

PP-T-12

METHIMAZOLE-INDUCED AGRANULOCYTOSIS AND THYROID STORM TREATED WITH LITHIUM AND TOTAL THYROIDECTOMY

<https://doi.org/10.15605/jafes.038.AFES.165>

Lucille Phylisia Cano-Laynesa, Lousse Lynn Antoinette Young, Patricia Marie Crisostomo Guevarra

University of the Philippines-Philippine General Hospital, Manila, Philippines

CASE

A 54-year-old Filipino female diagnosed case of nodular toxic goiter for 1 month on Methimazole developed palpitations, high-grade fever, and mouth sores. She presented at the emergency room with dyspnea, jaundice, diarrhea, and atrial fibrillation and managed as a thyroid storm. Her thyroid function test showed suppressed TSH with elevated FT3 and FT4, positive TRAb, and CBC revealed agranulocytosis with an absolute neutrophilic count of 60. The patient was started on colony-stimulating factor and broad-spectrum antibiotics for febrile neutropenia. Furthermore, the patient was treated with hydrocortisone, propranolol, and lithium. Though lithium carbonate is not utilized as a standard regimen in the management of thyroid storm, it is known to inhibit the release of thyroid hormone from the thyroid gland. The patient was rendered euthyroid on medical treatment using lithium prior to the contemplated total thyroidectomy given the presence of hypofunctioning nodules on thyroid scintigraphy. Postoperatively, histopathologic examination revealed multinodular colloid adenomatous goiter.

KEYWORDS

methimazole-induced agranulocytosis, thyroid storm, lithium carbonate, thyroidectomy

PP-T-13

THYROID HORMONE LEVELS AS A PROGNOSTIC PREDICTOR FACTOR IN SEPSIS PATIENTS

<https://doi.org/10.15605/jafes.038.AFES.166>

Taufik R Biya,¹ Andi Makbul Aman,² Husaini Umar, Himawan Sanusi,² Fabiola MS Adam,² Satriawan Abadi,² Vindy Nugraha Siampa

¹Wahidin Sudirohusodo Hospital, Makassar, Indonesia

²Hasanuddin University, Wahidin Sudirohusodo Hospital, Makassar, Indonesia

INTRODUCTION

Sepsis is a systemic inflammatory response syndrome with high mortality. Early and accurate prediction of outcome in sepsis is important. In critically ill patients, there is significant disturbance of the Hypothalamic–Pituitary–Thyroid (HPT) axis. Changes in thyroid hormone in critical conditions such as sepsis are associated with high mortality. This condition is manifested by a normal or low decrease in serum free triiodothyronine (FT3), free thyroxine (FT4) and thyroid-stimulating hormone (TSH). Thyroid hormone levels can decrease significantly as sepsis progresses. Therefore, this study is important to describe the profile of thyroid function in septic patients.

METHODOLOGY

This was a cross-sectional, observational study conducted at RSUP Dr. Wahidin Sudirohusodo, Makassar, South Sulawesi. The study was conducted from January 2023 to May 2023. Patients diagnosed with sepsis were examined for thyroid hormone levels. The primary endpoint was the patient survival rate. The secondary end point was death during treatment. The statistical tests used were the Mann Whitney test and the Kruskal Wallis test. Statistical test results are considered significant if the p value

Keywords

sepsis, thyroid hormone, free triiodothyronine, mortality