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A streak of bad luck

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Background and Aim: Graves' disease is the most common cause of persistent hyperthyroidism in adults, accounting for 60-80% of all cases. Approximately 3% of women and 0.5% of men will develop Graves' disease during their lifetime. An infiltrative ophthalmopathy is present in about 50% of patients and may not improve following treatment.

Objective: Primary care physicians are usually the point of first medical contact within the healthcare system, therefore we aim to discuss their role in the recognition of signs and symptoms of hyperthyroidism and in ascertaining its etiology (as it influences treatment and prognosis). This case also emphasizes the relevance of the holistic modelling and person-centred approach.

Case Description: A 28-year-old female patient presented to the family physician with complaints of weight loss and postprandial diarrhea, without mucus or blood. She had lost 10kg in a month, despite good appetite and food intake. Bilateral exophthalmos was self-evident and the patient mentioned retro-ocular pain and diplopia, which severely affected her daily life. The results of thyroid function tests and ultrasound suggested Graves' disease as the diagnosis. Despite her thyroid function improved with antithyroid drugs, the bilateral exophthalmia progressed. She underwent surgery without no clear improvement. She then developed a body image distortion associated with insomnia, depressed mood and lost interest in most activities. Depression was aggravated when she got divorced, having attempted suicide twice.

Discussion: Graves' disease is a common cause of hyperthyroidism and is usually associated with a good prognosis. In this patient however, the disfiguring proptosis and diplopia were responsible for severe impairment in daily functioning and high psychosocial morbidity. This case emphasizes the central role played by primary care physicians in managing organic disease as well as its social and psychiatric consequences.