suppressed TSH. He presented with fever, sore throat, and malaise. Blood investigations revealed leukopenia with agranulocytosis and thrombocytopenia - total white cells of 1.81 x 10^3/ul, neutrophil count of 0.65 x 10^3/ul and platelet of 110 x 10^3/ul. Renal and liver profile were normal, but his lactate dehydrogenase was elevated at 716 U/L [135 - 225].

He was admitted with the initial suspicion of carbimazole-induced agranulocytosis. Hence, carbimazole was withheld and treatment with cholestyramine 16 g/day, broad spectrum antibiotics and subcutaneous Neupogen were commenced. Oral lithium was later added but he developed generalized maculopapular rash.

However, as physical examination revealed generalised lymphadenopathy, other differential diagnoses were also pursued. Finally histopathological examination of the excisional biopsy of the right inguinal lymph node showed necrotising histiocytic lymphadenitis consistent with Kikuchi-Fujimoto disease. Anti-nuclear antibody was negative and complements levels were normal. The rheumatology team initiated oral prednisolone and this was followed by prompt recovery of blood counts (total white cells 9.29 x 10^3/ul, neutrophil 3.39 x 10^3/ul and platelet 196 x 10^3/ul) a week later. He was restarted on carbimazole to render him euthyroid before definitive thyroidectomy.

CONCLUSION

This case describes a rare case of Kikuchi-Fujimoto disease and highlights the importance of considering and pursuing other aetiologies of agranulocytosis especially in a patient who has been on and off carbimazole for years.

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SEVERE MARROW APLASIA SECONDARY TO CARBIMAZOLE

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INTRODUCTION/BACKGROUND

One of the adverse effects of thionamide therapy for Graves' disease is agranulocytosis. Generally, agranulocytosis recovers spontaneously after withdrawal of thionamide or with short course of granulocyte colony-stimulating factor (G-CSF).

CASE

We report a case of Graves' disease presenting with delayed recovery of severe agranulocytosis after treatment with Carbimazole.

A 26-year-old female diagnosed with Graves' disease with high antibody titre presented with fever and sore throat after one month treatment with carbimazole 30 mg daily. She was treated as neutropenic sepsis with severe agranulocytosis. The baseline absolute neutrophil count was 0.01 x 10^9/L (3.929-7.147). She was started on G-CSF and broad-spectrum antibiotics including Piperacillin/Tazobactam and subsequently escalated to Meropenem. Her thyrotoxicosis was treated with lithium, prednisolone, and cholestyramine. Haematology team was also consulted in view of delayed recovery of severe aplasia and she was prepared for possible bone marrow transplant. The patient's neutrophil counts recovered only after seven days of G-CSF treatment.

It was later observed that she was not responding to treatment after two months of optimized dose of lithium, prednisolone, and cholestyramine. Hence, the patient was planned for semi-urgent total thyroidectomy. During admission for surgery, her fT4 level was 58.9 pmol/l (7.88 - 14.41). She required 3 cycles of plasma exchange and Lugol's iodine prior to thyroidectomy as part of pre-operative optimization. She underwent total thyroidectomy with fT4 level of 33.5 pmol/l. The surgery was successful with transient hypocalcaemia postoperatively.

CONCLUSION

This case showed a rare incident of delayed recovery of severe marrow aplasia secondary to Carbimazole. In view of resistance to second line thyrotoxicosis treatment, the patient underwent semi-urgent total thyroidectomy with plasma exchange prior to surgery.

EP_A080

SUCCESSFUL TREATMENT OF HYPOTHYROIDISM WITH RECTAL LEVOTHYROXINE: A CASE REPORT

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INTRODUCTION/BACKGROUND

Appropriate hormone replacement therapy is the cornerstone of management and is typically in the form of oral levothyroxine. The aim of this case report is to describe an alternative route when the oral and parenteral routes are not available.