

A Case Report of TRBeta Mutation Leading to Raised T4 Levels

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Introduction

- We present a **five year old girl** with thyroid hormone resistance, subsequently discovered to be heterozygous for **TRbeta mutation**.
- This case highlights the necessity to investigate, in detail, all children with **persistently high thyroxin with normal TSH levels** in order to aid future management and the necessity to follow them up.

Case Report

Birth: Normal delivery, weighing 3.34kg (50th centile)

6 months old: Referred for **poor weight gain** (2nd centile)

- Blood tests = Elevated **free T4 (43.4)** with **normal TSH (3.10)**
- Systemic examination was normal and remained so over the following months
- Repeat thyroid function tests showed **persistently elevated T4 with normal TSH**

2 ½ years old: Genetic analysis revealed heterozygosity for TRbeta mutation

- Mum has no mutation detected and SDs father cannot be tested for unavoidable reason

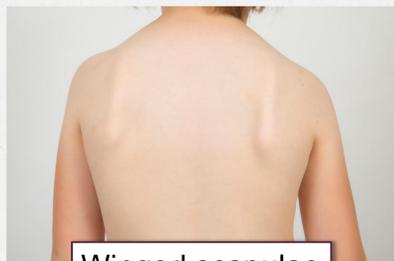
Since then...

- ✓ Slow growth
- ✓ Idiopathic thrombocytopenic purpura
- ✓ Vitamin D deficiency
- ✓ Coeliac disease

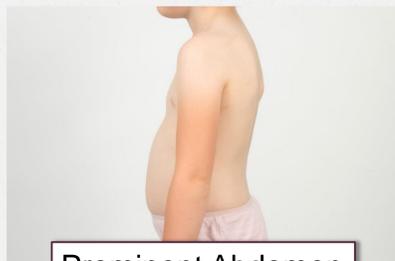
Broader antibody testing has not revealed an underlying autoimmune aetiology to date

Recently:

- ✓ Gross motor skills generally delayed
- ✓ Investigated for recurrent falls and abnormal gait:



Winged scapulae



Prominent Abdomen



Right sided hemi hypotrophy with drooped shoulder and pelvis as well as flared ribs

TR-beta mutation

- **Resistance to thyroid hormone** action is due to mutations in the **beta-isoform** of the thyroid hormone receptor.
- Patients display **inappropriate central secretion** of Thyroid hormone from the hypothalamus and of TSH from the anterior pituitary. This is despite **elevated levels of thyroid hormone (T4 and T3)**.
- Mutation of the beta thyroid hormone receptor is usually either **autosomal dominantly** inherited or is a **de novo mutation**, resulting in defective patterns of gene expression.
- This is a rare disorder, usually presenting with **goitre**.

Conclusion

- TRbeta mutation should be considered in children with **persistently elevated T4 levels with a normal TSH**.
- Other immune conditions like **ITP** and changes in **body habitus** are new associations, cause of which is yet not identified.