

PP-T-14

RAPID DIAGNOSIS AND EXCELLENT TREATMENT IN EXTREMELY RARE AND LIFE-THREATENING THYROID STORM

<https://doi.org/10.15605/jafes.038.AFES.167>

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CASE

Thyroid storm is a life-threatening condition that requires rapid diagnosis, and emergent treatment and has extremely high mortality. Rapid diagnosis of this disease can be made using Burch and Wartofsky Criteria, supported by other examinations. Aggressive treatments for thyroid storm must be done as soon as possible, delayed treatment can increase the mortality rate to 90%. In Indonesia, treatment is based on the formula "T-424.1.666.6.8.24.6" which was developed by an expert Endocrinologist in Surabaya, Askandar Tjokroprawiro. We present two patients with thyroid storm, both of whom came in with full-blown symptoms of thyroid storm. However, the time onset of diagnosis and initial treatment since the first symptoms appeared was different. The first patient was diagnosed and treated earlier, but the second one was not. This case series was made to highlight that with rapid diagnosis and early, excellent treatment, thyroid storm can be fully treated.

KEYWORDS

thyroid storm, critical illness, autoimmune disease, thyroid treatments

PP-T-15

MARINE-LENHART SYNDROME WITH COEXISTING METASTATIC PAPILLARY THYROID CARCINOMA

<https://doi.org/10.15605/jafes.038.AFES.168>

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CASE

Graves' disease with accompanying autonomously functioning thyroid nodules (AFTN) is known as Marine-Lenhart Syndrome (MLS). Malignant nodules can coexist with MLS. Papillary Thyroid Carcinoma (PTC) with distant metastases could cause serious complications. A 43-year-old Indonesian female developed hyperthyroidism due to the coexistence of Graves' disease and AFTN (MLS) in the right lobe of the Thyroid gland. A suspicious malignant nodule was located on the other side of the thyroid, which was detected by thyroid scanning. A total thyroidectomy was performed and thyroid tissue was histologically diagnosed as papillary thyroid carcinoma. We report the presence of PTC with intrapulmonary metastases in MLS.

KEYWORDS

Marine-Lenhart syndrome, papillary thyroid carcinoma, intrapulmonary metastases

PP-T-16

PAPILLARY THYROID CARCINOMA PRESENTING AS A BENIGN ECTOPIC THYROID MASS IN THE ANTERIOR MEDIASTINUM. A CASE REPORT

<https://doi.org/10.15605/jafes.038.AFES.169>

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CASE

An incidental papillary thyroid carcinoma (PTC) presenting as a mediastinal mass with benign ectopic thyroid cells is a rare occurrence. We present a case of a 33-year-old Filipino female who presented with sudden onset difficulty of breathing and chest heaviness. On workup, she was found to have an anterior mediastinal mass, which showed ectopic

thyroid cells on biopsy. Thyroid ultrasound revealed a 1.25 x 1 x 1.13 cm nodule on the thyroid gland which showed suspicious for PTC on fine needle aspiration biopsy. The patient underwent total thyroidectomy and excision of the anterior mediastinal mass. The histopathologic report of the thyroid mass revealed a conventional unifocal PTC, while the excised tissues comprising the mediastinal mass were consistent with benign ectopic thyroid tissues with colloid goiter. Since thyroid cancer is considered as low-risk, suppression therapy and active surveillance is the choice of management for this unusual case.

KEYWORDS

ectopic thyroid tissue, papillary thyroid cancer, anterior mediastinal mass

PP-T-17

THYROTOXICOSIS SECONDARY TO A MOLAR PREGNANCY

<https://doi.org/10.15605/jafes.038.AFES.170>

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CASE

Rarely, hydatidiform moles (H-moles) may cause thyrotoxicosis due to the homology of excessively secreted placental human chorionic gonadotropin (hCG) with TSH.

A 46-year-old Filipino female presented with tachycardia, hypertension (250/120 mmHg), b-hCG >10,000 mIU/mL, suppressed TSH 0.006 mIU/L, and high FT3 19.04 pg/mL (NV: 2.02 - 4.43) and FT4 7.77 ng/dL (NV: 0.93 - 1.71). The uterus was enlarged with contractions. Antihypertensives and Propylthiouracil (PTU) were given to facilitate urgent hysterectomy due to profuse bleeding. Post-operatively, FT4 decreased (3.94 ng/dl). Antihypertensives were continued, PTU was discontinued and she was discharged stable. On follow-up, hCG decreased to 1021 mIU/mL, and she was euthyroid (FT4 9.27 pmol/L).

This case highlights an uncommon etiology of thyrotoxicosis which requires early recognition and intervention. Molar evacuation is the definitive treatment. To date, there are no existing guidelines with regard to the use of anti-thyroid medications perioperatively.

KEYWORDS

thyrotoxicosis, molar pregnancy, H-mole

PP-T-18

PAPILLARY THYROID CARCINOMA, FOLLICULAR AND TALL CELL VARIANT, ARISING FROM A MATURE TERATOMA

<https://doi.org/10.15605/jafes.038.AFES.171>

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CASE

The malignant transformation of monodermal ovarian teratoma into a tall cell variant of papillary thyroid carcinoma is exceptionally rare. We report its first case in Southeast Asia wherein a 33-year-old Filipino female presented with a 5-month history of painless, progressively enlarging abdomen. Ultrasonography showed a large well-circumscribed, cystic mass with floating internal echoes occupying the pelvoabdominal region and an ovarian new growth. The patient then underwent exploratory laparotomy with left salpingo-oophorectomy, right oophorocystectomy, and endometriotic implant fulguration. Histopathology revealed papillary thyroid carcinoma, follicular and tall cell variant arising from a mature teratoma with a TTF-1+/CK7+/CK20-immunophenotype. The patient is currently undergoing surveillance with no signs of recurrence and has been advised of total thyroidectomy. Since clinical practice guidelines have yet to be established concerning this tumor, existing literature was further reviewed focusing on the appropriate diagnostics and management. Generally, an excellent prognosis is expected.

KEYWORDS

tall cell variant, follicular variant, papillary thyroid carcinoma, malignant struma ovarii