



ICHTHYOSIS - A CLUE

General Medicine

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KEYWORDS

INTRODUCTION –

Hypothyroidism is a common endocrine disorder resulting from deficiency of thyroid hormone. The clinical manifestation of hypothyroidism is highly variable depending on age of onset and duration and severity of thyroid hormone deficiency. Thyroid hormone directly or indirectly, through erythropoietin, stimulate growth of erythroid colonies. In deficiency of thyroid hormone anemia can develop it can be normocytic, hypochromic-microcytic or macrocytic. We need to evaluate the prevalence and types of anemia in primary hyperthyroid patient because both have significant medical implications.

Case Presentation :-

A 25 Year Old Female Presented With Chief Complaints Of

- facial puffiness
- Bilateral upper limbs and lower limbs swelling
- Generalized weakness

Since 1 Month

She reported increased sleepiness, weight gain in last 6 months, deterioration of work performance, change in voice, dryness of skin H/o PV bleeding since 10-12 days
H/o irregular menses, once in 2 months lasting 1-2 days, 1 pad/day H/o passage of black stools 6 months back
NO h/o previous hospitalization No h/o any comorbidity

On General Examination -

Conscious,
alert,
Afebrile
Spo2- 98 % on room air
BP- 100/70 mm/hg
Pulse rate-76/min regular
Koilonychia +
Pallor +
Edema +, nonpitting



On Further Routine Evaluation -

- Hb- 4.8 gm%
- RDW - 24.3
- Hematocrit -15
- MCV - 80
- MCHC-30.4
- Peripheral blood smear - Normocytic normochromic
- Serum TSH -100
- Serum T3 -0.35
- Serum T4 - 6.5
- LDH - 572.3
- USG-Thyroid s/o - thyroid gland appears small in size on both size
- We could not send Iron TIBC, Anti-TPO antibodies as it was not available in hind lab. On follow up she was advice to do these reports.

On Follow Up -

- TSH - 80
- Anti - TPO antibodies -354.6

Treatment -

- 3 PCV Transfused
- Injection iron sucrose 200mcg in 100ml NS iv OD
- Injection Vitamin K 10mg iv OD
- INJ ethamsylate 500mg iv BD
- Tab Thyronorm 50 mcg OD then increased to 100mcg after 3 days as patient tolerated the dose
- **Diagnosis** - A case of autoimmune hypothyroidism with blood loss anemia with irregular menstrual cycles.

Learning Point -

1. Ichthyosis is most common finding on clinical examination in hypothyroidism and it should not missed.
2. Anemia is a common finding in overt hypothyroidism, but anemia is not listed among the consequences of untreated hypothyroidism. Type and cause is also different for anemia in hypothyroidism. Therefore, anemia in hypothyroidism needs to be properly evaluated because treatment varies with etiology of anemia
3. On further follow TSH should be done after 45 days after starting medications for further dose adjustment.
4. As pt was young thyroid hormone started with 100 mcg, but if to its elderly we need to escalate the dose as there are higher chances of cardiac dysfunction

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