A Case of Thyrotoxic Hyperemesis

Introduction

- Hyperthyroidism is associated with multiple gastrointestinal (GI) symptoms.
- Vomiting is not a common GI manifestation of Thyrotoxicosis.
- We present a case of a patient with severe vomiting who was found to be thyrotoxic and whose vomiting was only controlled after controlling her thyroid functions.

Case Report

- A 61-year-old female patient was admitted under surgeons with persistent and severe vomiting which was very difficult to manage.
- No acute surgical cause for vomiting was found and the patient was referred for a Esophagogastroduodenoscopy(OGD) which was normal (Fig. 1).
- Her past history was significant for Grave’s disease which was in remission for last 20 years.
- On checking her thyroid function tests, she was grossly thyrotoxic with fully suppressed TSH (<0.01mU/L) and free T4 of 49.2 pmol/L (9-19).
- Her anti-TSH receptor antibodies were positive.
- She was started on carbimazole and beta blockers.
- Controlling her thyroid functions with oral anti-thyroid medications was challenging due to severe and persistent vomiting and she required multiple antiemetic drugs with syringe driver.
- The vomiting stopped immediately, as soon as her free T4 levels were normalized, and she was discharged with endocrine follow-up.

Discussion

- Hyperthyroidism is frequently associated with GI symptoms such as diarrhea, hyperphagia and frequent defecation.¹
- However, vomiting as a GI symptom of thyrotoxicosis, is less commonly reported ²-⁶ in literature.
- The possible underlying mechanisms that have been postulated for thyrotoxic vomiting are, an increased beta adrenergic activity due to an increased number of beta adrenergic receptors⁷, decreased gastric emptying secondary to the malfunction of the pyloric sphincter⁸, and an increase in estrogen levels.²-⁶
- Lack of awareness about the association between vomiting and hyperthyroidism might mislead clinicians to an alternate diagnosis and cause a marked delay in the diagnosis; 7 years in one case report.⁹
- Therefore, the possibility of hyperthyroidism should be considered in cases of refractory unexplained vomiting, especially when there is past history of thyroid dysfunction.

References