PP-61

A Rare Presentation of Thyroid Cancer in Young Adult, with Concomitant Subclinical Hyperthyroidism

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INTRODUCTION

Thyroid malignancy is uncommon in children and adolescents. It accounts for 1.5 to 3% of all carcinomas in this age group. Thyroid cancers are rarely associated with thyroid hyperfunction. The incidence of this co-incidence is highly variable, reported to be as low as 0.15%.

CASE

A previously healthy 19-year-old woman presented with one day history of neck swelling and sore throat. She was clinically euthyroid. Review after 2 weeks showed a persistent mass, consistent with thyroid nodule. Examination showed a blood pressure of 112/74, heart rate of 80 beats/minute and normal body temperature. Her body mass index was 21 kg/m^2. There was a palpable 3 cm x 3 cm non-tender right thyroid nodule with no palpable lymph nodes. Thyroid function test (TFT) revealed subclinical hyperthyroidism on 2 separate occasions [thyroxine (T4) 13.8 and 15.5 pmol/L, thyroid stimulating hormone (TSH) 0.49 and 0.39 mIU/L, respectively]. Anti-thyroid peroxidase and anti-thyroglobulin were both negative. Ultrasonography (US) of the thyroid showed multiple suspicious solid hypoechoic right thyroid nodules with microcalcification and increased vascularity, with the largest nodule measuring 2.7 cm x 1.5 cm with mixed solid and cystic appearance. US-guided fine needle aspiration (FNA) biopsy showed benign colloid nodule with degeneration.

In view of the subnormal TSH, she underwent thyroid uptake scan which revealed non-toxic multinodular goitre with a cold nodule in the lower pole of the right thyroid lobe, corresponding to a hypodense solid lesion on computerised tomography, and no uptake at the surrounding lymph nodes. Repeated US-guided FNA cytology of the corresponding cold nodule was read as papillary thyroid carcinoma Bethesda 5. She underwent hemithyroidectomy. Intra-operative histopathology concurred with well-differentiated papillary thyroid carcinoma.

CONCLUSION

This was a common case with an uncommon presentation. Thyroid malignancy is uncommon in children and adolescents. The slow growing nature of a thyroid carcinoma would give a subtle rather than acute presentation. Subclinical hyperthyroidism is usually associated with hyperfunctioning of the thyroid gland rather than malignancy.

PP-62

Recurrent Acute Pulmonary Oedema during and after Pregnancy in Adrenal Cushing: A Case Report

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INTRODUCTION

Cushing's syndrome (CS) during pregnancy is a rare condition and only few cases are reported in literature. Diagnosis and treatment of CS is often difficult. Though most report uncomplicated pregnancy, we report a complicated pregnancy and tumultuous adverse events following delivery.

CASE

We report a 21-year-old lady who first presented at 23-weeks of gestation with acute pulmonary oedema (APO) requiring non-invasive ventilation and ICU admission. She was investigated for Cushing's syndrome as she exhibited clinical features of purplish striae, thin skin and easy bruising. Her clinical care was later transferred to another hospital due to logistic issues. Unfortunately at 27-weeks of gestation, she presented with another APO event and hypertensive emergency. She underwent emergency caesarean section during that admission and delivered a 1.1 kg premature baby girl.

Postpartum investigation confirmed that she had ACTH independent CS with unsuppressed overnight-dexamethasone test cortisol (646 nmol/L), low-dose-dexamethasone test cortisol (699 nmol/L) and suppressed ACTH levels (1.1 pmol/L). She was then admitted for another episode of APO after 2-months postpartum. She responded to diuretic therapy and required 3 anti-hypertensive agents. At 4-months postpartum, she developed severe lower back pain which correlated with a T12-L1 compression fracture. As patient was not compliant with follow-up, CT-adrenal was only completed at 6-months postpartum after another APO admission. CT-adrenal revealed a 3 cm right medial-limb adrenal adenoma. She is currently awaiting optimisation for right adrenalectomy.

CONCLUSION

This case highlights the rare occurrence of recurrent APO during pregnancy and postpartum in a patient with adrenal Cushing. The potential link between CS and cardiomyopathy would need further exploration.