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Hypothyroidism is a common endocrine disorder characterized by the impaired function of the thyroid gland and reduced production of thyroid hormones. The clinical manifestations of hypothyroidism can vary significantly, ranging from asymptomatic presentations to those that are life-threatening. We present a unique case of acute renal failure attributed to rhabdomyolysis in conjunction with a severe form of hypothyroidism. Remarkably, the patient's condition improved completely following the administration of levothyroxine, resulting in the induction of a euthyroid state. This case underscores the importance of evaluating thyroid function in patients presenting with acute kidney failure, as it may play a critical role in clinical decision-making and management.

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JOINT136

Unveiling the causes of hyperthyroidism: a retrospective analysis

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Introduction

Hyperthyroidism is a frequent endocrine condition resulting from an over-production of thyroid hormones. The disorder is caused by diverse underlying etiologies, each with distinct clinical and immunological profiles. This study aimed to analyze the etiologic distribution of hyperthyroidism in a cohort of patients followed in our center.

Materials and Methods

We conducted a retrospective analysis of patients diagnosed with hyperthyroidism in our institution. The diagnosis was based on clinical presentation, laboratory findings, and immunological markers. Specific antibodies, including anti-TSH receptor (anti-RTSH), anti-thyroperoxidase (anti-TPO), and anti-thyroglobulin (anti-Tg), were systematically assessed.

Results

31 patients were diagnosed with hyperthyroidism. Graves' disease was identified in 19 patients, including 10 men and 9 women, with a mean age of onset of 35.52 years. All patients presented with a goiter, and exophthalmos was observed in 11 cases. Anti-TSH receptor antibodies were positive in all patients, confirming the autoimmune nature of the disease. Hashitoxicosis was diagnosed in 12 patients, including 10 women and 2 men, with a mean age of onset of 36.83 years. Goiter was present in 9 cases. Immunological testing revealed positivity for anti-TPO and/or anti-Tg antibodies in all patients, while anti-TSH receptor antibodies were negative.

Discussion

Graves' disease emerged as the leading cause of hyperthyroidism in our cohort, consistent with global epidemiological data. Its hallmark clinical features, including diffuse goiter and the frequent occurrence of exophthalmos, underline the importance of clinical examination and antibody testing. Hashitoxicosis, often considered a transient phase of autoimmune thyroiditis, represented the second most common etiology. Its diagnosis relies on the presence of specific thyroid antibodies and the exclusion of anti-TSH receptor positivity.

Conclusion

This study emphasizes the predominance of Graves' disease and Hashitoxicosis as etiologies of hyperthyroidism. The distinct clinical and immunological profiles observed highlight the necessity for a comprehensive diagnostic approach to guide appropriate management strategies.

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Echographic features of nodular hashimoto's thyroiditis

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Objective

The aim of the study is to analyze the sonographic features of nodular Hashimoto thyroiditis (HT).

Methods and materials

In a retrospective study, the clinicohistopathologic and echographic (number, diameter, shape, margins, vascularity, halo) data of patients who underwent total or partial thyroidectomy and had a HT in the histopathological specimen, from the 1st of January 2018 to the 31st July 2023 were analyzed.

Results

Our serie includes 73 patients and 155 thyroid nodules. All the patients are female and the mean age is 47 years. 16 patients have a thyroid dysfunction. No patient have a personal history of neck irradiation. 12 patients have family history of thyroidectomy. The mean nodule diameter is 35.5 mm(4-68 mm). 59.3% of nodules are located in the right lobe while 40.6% are located in the left lobe. 43.2% are completely solid, 10.3% are kystic and 46.4% have a mixed structure. 83.8% have an oval shape and 16.2% have a round shape. Nodules margins were sharp in 78.06% and indistinct in 21.9%. 16.12% are hyperechoic, 54.19% are isoechoic, 20.6% are moderately hypoechoic and 9.03% are very hypoechoic. 55.48% of nodules are surrounded by a thin halo and 44.5% does not. On color doppler, 18.6% of nodules showed peripheral hypervascularity, 32.9% were diffusely hypervascular and 49.03% were isovascular. 7.06% of nodules have microcalcification while 9.67% have macrocalcification.

Conclusion

The sonographic appearance is variable but the most common aspect is an isoechoic, isovascular and oval shaped nodule with sharp margins.

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