AN UNUSUAL CAUSE OF THYROTOXICOSIS
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Introduction

• The common cause of thyrotoxicosis particularly in a female is Grave’s Disease.
• The response to treatment with thionamides is usually excellent.
• The commonest cause of treatment failure is poor drug adherence.
• We present a patient with thyrotoxicosis who did not respond to Carbimazole suggesting possibility of exogenous intake of thyroxine.

Case Presentation

• A 24 years old veterinary nurse presented to the cardiology outpatient clinic with palpitations, breathlessness, lethargy. There was no history of weight loss. She was clinically euthyroid.
• She had a past history of bulimia.
• Her ECG demonstrated sinus tachycardia with heart rate of 120 bpm.
• Thyroid functions test (TFT) done by GP was normal.
• She was initially treated with beta-blockers.
• She was subsequently admitted to hospital a month later with palpitations, breathlessness and intermittent chest pain. She was tremulous, had a small goitre but no eye signs.
• She was started on carbimazole 5mg tds and propranolol 80mg bd and referred to the endocrine clinic as an outpatient.
• The patient admitted that she was omitting carbimazole on occasions and the dose was increased to 60mg od.
• There was a suspicion of factitious thyrotoxicosis and that she was taking thyroxine surreptitiously.

Investigations

• US scan of thyroid gland revealed a normal size and echotexture.
• Anti-TPO and anti-TSH receptor antibodies were negative

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Thyroid Technetium Scan showing No Uptake

Discussion

• Although a negative thyroid uptake scan can occur in thyroiditis, the prolonged period of thyrotoxicosis suggests a diagnosis of factitious thyrotoxicosis.
• Antithyroid drugs proving ineffective, avoiding follow up in clinic are usually indicative of exogenous thyroid hormone abuse.
• Important indicators for the differentiation between a thyroid hormone abuse and an endogenous hyperthyroidism are a lack of technetium or radioiodine-uptake in the thyroid and suppressed levels of thyroglobulin.
• This case illustrates the importance of physicians correlating biochemical findings with clinical features and considering other causes of thyrotoxicosis when patients fail to respond to treatment.