

PP-T-19

INTRATHYROID THYROGLOSSAL DUCT CYST WITH CHRONIC LYMPHOCYTIC THYROIDITIS IN AN ADULT FILIPINO: A CASE REPORT

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CASE

Intra-thyroid thyroglossal duct cyst (TDC) in adults is rare. It is even rare for intrathyroidal TDC to present with chronic lymphocytic thyroiditis.

We report a case of a 23-year-old Filipino female who presented with a three-year history of recurrent thyroid mass and recurrent aspiration of thyroid cyst. A well-defined, non-tender, firm-hard, movable midline mass was noted on physical examination. On sonogram, a cystic focus with smooth borders and no internal echogenicity extending to the isthmus measuring 2.9 x 3.5 x 1.1 cm was seen. The thyroid function test was normal. She underwent left thyroid lobectomy and isthmectomy revealing a cystic nodule with 7.5 ml purulent discharge. Histopathology showed intra-thyroidal thyroglossal duct cyst and chronic lymphocytic thyroiditis.

Most cases of intra-thyroidal TDC present as an anterior neck mass and are diagnosed postoperatively. Proper head and neck examination with radiologic imaging is necessary to recognize patients who could benefit from more aggressive treatment.

Based on the literature, this is the first case reported by an adult Filipino.

KEYWORDS

intra-thyroid thyroglossal duct cyst, thyroid abscess, chronic lymphocytic thyroiditis

PP-T-20

METHIMAZOLE RESISTANCE IN GRAVES' DISEASE: A CASE SERIES

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CASE

In this case series, we present 4 Filipino patients with Graves' disease who range in age from 22 to 51, 3 of whom were female. At first, beta-blockers and methimazole (MMI) were used for treatment. However, even at the highest doses of MMI, hyperthyroidism was not controlled during serial thyroid function monitoring. These patients were deemed to have methimazole resistance. Treatment was shifted to high-dose propylthiouracil (PTU), to which they became responsive, at least initially. After becoming euthyroid or nearly euthyroid, they underwent radioactive iodine ablation (RAIA). Post-ablation, thyrotoxicosis was controlled, and they were maintained on levothyroxine supplementation thereafter.

These cases highlight an important yet uncommon clinical entity of methimazole-resistant Graves' disease. The success of the regimen, shifting MMI to PTU, followed by RAIA once euthyroid, offers clinicians a guide to managing these not-so-common cases.

KEYWORDS

Graves' Disease, methimazole, methimazole resistance

PP-T-21

LIFE-THREATENING INFECTION IN THIAMAZOLE INDUCED AGRANULOCYTOSIS: A CASE REPORT

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CASE

Idiosyncratic antithyroid drug (ATD)-induced neutropenia and agranulocytosis are rare but potentially fatal. Severe sepsis was found in half of the patients, and the mortality rate was 6.7%. Cross-reactive ATD-induced agranulocytosis occurs in 15.2% of cases. A 23-year-old female with a history of Graves' disease was admitted to the emergency