

HASHIMOTO'S THYROIDITIS WITH CONSEQUENT PRIMARY HYPOTHYROIDISM

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A nine-year old girl was hospitalized on the Pulmonology Ward of the Children's Hospital in Tuzla three times in a four-month period for pneumonia and bilateral hilar lymphadenitis. When she was admitted the first time, along side the symptoms of the basic illness, she was also feeling fatigued and sluggish, she had a poor appetite and constipation. Her body mass (BM) was 29 kg (75-90 percentile) and her height (BH) 124 cm (25 percentile). Her blood test findings indicated anaemia (erythrocytes (E) $3.78 \times 10^9/l$; haemoglobin (Hb) 104 g/l; hematocrit (Htc) 0.33/l/l and reticulocytes (Rtc) 1.4%). Four months later she was still fatigued, sluggish, she had a poor appetite and constipation. Her face was puffy, her skin pale yellow, her eyelids and lips swollen (Figure A). An examination by palpitation did not establish an enlarged thyroid gland. Her BM was 2.5 kg higher, her BH the same. Hashimoto's Thyroiditis was suspected. Ultrasound examination showed diffuse enlargement of the thyroid gland (volume: 8.6 ml; above 97th percentile) with hypoechoogenic and non-homogenic parenchyma. The level of thyroxin (T4) was low (7.1 nmol/l, normal values 65-160), thyroid-stimulating hormone (TSH) was high (above 100 IU/ml, normal values 0.15-3.2) and antibodies to thyroid peroxidase (154.4 IU/ml; normal values 0-35) and thyroglobulin 814 IU/ml; (normal values 0-40) were positive. Anaemia was again present (E $3.7 \times 10^9/l$; Hb 103 g/l; Htc 0.31, Rtc 0.99%). An X-ray of the hand was normal for a girl aged 6.9 years and the results of the MR showed a voluminous hypophysis (10x10x12 mm - appropriate for the size of the hypophysis in puberty), with slightly inhomogeneous parenchyma and raised roof. A positive family history was also established. The elder sister had been diagnosed with Hashimoto's Thyroiditis with the consequent primary hypothyroidism at the age of 16.7 years. Four months after the introduction of L-thyroxin (100 µg) the girl was clinically much better (Figure 2). The findings of T4, TSH, E, Hb and Htc were within the limits of the reference values. BH was 128 cm.