menstrual irregularities, progressing to amenorrhoea after right oophorectomy. Thyroid function tests (TFT) revealed mildly elevated FT4 (22.5 pmol/L) with normal TSH (1.37 mIU/L), prompting a diagnosis of thyrotoxicosis and treatment with carbimazole was started.

Additional hormonal assessment revealed hyperprolactinemia (2138 mIU/L), hypogonadotropic hypogonadism and morning cortisol was 528 nmol/L. Pituitary MRI showed a 1.5 × 1.8 × 1.9 cm sellar-suprasellar mass compressing the optic chiasm.

The discordant TFT in the presence of a sellar lesion raised suspicion for TSHoma, although SHBG was normal 41.9 nmol/L (ref: 16.8-125.2 nmol/L). She was referred for surgery. Perioperative examination revealed Cushingoid features – facial hirsutism, centripetal obesity, and dorsocervical fat pad. ACTH co-secretion was suspected. She underwent endoscopic transsphenoidal resection, during which a fungal ball was incidentally discovered in the sphenoid sinus and was managed accordingly.

Postoperatively, the patient developed adrenal insufficiency with hypotension (random cortisol 24 nmol/L) requiring hydrocortisone. Histopathology confirmed a pituitary neuroendocrine tumor positive for both TSH and ACTH on immunostaining, alongside synaptophysin and chromogranin positivity, with a low Ki-67 index (1%). Postoperative thyroid and prolactin levels normalized.

CONCLUSION

This case highlights the diagnostic complexity of plurihormonal pituitary tumors. Although initially suspected to be a TSHoma based on discordant TFT, perioperative recognition of Cushingoid features led to the diagnosis of ACTH co-secretion confirmed via immunostaining. Careful clinical evaluation and histological confirmation are critical in such rare presentations.

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A CASE SERIES OF DRUG-INDUCED THYROIDITIS

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INTRODUCTION/BACKGROUND

Drug-induced thyroiditis is a relatively rare condition which is characterised by the inflammation of thyroid gland after exposure to certain medications, with contrast agents and amiodarone being our main focus in this case series.

CASE

Case 1. A 40-year-old female with temporal bone squamous cell carcinoma and no prior thyroid disorder was undergoing radiotherapy and cisplatin-based chemotherapy and lost 5kg within a month. Clinically, the patient was euthyroid. Initial thyroid function test (TFT) showed TSH <0.01mIU/L (0.27-4.20) and fT4 35 pmol/L (12-22). Carbimazole 20 mg OD and propranolol 20 mg BD were started. Despite optimising carbimazole dose to 40 mg OD, repeated TFT after 10 days showed TSH <0.01 mIU/L, fT3 8.6 pmol/L (3.1-6.8), fT4 62 pmol/L. Anti-TSH Receptor and anti-TPO antibodies were negative. Thyroid ultrasonography showed bilateral spongiform thyroid nodules (TR1). With a history of CT-simulation radiotherapy with 21000 mg iodine-based contrast given 1 month prior, a diagnosis of contrast-induced thyroiditis was made. Prednisolone 40 mg OD (1 mg/kg) was initiated while carbimazole was tapered off over a month. Patient became biochemically euthyroid after three months of corticosteroids.

Case 2. A 75-year-old man with no prior thyroid disorder and a recent history of coronary angiography presented with multiple episodes of ventricular tachycardia, requiring repeated synchronised cardioversion and multiple boluses of IV amiodarone 150 mg. Patient had palpitations but no signs of hyperthyroidism. TFT revealed TSH 0.1 mIU/L, fT3 5.5pmol/L, fT4 33 pmol/L. Carbimazole 20 mg OD was started. Anti-TSH receptor and anti-TPO antibodies were negative. Diagnosis of type 2 amiodarone-induced thyroiditis was made; thus the patient was started on prednisolone 25mg OD (0.5 mg/kg). Carbimazole was subsequently stopped, while prednisolone was gradually tapered off. Patients became biochemically euthyroid after one month of corticosteroids.

CONCLUSION

These cases are two types of drug-induced thyroiditis—contrast-induced thyroiditis and type 2 amiodarone-induced thyroiditis. Both cases showed hyperthyroidism biochemically but were clinically asymptomatic. It is crucial to make an accurate diagnosis to ensure appropriate treatment. Steroids played a major role in the treatment, while antithyroid drugs are less effective.