

RESULTS

Between 2015–2022, we found 13 cases of thyrotoxicosis with at least 1 laboratory result showing low TSH, high FT3, and low FT4. Despite antithyroid drug alone or a block and replacement regimen, we were unable to maintain both FT3 and FT4 in the normal range. Eight patients were treated with a "block and replace regimen," 3 patients were treated with antithyroid drug alone, 2 patients had not taken any medication due to early surgery, and another refused treatment. Eleven patients underwent thyroidectomy, 5 patients had follicular thyroid carcinoma, 1 case had papillary thyroid cancer and 5 patients had benign hyperfunctioning adenoma.

CONCLUSION

This result suggests that the patients with high FT3 and low FT4 were unlikely to maintain FT3 and FT4 in the normal range with either an antithyroid drug alone or block and replace regimen. The mechanism of T3 thyrotoxicosis patients is caused by the increased conversion of thyroxine (T4) to triiodothyronine (T3). Moreover, we found a high malignancy rate in this type of patient.

KEYWORDS

thyrotoxicosis, triiodothyronine, (T3), thyroxine, (T4), hyperthyroid, discordance

PP-T-30

HYPOTHYROIDISM ASSOCIATED HYPOKALEMIA PERIODIC PARALYSIS

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CASE

A 29-year-old female, recently delivered a baby girl, present with recurrent attacks of acute weakness in all 4 limbs. The patient had a history of hyperthyroidism during the 3rd trimester of her pregnancy in 2022. She didn't receive treatment for hypothyroidism at that time. On examination, the patient had quadriparesis with hypotonia, diminished deep tendon reflexes, delayed relaxation of ankle jerks and flexor plantar response, and prominent muscle weakness in both legs. She had normal mental function without any cranial nerve, sensory, or sphincter

involvement. The blood test showed hypokalemia at 1.8 mmol/l, T4: 4.11 pmol/l, T3: 2.93 pmol/l, TSH: >100 mUI, anti-TPO: 191.3 UI/ml, anti-Tg: 557 UI/ml and 24-hr urine K: 25 mmol/24 h. The patient was treated with: KCl 3 g by syringe pump in 5 ml/H, kaleorid 600 mg 6 cp, and levothyroxine 75 ug. Recurrent hypokalemic paralysis is an extremely unusual presentation of hypothyroidism. To the best of our knowledge, this is the fourth reported case of hypothyroidism associated with recurrent hypokalemic paralysis.

KEYWORDS

hypothyroidism, hypokalemic periodic paralysis

PP-T-31

AGGRESSIVE SYNCHRONOUS PAPILLARY AND FOLLICULAR THYROID CARCINOMAS IN A PATIENT PRESENTING WITH HYPERTHYROIDISM FROM GRAVES' DISEASE

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CASE

We report a case of an uncommonly aggressive presentation of the rare entity of synchronous papillary (PTC) and follicular thyroid carcinomas (FTC) in a 67-year-old female initially presenting with thyrotoxicosis from Graves' disease. She was found to have 2 thyroid nodules with extensive intra-cardiac tumour thrombus, symptomatic left pelvis bony metastasis with pathological fracture, pulmonary metastases, and mediastinal lymph node metastases. Further investigations suggested a diagnosis of synchronous papillary and metastatic follicular thyroid cancer. Treatment with radical surgery followed by adjuvant therapeutic radioiodine ablation was proposed, but the patient declined all forms of cancer-specific therapy and elected solely a palliative approach to treatment.

KEYWORDS

papillary thyroid carcinoma, follicular thyroid carcinoma, synchronous thyroid cancer, Graves' disease