CR-T-13

METHIMAZOLE-INDUCED APLASTIC ANEMIA WITH CONCOMITANT HEPATITIS IN A YOUNG FILIPINA WITH GRAVES' DISEASE

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INTRODUCTION
Antithyroid drug therapy is essential for treatment of hyperthyroidism. However, its use is not without risks. Agranulocytosis, aplastic anemia and hepatotoxicity are uncommon but potentially serious adverse events reported to occur with patients on these agents. In our review of literature, this is the first case in the Philippines of methimazole-induced aplastic anemia and hepatitis that occurred after starting ATD.

CASE
A 34-year-old female Filipino with Graves' disease on methimazole came in due to fever, sore throat and jaundice. She was initially diagnosed with methimazole-induced agranulocytosis and drug-induced liver injury. She was treated with intravenous broad-spectrum antibiotic and granulocyte colony stimulating factor. On day 4 of admission, she developed pancytopenia and was managed as methimazole-induced aplastic anemia. She was started on steroid therapy and received 1 unit of packed red blood cell. The jaundice also increased, hence, she was given ursodeoxycholic acid. On day 9 of admission, with the consideration of"lineage steal phenomenon,"biopsy was done and eltrombopag was started. Patient was discharged stable at 12th hospital day. This case presents 3 rare life-threatening complications of methimazole namely: agranulocytosis, aplastic anemia and hepatitis.

CONCLUSION
This case underscores the importance of timely detection and recognition of these rare but dangerous side effects associated with methimazole, as well as the institution of proper therapeutic management to prevent mortality and morbidity. Physicians prescribing these drugs should be aware of these potential complications that can occur at any time irrespective of age, duration of use, and methimazole dose at the first or subsequent exposure.

KEY WORDS
anemia, aplastic, agranulocytosis, methimazole, antithyroid agents

CR-T-14

MYXEDEMA COMA PRESENTING AS LARGE PERICARDIAL EFFUSION WITH CARDIAC TAMPONADE

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INTRODUCTION
Myxedema coma is a life-threatening decompensated form of hypothyroidism with an underlying precipitating factor. It has a 20 to 40% mortality rate despite treatment. Most would present with decreased sensorium, hypothermia, hypotension, hyponatremia and hypoventilation.

CASE
Myxedema coma is a life-threatening decompensated form of hypothyroidism with an underlying precipitating factor. It has a 20 to 40% mortality rate despite treatment. Most would present with decreased sensorium, hypothermia, hypotension, hyponatremia and hypoventilation. We present a case of a 48-year-old male, known to have chronic glomerulonephritis and hypertension, who came in due to a lacerated scalp wound sustained after a fall due to lethargy. His chest radiograph showed an enlarged cardiac silhouette. Electrocardiogram showed low voltage complexes. A transthoracic echocardiography revealed a severe pericardial effusion with tamponade. He then underwent emergency pericardial window. He was able to tolerate the procedure well but was noted to have decreased sensorium post-operatively. Further laboratory investigations showed severe hypothyroidism with an undetected FT4 and elevated TSH. He also had an elevated thyroid peroxidase antibody level suggesting an autoimmune etiology for the hypothyroidism. He was started on treatment with intravenous hydrocortisone followed by levothyroxine. His mental condition improved within few days and hydrocortisone was gradually tapered off. He was eventually discharged after a month and was maintained on oral levothyroxine replacement.

CONCLUSION
His mental condition improved within few days and hydrocortisone was gradually tapered off. He was eventually discharged after a month and was maintained on oral levothyroxine replacement.

KEY WORDS
myxedema coma, pericardial effusion