Thyrotoxic Hashimoto's encephalopathy

Thyroid disease is associated with several neurological disorders,1 of which one of the rarest and least well understood is Hashimoto’s encephalopathy. This was originally postulated to be a distinct disease entity by Brain et al.2 in 1966 and there have subsequently been case reports substantiating the hypothesis that it represents a unique condition.3-5 The characteristic features are a subacute onset of confusion with altered consciousness, seizures, and stroke-like events that respond to steroids and which occur in the context of high anti-microsomal antibody titres.1 To date all the patients reported have been either euthyroid or hypothyroid at the time of presentation. We present a patient with Hashimoto’s encephalopathy due to iodine-responsive thyroiditis, that was successfully managed with steroids, carbimazole, and propranolol. A 49 year old woman presented with a six month history of weight loss and a three month history of proximal arm pain and hand tremor. Two weeks before admission she developed a progressive left sided weakness involving the arm and leg in conjunction with a visual field defect. On examination at admission she was found to be disoriented and first she was confused, then she became flushed, feverish, and tachycardic with a hyperdynamic circulation. Her thyroid gland was slightly enlarged but there was no associated bruit. Cranial nerve examination disclosed left visual inattention as the only abnormality. Limb examination showed a moderately severe left hemiparesis with left sensory inattention, generalised hyperreflexia, and bilateral extensor plantar responses. She had wasting of the shoulder girdle muscles and adhesive capsulitis of the shoulder joints bilaterally. In the days immediately after admission she became drowsy, confused, and had florid visual hallucinations, while independently having runs of paroxysmal atrial fibrillation. As a result of the original negative findings (see later) dexamethasone (12 mg/day) and slow reduction over three days started with the presumptive diagnosis of an encephalitis or vasculitis. On this regime she made a dramatic improvement, which was further enhanced by the treatment of her thyrotoxicosis.


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