04/15/21 Morning Report with @CPSolvers

***Case Presenter**: Thiago Mendes (@mendesthiagob) **Case Discussants**: CPsolvers Family*

CC: Neck pain/dolor de cuello/dor no pescoco

HPI: 30 year old female presented with neck pain for 2 weeks associated with tenderness. Weight loss (55 kg to 53.5 kg). Hand tremor. No sleep changes, change in bowel habits, or night sweats. Regular menses

Past Medical History: Sore throat 4 weeks ago. Treated with Amoxicillin and NSAIDs.

Meds: none

Family History: unremarkable

Social History: unremarkable

Health Related Behaviours: No alcohol, tobacco or illicit drug use

Allergies none

Vitals: **T**: **HR**:110 **BP**:132/78 **RR**: **SpO_2**:
Exam:
Gen: Enlarged thyroid. Palpable
HEENT:
CV: nl
Pulm: nl **Abd:** nl
Neuro: High frequency, low amplitude tremor bilaterally in UE
Extremities/Skin:

Notable Labs & Imaging:
Hematology:
WBC: 6.28k Hgb:11.9 Hct-33.3 Plt:211k

Chemistry:
Na:140 K:3.9 Cl: CO2: BUN: Cr:0.7

ESR-36 mm,
TSH-0.01 mU/L FT4 1.88 ng/dl, Total T3- 150 ng/dl
Thyroglobulin- 92 ng/ml, TRAb-negative
Strep negative

Final dx- De-Quervain Thyroiditis
Patient was treated with propranolol and later on with levothyroxine once TSH had risen to 5 mU/L

Problem Representation:
ENG: 30F recovering from pharyingitis p/w subacute neck pain, 1.5 kg weight loss and hand tremor. Found to have enlarged thyroid, fine hand tremor and labs suggestive of primary hyperthyroidism.
ESP: Mujer de 30 años con antecedente de faringitis se presenta con dolor de cuello, pérdida de peso y tremor. Se palpa una tiroides agrandada y dolorosa. Laboratorios consistentes con hipertiroidismo primario con tiroglobulina elevada.
POR: Paciente F, 30a, previamente hígida, apresenta-se com dor subaguda cervical, perda de peso e tremor em mãos. Refere faringite há 4 semans. Exames laboratoriais revelaram aumento de tireoglobulina e diminuição do TSH.

Teaching Points (Maria):

- **Neck Pain:** Similar to lower back pain - MC cause: musculoskeletal (disc, ligaments, arthropathy); nervous (meninges, cervical/brachial plexus). + Differences to lower back pain: thyroid, vascular (Lemierre disease). Others: tension HA, dystonia.
- **Tremor: Systemic:** enhanced physiologic tremor (low frequency).**Neuro:** false tremor: fasciculations or seizures VS true tremor: resting, intentional, essential - postural (familiar, alleviates with OH)
  - Tremor + Any other non neurological feature: think enhanced physiological tremor. Exogenous causes: drugs/meds; Endogenous: Endocrine: hypoglycemia, pheo, thyroid. Non Endocrine: Anxiety.
- **Post Pharyngitis:** GSA: Rheumatic fever → Sydenham Chorea, GMN, PANDAS; Suppurative (acute): Retropharyngeal abscesses, keep an eye on Lemierre, osteomyelitis. Non suppurative: Renal: GMN, Alport syndrome, IgA syndrome. CV: endocarditis, myocarditis, pericarditis. Thyroid: thyroiditis (ie: Quervain - hyper→ eu→ hypothyroidism)
- **Approach to Thyroid Tests:** Check tests according to level: gland T4, T3; Pituitary: TSH. Thyroglobulin: protein produced by follicles -- increased suggests damage of the gland *"AST and ALT of thyroid"*. TRAb: + in Graves.
  - Always ask for biotin intake.
- **De Quervain thyroiditis:** Painful, Post Viral. Self limited; may need transient hormone replacement.