

CR-T-17

EUTHYROID GRAVES' OPHTHALMOPATHY WITH NEGATIVE TSH RECEPTOR ANTIBODY (TRAB) IN 2 FILIPINO MALES

<https://doi.org/10.15605/jafes.034.02.S105>

Maria Regina Santos, Gabriel Jasul Jr., Francesca Paula Bautista

St. Luke's Medical Center-Quezon City, Philippines

INTRODUCTION

Graves' ophthalmopathy (GO) frequently occurs among female hyperthyroid patients. Commonly, they are positive for thyroid autoantibodies, as part of GO's pathogenesis. The occurrence of both euthyroidism and autoantibody negativity in GO can be a diagnostic dilemma. Below are 2 cases of euthyroid GO (EGO) among Filipino males with negative TRAb.

CASE

A 60-year-old diabetic male (poorly controlled) was admitted for a 2-week history of progressive left eye swelling, with pain and redness of the periorbital area, but with no fever. He was already treated with antibiotics but to no avail. He had history of EGO, but was already in remission for the past years. Examination revealed left eye swelling and erythema, which was warm, firm, and tender. Another 45-year-old male was seen in the OPD for a 5-year history of bilateral proptosis with no other symptoms. On examination, eyelids were noted to be swollen and non-erythematous. Orbital CT scans of both patients showed bilateral proptosis, with no orbital mass, with thickening of extraocular muscles, suggestive of thyroid-associated orbitopathy. TRAb levels were negative for both patients. Both were also biochemically and clinically euthyroid, and responded well to steroids and supportive measures.

CONCLUSION

GO can occur even in biochemically and clinically euthyroid males, though lesser in frequency (0.02-1.10/10,000 population). TRAb may also be negative, which may be due to assay sensitivity or intrathyroidal TRAb. In addition, imaging studies (CT and MRI) should be emphasized as an important part of diagnostic examinations.

KEY WORDS

graves ophthalmopathy, thyroid stimulating hormone receptor, male

CR-T-18

GRAVE'S DISEASE AND PCOS, A CASE REPORT IN SECONDARY RURAL HEALTH CARE FACILITY

<https://doi.org/10.15605/jafes.034.02.S106>

Marshell Tendean, Guntur Dharmawan, Raden Bagus Prakoso, Irene Maria Elena

Department of Internal Medicine, Faculty of Medicine, Krida Wacana Christian University, Indonesia

INTRODUCTION

Autoimmune thyroiditis and polycystic ovary syndrome (PCOS) are proposed to have bidirectional relationship. In Grave's disease this rare combination seems interesting. We reported an interesting case of PCOS in Grave's disease.

CASE

A 21-year-old female single, Chinese Indonesian, of normal weight, menarche at age of 12 sought consult to our internal medicine clinic. She was apparently well until 5 years ago complaining of goiter, palpitations, tremors, hair loss, and weight loss. She had no menstrual irregularities. She was diagnosed as Graves disease by a private physician and clinically improved after having thiamazole 10 mg BID. She started complaining of amenorrhea 2 months prior and sought consult to our internal medicine clinic. Physical examination revealed diffuse goiter with no bruit, no fine tremor, no hirsutism, thyroid function test was normal. Thyroid ultrasound was suggestive of Graves disease. Gynecologic referral was done and ultrasound revealed multiple ovarian cysts. She was diagnosed with PCOS according to Rotterdam criteria and got her menstrual cycle again after 1 and a half month treatment with metformin 500 mg BID.

CONCLUSION

It is important for physicians to investigate PCOS in Graves disease with menstrual problem.

KEY WORDS

Grave's disease, PCOS, metformin