

A. Small Group Discussion:

CLINICAL CASE 1: THYROTOXICOSIS

Case history

Mrs. Leen was 25 years old when she became pregnant for the first time. The pregnancy was uneventful and no thyroid function disturbance was recognized at her routine postpartum visit, i.e., six weeks, after delivery. At about ten weeks postpartum, she became increasingly fatigued and irritable with episodes of palpitations. She was seen by an internist because of these symptoms.

PHYSICAL EXAMINATION: She appeared anxious and hyperkinetic. Her pulse was 120/min, BP 130/60. Her skin was warm, moist and smooth. She had lid lag and normal ocular motility. The thyroid was diffusely enlarged, with a prominent isthmus, and was estimated to weigh approximately 40 grams (2 times normal size). She had a bounding cardiac apical impulse, a pulmonic flow murmur, and a systolic bruit over the thyroid. She had a fine tremor and rose from a deep knee bend with difficulty. The rest of the examination was unremarkable.

LABORATORY DATA: Serum T₄ is 16 µg/100 ml (normal 4.5-10), serum T₃ is 550 ng/100 ml (normal 75-180).

Objectives of the seminar:

1. What is your differential diagnosis?
2. Are more tests required to define the thyroid status ?
3. What additional physical signs would strengthen your preferred diagnosis?
4. Describe the expected clinical course for 2 of the possible diagnoses, and what therapy would you recommend?
5. What is the cause of the a) pulmonic flow murmur? b) the thyroid bruit? c) lid lag?
6. Is there any contraindication to future pregnancy?