

# It is a link between Hashimoto encephalitis and CLIPPERS syndrome?

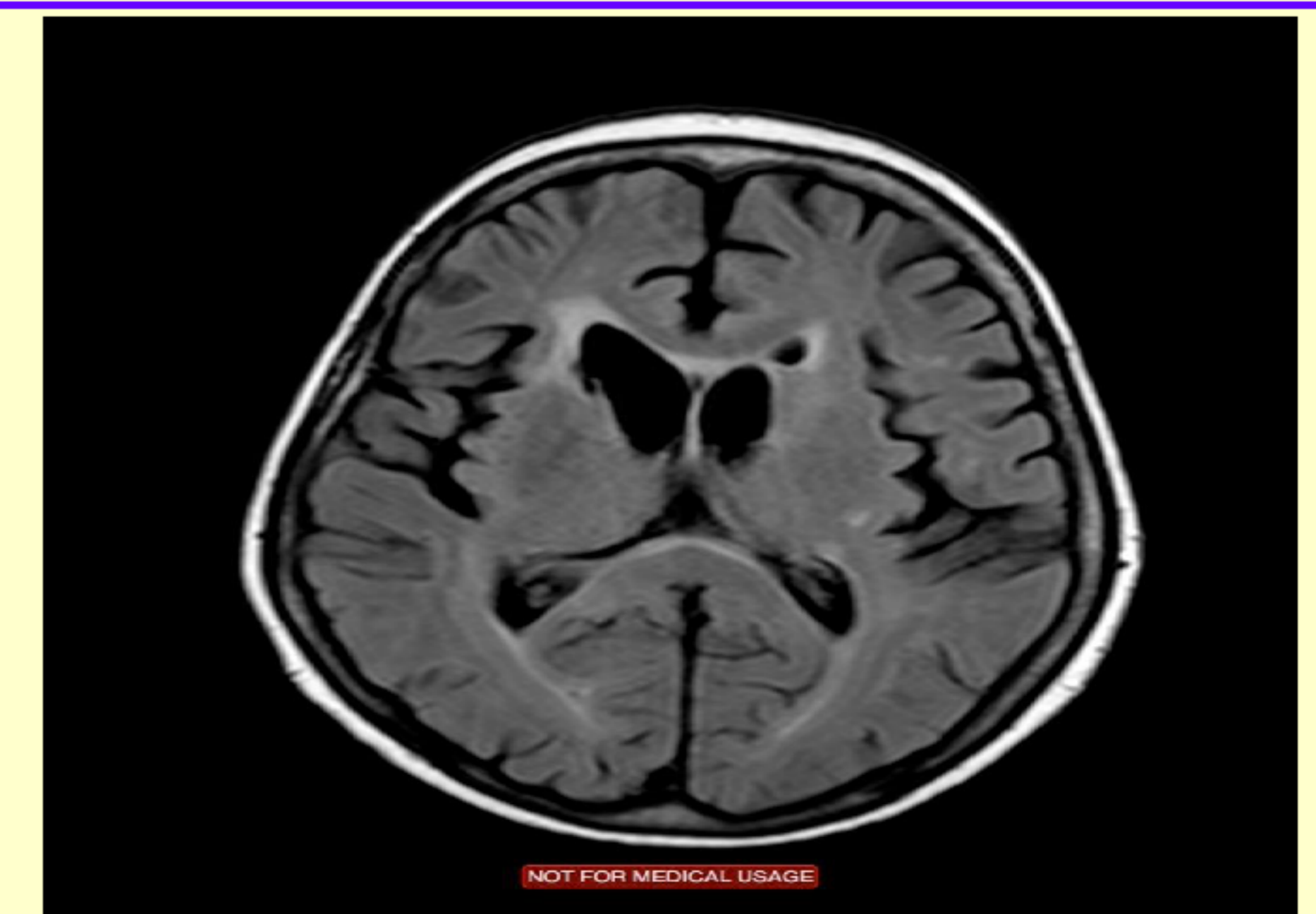
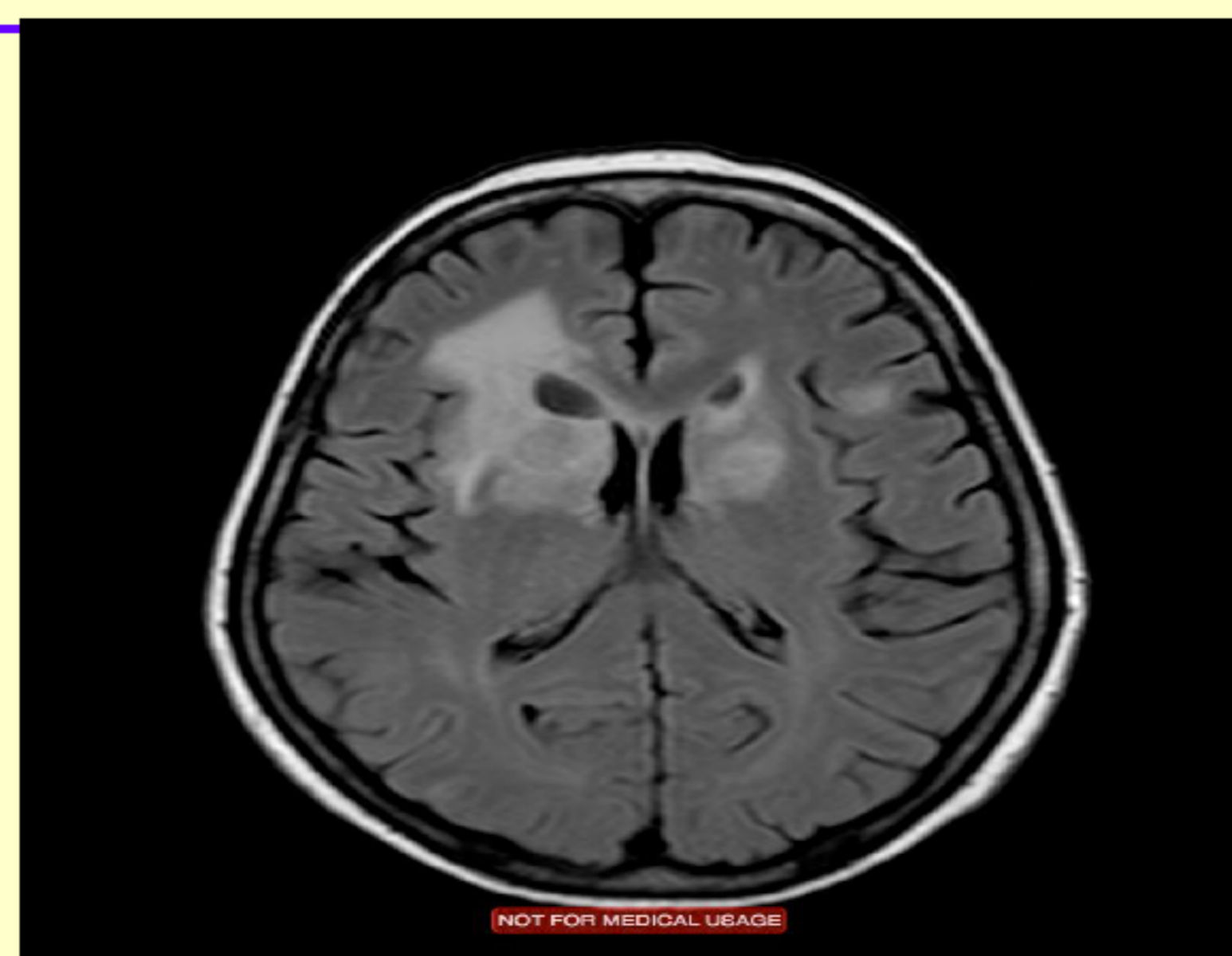
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Introduction: Different forms of brain damages in endocrine disease are relatively common, particularly in diabetes and pituitary diseases. Recently the Hashimoto encephalopathy is more frequent recognised and successfully treated. The diagnosis criteria and treatment options however are still under discussion. On the other hand the in neurology are described new pathologic entities, which can occurred also by endocrine patients in which difficult diagnosis and many treatment option.

