

Princess and the Pea

Case report



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Introduction :

Subacute (de Quervain's) thyroiditis

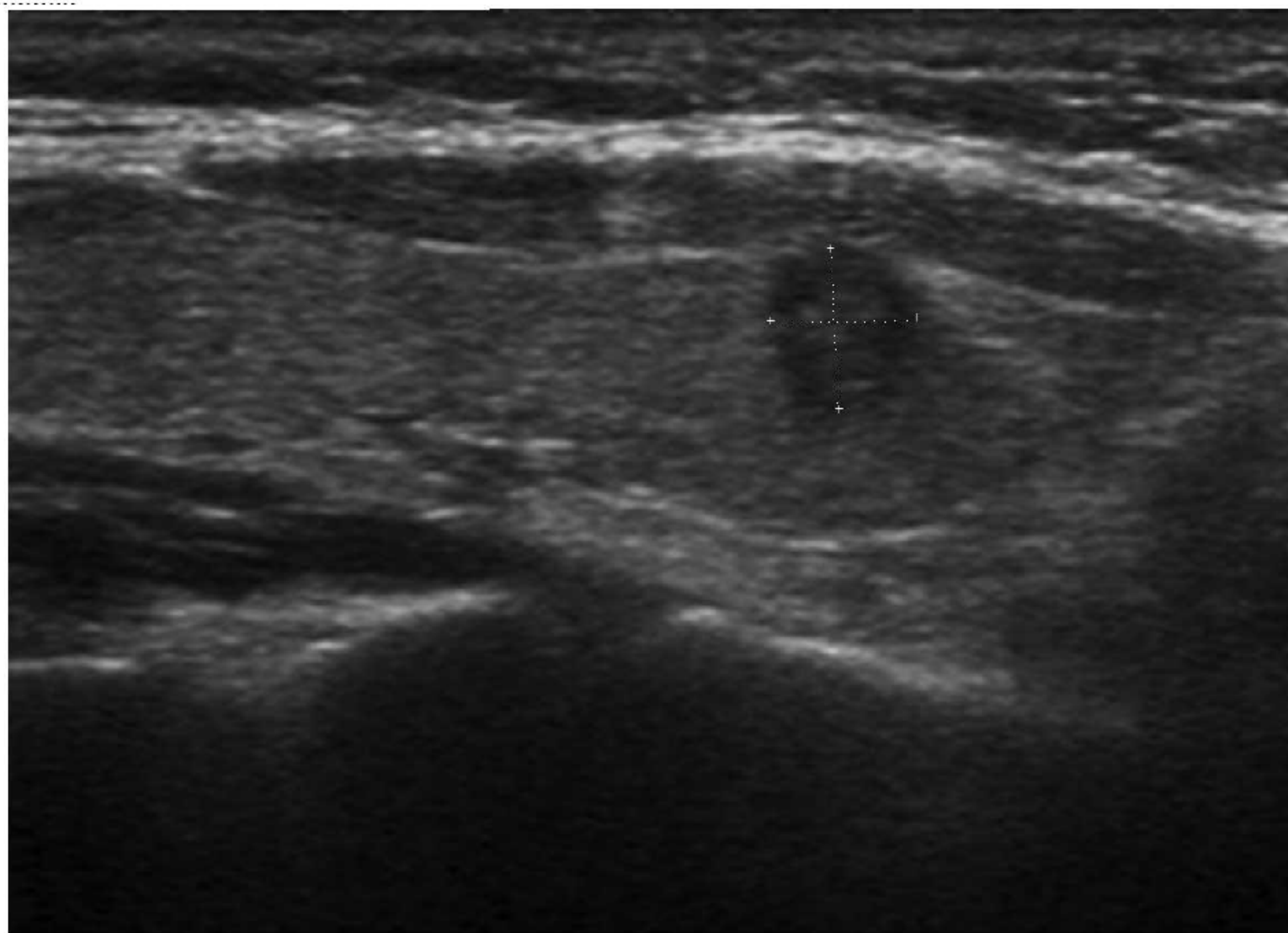
- Uncommon although not a rare condition, incidence 12,1 per 100000/year.
- Often preceded by upper respiratory tract infection of viral origin. Seasonal and geographical clustering of cases
- Pain in the thyroid spontaneous or on palpation, sometimes fever and fatigue and/or symptoms of hyperthyroidism
- Normal thyroid function or possible hyperthyroidism from thyroid cells destruction followed by usually transient mild hypothyroidism. Higher sedimentation and leukocytosis can be present
- Sonographically ill-defined hypoechoogenic thyroid lesions or enlarged hypoechoogenic lobe/s, normal perfusion on Doppler imaging
- Diagnosed clinically, fine needle biopsy can confirm the diagnosis in case of doubt, but is not performed frequently
- Self limited disease, duration weeks to months, 90-95 % without subsequent thyroid function abnormalities
- Therapy improves the natural disease course, treatment with anti-inflammatory drugs and corticosteroids, betablockers in case of hyperthyroidism

