



08/2/21 Endo Morning Report with @CPSolvers

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CASE 1

Summary of the case: 42yM w/no known PMHx p/w hyperadrenergic state. Further evaluation shows lid lag, non palpable thyroid and primary hyperthyroidism.

CC and HPI: Palpitations & tremors

42 M complains of palpitations & tremors since a few months. Insomnia and a lot of energy during day. Loose stools 3-5 episodes/day.

Mother, Sister - Hashimoto's thyroiditis

Findings from exam: T: HR:102 BP: 140/90 RR: 18

Gen: Anxious, moving from one place to another. **HEENT:** Lid lag + no thyroid enlargement

CV: Tachycardia

Labs/imaging: CBC and BNP normal. EKG: Sinus tachycardia

TSH < 0.0001. Free T4: 3. Free T3 10; RAI: 40% after 24hrs (N 20-25%) TSI Ig + TSH ab +

Dx: Grave's disease

Teaching points (Rafa):

● PALPITATIONS AND TREMORS FOR A FEW MONTHS

Hypermetabolic syndrome - increased adrenergic tone

Cardiac arrhythmias like afib, tachyarrhythmias - palpitations

Possible etiologies: thyrotoxicosis (Grave's disease, exogenous thyroid use - increased number and sensitivity of B-adrenergic activity), pheochromocytoma, cocaine overdose, patient on MAOI eating tyramine (cheese)

● **LID LAG:** static situation in which the upper eyelid is higher than normal with the globe in downgaze / Sign of thyrotoxicosis - no matter the source (exogenous / endogenous).

● **THYROTOXICOSIS CAUSES:** Graves, toxic multinodular goiter, medications (amiodarone - Job Basedow phenomenon)), subacute thyroiditis

● **HIGH UPTAKE OF IODINE** - hyperthyroidism

● **LOW UPTAKE OF IODINE** - exogenous hormone, thyroiditis, production of thyroid (struma ovarii)

CASE 2

Summary of the case: 60 year old F p/w surveillance PET scan left breast cancer showing focal uptake R middle thyroid lobe. No palpable masses, fullness of neck

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Triple neg +breast cancer s/p lumpectomy and radiation 7 years ago; No smoking alcohol use

Important findings from exam:

-Vital signs normal

-Thyroid exam normal

- All other systems normal

Important labs/imaging:

-TSH 4.79

-US: 0.9cm R middle lobe thyroid nodule, small hyperintensities consistent w/ microcalcifications

- FNAC: Papillary thyroid cancer +

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Teaching points (Rafa):

● NODULES ON THYROID

W > M and increases with age

Single hot nodule: adenoma

Single cold nodule: possible cancer - most cancers don't make hormone
About 10% of cold nodules are malignant

● THYROID CANCER

Usually no hyper / hypo symptoms

Biopsy done by fine needle aspiration

Thyroid US - look for the borders, vascularity, and calcification

Lung , kidney, GI tract can metastasize to the thyroid

Papillary carcinoma w/ psammoma bodies - most common primary thyroid tumor - increased risk w/ prior radiation exposure. Empty-appearing nuclei w/ central clearing - Orphan Annie eyes