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UNUSUAL DERMATOLOGICAL MANIFESTATION OF GRAVES' DISEASE IN AFRO-CARIBBEAN PATIENTS

https://doi.org/10.15605/jafes.037.AFES.140

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OBJECTIVES
To describe an unusual skin manifestation of Graves' disease in Afro-Caribbean patients.

METHODOLOGY
Seven patients referred to a private endocrine clinic for management of hyperthyroidism between 2000 and 2021 are described. They all had laboratory confirmation of a thyrotoxic state by demonstration of suppressed TSH and elevated Free T4. Graves' disease was identified as the aetiology by the presence of at least one of the following: exophthalmos, diffuse goitre with bruit, elevated TSH-receptor antibodies or diffuse uptake on a technetium scan. At the time of consultation, the patients were noted to have unusual skin lesions, which were photographed either with their consent (six adult patients) or with the consent of the parent (one child).

RESULTS
The patients ranged in age from 9 to 52 years at the time of presentation. They were of Afro-Caribbean origin. They were all markedly thyrotoxic. They were noted to have skin lesions in areas other than the typical pre-tibial area. The lesions were non-pruritic and non-erythematous and were not in keeping with urticaria. The appearance in each of the patients was similar and was either papular or nodular. Areas involved included the chest, back, forearm, hand and foot, thigh and face. One patient (the first one identified) had biopsy that showed a perivascular lymphocytic infiltrate in the mid-dermis.

CONCLUSION
Nodular dermopathy in areas other than the pre-tibial region should be recognized as a dermatological manifestation of Graves' disease in Afro-Caribbean patients.

PP-T-14

A CASE OF SYNCHRONOUS MALIGNANT STRUMA OVARII AND PAPILLARY THYROID CARCINOMA

https://doi.org/10.15605/jafes.037.AFES.141

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BACKGROUND
We report a female presenting with synchronous malignant struma ovarii and papillary thyroid carcinoma.

In this case study, we reviewed the presentation, evaluation, diagnosis, and management of malignant struma ovarii presenting synchronously with papillary thyroid carcinoma. We also reviewed the differential diagnoses to be considered and approaches in the management of malignant struma ovarii after surgery.

CASE
A 32-year-old Filipino female presented with profuse vaginal bleeding associated with left hypogastric pain. Transvaginal ultrasound revealed 3.09 x 2.99 x 2.73 cm and 4.96 x 4.63 x 3.7 cm cystic masses with solid components on the right and a 6.56 x 6.54 x 4.76 cm complex mass on the left. Her thyroid function tests were normal: FT4 14.65 pmol/L (12-22 pmol/L), FT3 4.57 pmol/L (2.80-7.10 pmol/L), TSH 1.170 iUI/mL (0.27-4.2 iUI/mL). Serum thyroglobulin level was also normal. Her neck ultrasound and PET CT scan were unremarkable. She underwent emergency exploratory laparotomy with bilateral oophorectomy due to ovarian torsion. Histopathology of the right ovarian mass revealed a malignant struma ovarii (papillary thyroid carcinoma) without lymphovascular invasion, while the left ovarian mass was found to be a mature cystic teratoma. She subsequently underwent total thyroidectomy with histopathology revealing papillary thyroid microcarcinoma, infiltrative follicular variant, 0.1 cm in widest diameter, limited to the left lobe. Postoperatively, she underwent radioactive iodine and levothyroxine suppressive therapy.

CONCLUSION
Struma ovarii is a rare type of teratoma with no universally accepted criterion for diagnosis and management. Our case demonstrates that struma ovarii should be suspected in a woman presenting with an ovarian teratoma and should involve a multimodal treatment approach, including surgery, radioactive iodine treatment, and thyroxine therapy.