Case report

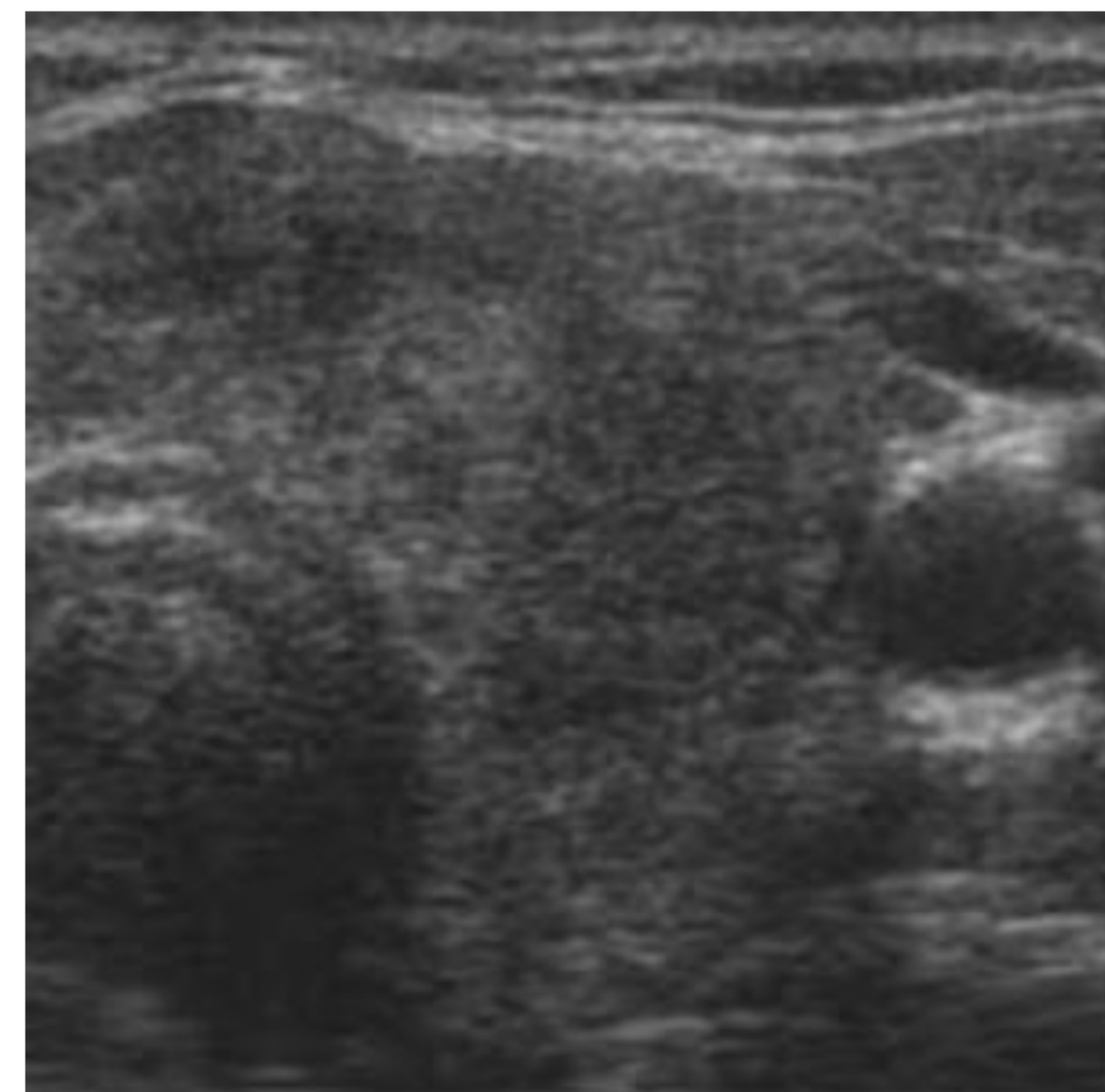
A 32-year-old woman complained of pain in a very small area on the anterior side of her neck. Sonographical examination revealed small hypoechoogenic lesion 7x9x8 mm [0.3 ml] in an otherwise normal thyroid gland corresponding with the pain point.

Laboratory tests were normal : TSH 2.460, Free T4 13.3, antithyroglobulin, anti thyroid peroxidase and anti thyroid receptor antibodies were negative. We concluded a small thyroiditis or nodule is possible, but the sonographical finding was too small to draw any conclusions. Gel with ibuprofen was recommended to use for neck area.

Within one month the pain worsened and the area sonographically enlarged to 27x13x12 mm [2.1 ml] with features typical for subacute thyroiditis. Laboratory tests remained unchanged. Treatment with methylprednisolone 20 mg p.o. daily brought immediate relief. After premature withdrawal of therapy by patient similar problems appeared in the opposite lobe. In this case the whole lobe was affected and enlarged. Methyprednisolone therapy again brought immediate improvement, no changes in thyroid hormones levels or markers of inflammation were recorded. In two months the therapy was slowly interrupted, transitional mild hypothyroidism was present. Currently, after one year, the patient has no problems, thyroid hormone levels and sonographical findings are completely normal.



The first painful area of subacute thyroiditis in right lobe
7x9x8 mm



The whole lobe is affected by subacute thyroiditis

Conclusion :

This case report demonstrates an unusually small but painful enough lesion caused by subacute thyroiditis. The diagnosis was clear only in the course of further development of the disease.