

Relapse Subacute Thyroiditis: Atypical Symptoms

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Introduction

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

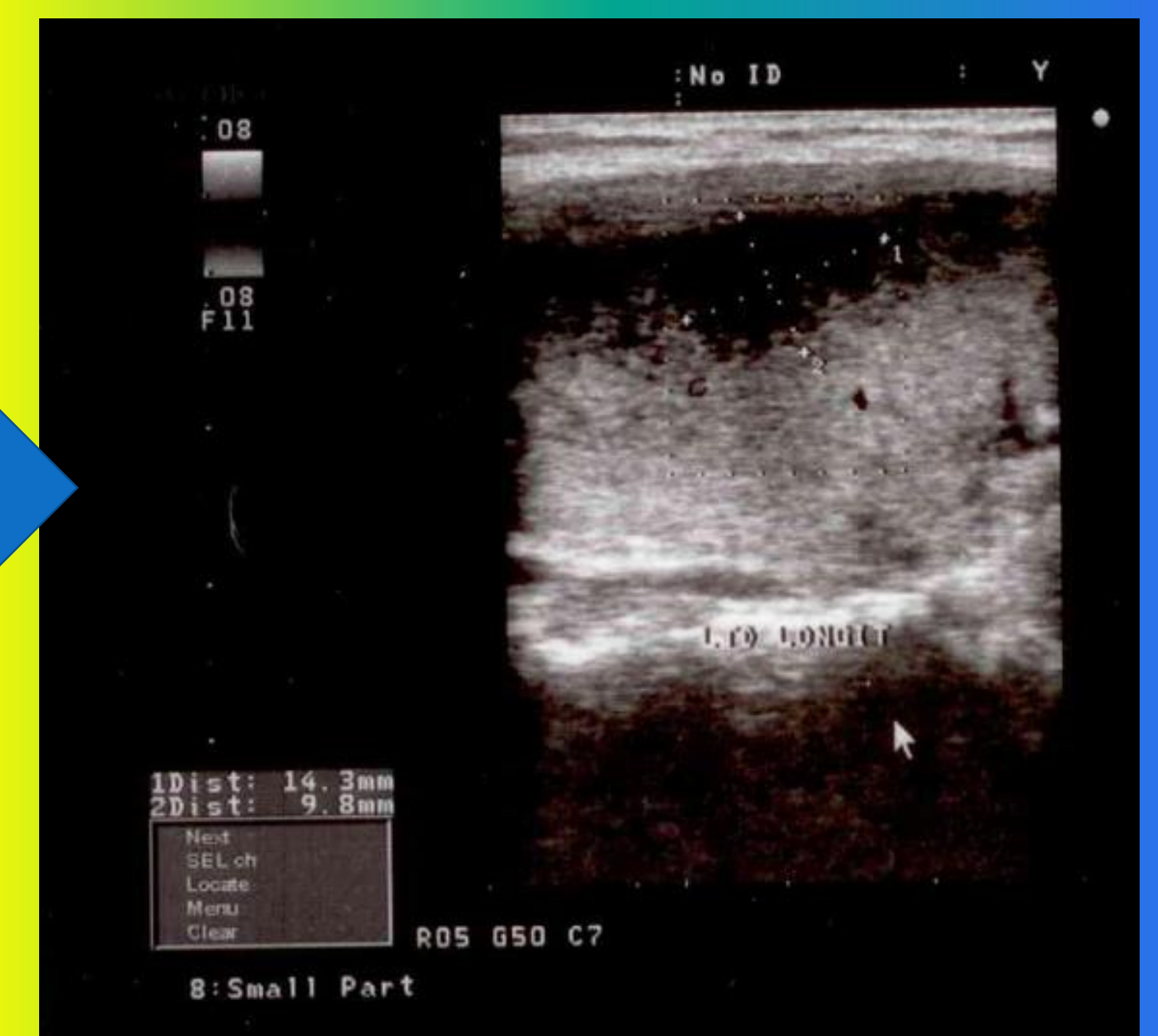
Material & Methods

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

Thyroid ultrasound aspects in subacute thyroiditis (left thyroid lobe)



Thyroid ultrasound aspects in subacute thyroiditis (right thyroid lobe)



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 0.016 μ UI/mL, N:0.5-4.5 μ UI/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 \pm 5%), respective of 3% (at 24-h, N:35 \pm 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 2.27 μ UI/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<0.03 μ UI/mL were consistent for relapse of ST. After 2 months of prednisone ESR became 5.9mm/1-h, and TSH=1.7 μ UI/mL.

Conclusion

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