PP-T-19

MYXEDEMA COMA AS AN EARLY MANIFESTATION OF HASHIMOTO'S THYROIDITIS: A CASE REPORT

https://doi.org/10.15605/jafes.037.AFES.146

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BACKGROUND
Myxedema coma is a rare, life-threatening endocrine emergency with a high mortality rate that needs early recognition and proper treatment. Most often, this condition can be found in patients with Hashimoto's thyroiditis or after total thyroidectomy.

CASE
A 39-year-old female was brought to Emergency Department due to delirium and general weakness. Upon examination, edema, weight gain, dry skin and amenorrhea were also present.

There was no history of thyroid disorders. She had hypotension, bradypnea, bradycardia, and was eventually intubated. Laboratory values included TSH 73.17 IU/L, T4 <10.23 nmol/L and anti-TPO 284 IU/mL. A diagnosis of myxedema coma and Hashimoto's thyroiditis was established, and the patient was treated with levothyroxine and hydrocortisone. Her condition rapidly stabilized.

The estimated incidence rate of myxedema coma is 0.22 per million people per year. It is 10 times more common in women. Clinical symptoms include altered mental status, hypothermia, bradycardia, hypotension, and hypoventilation. Physical findings may show a myxedematous facies, which is characterized by generalized puffiness, macroglossia, and a coarse facial appearance. Thyroid hormone measurement clinches the diagnosis. Popovenioic and Chiong also developed a scoring system to help diagnose it. The mortality rate may be as high as 20-60%. Protocols with high doses of thyroid hormone and supportive measures may improve the prognosis.

CONCLUSION
This case highlights that myxedema coma not only occurs in patients with a prior medical history of thyroid disease but can also be a first manifestation of hypothyroidism.

PP-T-20

PREDICTIVE FACTORS FOR RECURRENT GRAVES' DISEASE AFTER TREATMENT WITH HIGH FIXED-DOSE RADIOACTIVE IODINE THERAPY

https://doi.org/10.15605/jafes.037.AFES.147

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OBJECTIVES
Failure rates of radioactive iodine (RAI) for treatment of Graves' disease range from 10% to 40% depending on the region, patient characteristics and other factors. The purpose of this study was to investigate the predictive factors for RAI failure after treatment of Graves' hyperthyroidism with fixed-dose RAI.

METHODOLOGY
Ninety-six patients with Graves' disease who received 10 mCi or higher doses of RAI after failure of initial anti-thyroid drug (ATD) treatment with either propylthiouracil (PTU) or methimazole (Tapazole), were enrolled in this study. All patients had typical clinical presentation. RAI treatment was considered successful which euthyroidism or hypothyroidism was found after 1-year follow-up, without anti-thyroid drug usage.

RESULTS
The success rate of RAI therapy was 68% (65 out of 96 patients), while the failure rate was 32% (32 of total 96 patients). There was no significant difference between the success and failure groups regarding age, gender, thyroid functional status, and TSH receptor antibody. On the other hand, the failure group had a younger age at initial diagnosis, longer disease duration, and larger thyroid volume (all $p < 0.05$). In addition, we noticed that patients on PTU before RAI had a significantly higher failure rate (9 out of 15, 60%) than those on methimazole (22 out of 80, 28%).

CONCLUSIONS
We found age at diagnosis, duration of Graves' disease, and thyroid volume as significant factors affecting the outcome of RAI treatment, which were consistent with observations of previous studies. Our study showed that treatment with PTU prior to RAI led to a significantly higher failure rate than treatment with methimazole.