

TOXIC ADENOMA AS A CAUSE OF DEMENTIA

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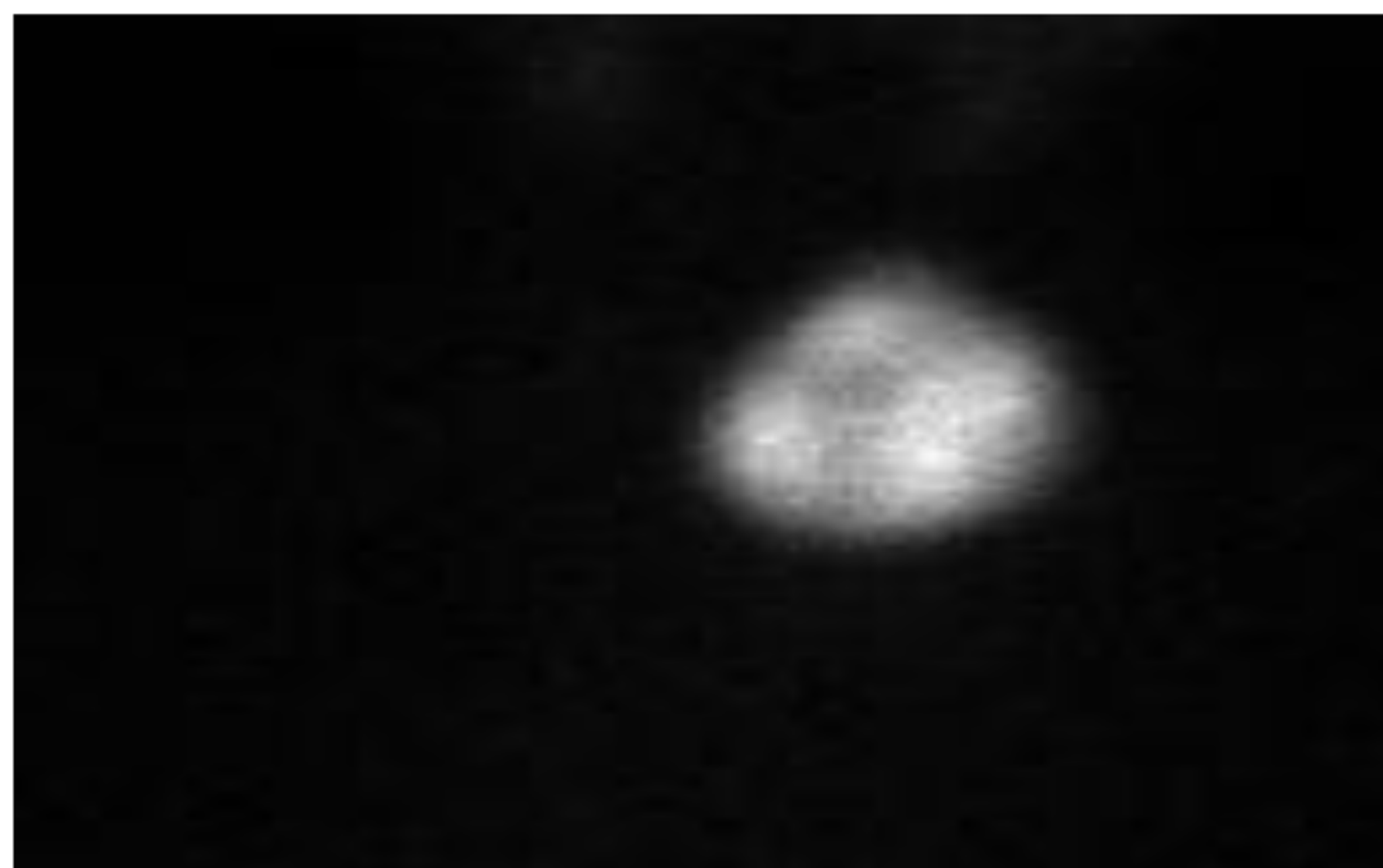
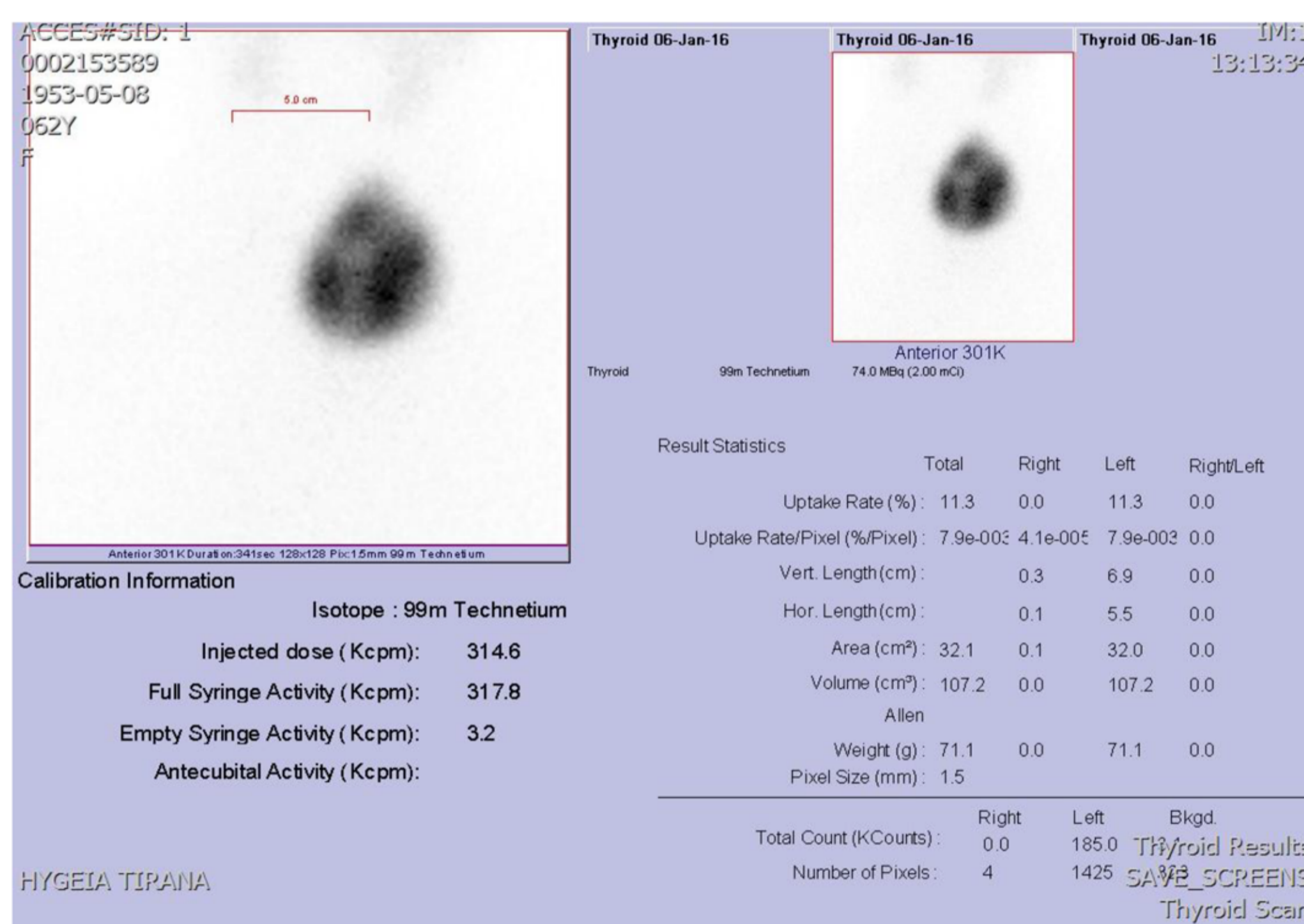
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BACKGROUND

