

RESULTS

The overall agreement between thyroid palpation and POCUS was moderate, with a Kappa value of 0.516 ($p < 0.001$). The prevalence of clinically relevant thyroid nodules among adult Filipinos with no known thyroid disease as determined by POCUS was 48.77% (95% CI: 42.34 - 55.23). Regarding nodule size, there was a non-significant increase in the odds of being palpated for nodules between 1.0-1.5 cm as compared to those less than 1.0 cm (OR=1.46, 95% CI: 0.68-3.09, $p = 0.323$). However, nodules greater than 1.5 cm exhibited a substantially higher likelihood of being palpated (OR=6.42, 95% CI: 3.31-12.79, $p < 0.001$). The agreement for thyroid palpation performed by both endocrinologists was found to be moderate, with a Kappa value of 0.552 ($p < 0.001$).

When compared to POCUS, thyroid palpation had a sensitivity of 89.19% (95% CI: 81.68-93.85) and a specificity of 60.71% (95% CI: 51.01-69.64) across all locations. In addition, thyroid palpation had a positive predictive value of 85.71% (95% CI: 77.63-91.21) with a 68% negative predictive value (95% CI: 58.44-76.26). The positive likelihood ratio was 2.27 (95% CI: 1.42-3.62) while the negative likelihood ratio was 0.18 (95% CI: 0.09-0.37). Lastly, the proportion of accurate diagnosis—true positives and negatives—out of all cases was 81.37% (95% CI: 72.73-87.74) when thyroid palpation was compared to POCUS.

CONCLUSION

Thyroid palpation, when performed by experienced endocrinologists, yields a high sensitivity of detecting clinically relevant nodules. However, thyroid palpation also missed 10.8 % and incorrectly identified 39.3% of clinically relevant nodules. This study provides evidence to support the use of POCUS as part of routine outpatient evaluation of the thyroid to improve the accuracy of detecting clinically relevant thyroid nodules.

KEYWORDS

thyroid palpation, POCUS, clinically relevant thyroid nodules

PP-T-26

NORMOKALEMIC PERIODIC PARALYSIS IN A 24-YEAR-OLD-FILIPINO MALE WITH GRAVES' DISEASE

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CASE

Thyrotoxic periodic paralysis is a rare event typically presenting with hypokalemia and weakness that occurs primarily among Asians. Rarer still is thyrotoxic periodic

paralysis with normokalemia, of which only 6 cases have been reported in the Asian population. There have been no reports of this phenomenon among Filipinos.

This is a case of a 24-year-old Filipino male with Graves' disease on treatment presenting with sudden onset bilateral lower extremity weakness. The patient was treated a week prior with prednisone since he initially exhibited hypersensitivity reactions to methimazole. On the day of the consult, the work-up showed normokalemia, with normal sodium and calcium levels and a suppressed TSH. He was given propranolol and propylthiouracil. Serum potassium monitoring was done. There was no decreased serum potassium levels, hence, the patient was discharged and continued outpatient treatment for hyperthyroidism.

This is the first case report of normokalemic thyrotoxic periodic paralysis in the Filipino population.

KEYWORDS

Graves' disease, normokalemic periodic paralysis, thyrotoxic periodic paralysis, Filipino

PP-T-27

POST I-131 THERAPY HYPERTHYROIDISM AND THYROID SWELLING RESULTING IN UPPER AIRWAY OBSTRUCTION IN A PATIENT TREATED FOR TOXIC MULTINODULAR GOITER: A CASE REPORT

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CASE

I-131 therapy is well-established as an efficient and safe treatment for hyperthyroidism. Complications such as post-therapy hyperthyroidism and thyroid swelling rarely occurred. We present a case of I-131 therapy-induced hyperthyroidism and thyroid swelling that resulted in upper airway obstruction in a patient treated for toxic multinodular goiter. (TNMG)

A 63-year-old Thai female presented with a palpable thyroid mass. She had palpitations and mild dyspnea on exertion. Physical examination showed thyroid enlargement of approximately 60 grams with palpable multiple nodules of the right thyroid lobe and a single palpable nodule measuring 3-4 cm in the left thyroid lobe. Laboratory investigation showed FT4: 2.07 ng/dL (0.93-1.7) and TSH < 0.01 uIU/mL (0.27-4.2). Thyroid ultrasound revealed multiple thyroid nodules with a maximum size of 4x3x6.3 cm (the right and left thyroid volume was 57 mL and 51 mL, respectively). A thyroid scan revealed heterogeneously increased radiotracer uptake in the enlarged lobulated