## The case

In September 2009 by the 66 old women with previously diagnosed type 2 diabetes and metabolic syndrome was diagnosed hypothyroidism with sings of autoimmune thyroiditis with moderately elevated TPO AB (694 U) and TG AB 530 U) TSH 11,5 mU/l FT4 0,4. The hypothyroidism was successfully treated with levothyroxine, but in december 2012 patient was admitted with cognitive decline and impaired mobility. In CT brain metastases are described but the primary focus are not founded. In brain biopsy: was found inflammatory infiltration from the T and B lymphocytes and macrophages, and reactive gliosis. We suspected Clippers syndrome and steroid treatment begun, initially in the form of pulses of methylprednisolone and then oral prednisone initial dose of 60 mg, then subsequent reduced. Clinical status was prompt improved and in MRI we observed brain damage regressions until almost complete in November 2013. In May 2014 when attempting to further reduce the dose of steroids visual loss occurred on the right eye. The vision returned after high doses (4,5 g) steroid pulses. The pulse methylprednisolone ( 1 g and 0,5g) we have repeated in subsequent months. The patient is currently in a stable condition on 25 mg prednisone. Diabetes and hypothyroidism we manage to effectively treat. She sees and moves quite well, although she had a depressed mood.



## comments

We have serious doubts regarding the diagnosis of the type of encephalopathy in our patient. The clinical picture, including a strong dependence on steroids would speak rather Clippers team, but we can not rule out pathology strongly associated with thyroiditis, despite the relatively low antibody titers. Therefore, we would like to introduce our problem, to the European Endocrinologists community in hope for comments and advice.