Psychiatric symptoms have been reported quite frequently in hypothyroidism. Thyrotoxicosis can be associated with various psychiatric symptoms and rarely frank psychosis.

GRAPHS AND TABLES

Chest X-Ray: Right tracheal deviation as a result of nodule in the left side of thyroid



Thyroid scan with Tc99: Hot nodule in the left side of thyroid. Uptake 11%.

THE CASE

- We present the case of a 62 years old woman, who initially presented for a psychiatric consultation about her depressive symptoms.
- The patient had been under treatment for more than seven years for type 2 diabetes and developed frequently episodes of hypoglycemia.
- She was treated with antipsychotic pills, but the symptoms did not improve, so she was admitted to our hospital. The thyroid function problem had never been suspected at the patient.
- During the consultation, we found a big nodule in the left side of the thyroid, with tachycardia and high blood glucose values.
- Clinically, hyperthyroidism was suspected.

Lab Data:

TSH	0.01 mUI/ml	(Normal range 0.35-4.78)
FT3	9.63 pg/ml	(Normal range 2.3-4.2);
FT4	3.48 ng/dl	(Normal range 0.89-1.76);
Glucose	182 mg/dl	(Normal range 70-110 mg/dl)
HbA1c	5.5 %;	(Normal range 4.0-6.0 %)

FBC – Normal

Thyroid ultrasound: Right lobe of thyroid normal. A nodule in the left side of thyroid, its dimensions 5.0 x 3.5 cm, with heterogenic structure and microcalcifications.

Head MR: Normal

FOLLOW UP:

A treatment with methimazole and β -blockers was started and the diabetes pills was stopped, since a secondary diabetes related to hyperthyroidism developed.

Four weeks after the start of the treatment the patients improved, without any symptoms of dementia. The thyroidectomy was recommended.

CONCLUSIONS

Since thyroid disease can be associated with various psychiatric symptoms, we recommend to check thyroid function at the patient with psychiatric disease.

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