeneous pattern, without nodules or abnormal vascularization.

Patient did not take amiodarone

Case report

Patient started methimazole 30 mg/die, without any benefits.

Patient came to our evaluation about one month after the onset of symptoms.

Clinical evaluation showed tachycardia, enlarged and tender thyroid gland at neck palpation without relevant pain.

❖ Biochemical evaluation showed increased VES and C-reactive protein.

❖Thyroid scintigraphy was not performed because of the possible interference caused by iodinate contrast medium (coronary angiography few days before).

Neverthless subacute thyroiditis was strongly probable

Case report

Therefore, patient started steroid therapy:

i.v. methylprednisolone 40 for about two weeks and then prednisone 25 mg/day, which was tapered and continued for 30 days.

Methimazole was stopped

Clinical symptoms, and in particular dysphagia, improved after few days of i.v. methylprednisolone while biochemical evaluation performed after two months showed a normalization of thyroid function test and inflammatory parameters.

Conclusion

We here described an unusual case of subacute thyroidits in which only dysphagia and thyrotoxicosis, without anterior neck pain, suggested an inflammatory condition.

Diagnosis was made on the basis of clinical and laboratory features, because thyroid scintigraphy, which can be resolutive for differential diagnosis in uncertain condition, was not possible to be performed.