

thyroid gland with multiple foci of relatively decreased and increased radiotracer uptake which were compatible with toxic multinodular goiter. She was diagnosed with TMNG and underwent 25 mCi of I-131. After 2 months of I-131 therapy, she came to the emergency department with dyspnea, palpitation, dysphagia, and thyroid enlargement. Physical examination revealed an increased size of the thyroid gland, approximately 80 grams, with an inspiratory stridor. Laboratory investigation showed FT3: 13.41 pg/ml (1.6-4), FT4: 2.35 ng / dL (0.7-1.48) and anti-TSH-R: 33.42 IU/L (0-1.75). The chest film and computed tomography showed a narrowing of the tracheal lumen (4 mm in diameter). Furthermore, her serum calcium was 11.6 mg/dL (8.5-10.5), phosphate was 3 mg/dL (2.3-4.7), and iPTH was 130 pg/mL (15-65). A parathyroid MIBI scan was done which revealed a 0.9 x 1.1 cm non-MIBI avid nodule located at the upper pole of the left thyroid lobe, suspected for a parathyroid adenoma. She was diagnosed with post-I-131 therapy hyperthyroidism that caused upper airway obstruction concomitant with primary hyperparathyroidism. She was admitted to the intensive care unit and treated with propylthiouracil, dexamethasone, and propranolol. Subsequently, she underwent total thyroidectomy with left upper and lower parathyroidectomy, resulting in an improvement in her symptoms.

Our patient developed rebound hyperthyroidism with swelling of the thyroid after the I-131 treatment for 2 months, which resulted in impending upper airways. The present case highlights the need for physicians to be aware that rebound hyperthyroidism may present later than usual and may also cause thyroid swelling in some cases.

KEYWORDS

post-I-131 hyperthyroidism, thyroid swelling, rebound hyperthyroidism, upper airway obstruction, toxic multinodular goiter.

PP-T-28

THYROID ASSOCIATED OPHTHALMOPATHY IN A 63-YEAR-OLD FEMALE WITH HASHIMOTO'S THYROIDITIS

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CASE

Thyroid-associated ophthalmopathy (TAO) affects extraocular muscles and orbital connective tissue. Generally associated with Graves' disease with positive TRAb, and Hashimoto's disease as well. Although usually mild, severe forms of Hashimoto TAO may need serious treatment.

A 63-year-old Indonesian female came with a blurred, bulging, and double vision of the right eye 7 months prior accompanied by a prominent sign of hypothyroidism. Physical examination showed proptosis, swollen eyelid, and conjunctival injection of the right eye. The point Clinical Activity Score (CAS) was 5. Laboratory results showed high TSH, low FT4, TRAb of 9.74 IU/L, and anti-TPO of 62.47 IU/mL. Thyroid sonography revealed a right lobe hypoechoic nodule. Thyroid scan revealed cold nodule and FNAB showed benign struma adenomatosa. CT scan of the orbits showed bilateral proptosis with general muscle thickening. Hashimoto's thyroiditis and moderate-severe active TAO were established and treated with levothyroxine replacement, 4 cycles of high-dose steroid injection, and artificial tear drops.

We reported a rare case of severe TAO with Hashimoto's thyroiditis who needed steroid pulse therapy.

KEYWORDS

anti-TPO, Hashimoto's thyroiditis, hypothyroidism, ophthalmopathy, TRAb

PP-T-29

THYROTOXICOSIS WITH HIGH TRIIODOTHYRONINE (T3) AND LOW THYROXINE (T4): A CASE SERIES AND REVIEW OF CLINICAL AND MANAGEMENT

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INTRODUCTION

The thyroid function test with high FT3 and low FT4 is uncommon in hyperthyroidism patients. There is no clear treatment guideline, causing difficulty in adjusting the medication. The mechanism of this group of thyrotoxicosis is the increased conversion of T4 to T3 in the peripheral tissue. There has been an increase in dehydrogenase types 1 and 2 in a few reports. Furthermore, no relationship with thyroid cancer has been studied. This study aims to review clinical management and outcomes in thyrotoxicosis patients with high FT3, low FT4, and TSH.

METHODOLOGY

The data, including gender, age, TSH, FT3, FT4, medication, surgery, and tumor pathology, were collected retrospectively between 2015-2022 from Rajavithi Hospital's database. The inclusion criteria for selecting patients were: (1) 18 years old or over; and (2) at least one laboratory result shows low TSH with high FT3 and low FT4 levels.