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Graves' disease - the hyperthyroidism in exhibition

Sara Rocha(1), C Rodrigues(2), R Regadas(2), S Vieira(3), C Baldaia(4), B Figueiredo(5)

(1) UCSP B, Chaves 1, Portugal

(2) UCSB S, Neutel Chaves 1, Portugal

(3) USF Alpendorada, Marco de Canaveses, Portugal

(4) USF Sta. Luzia, Paços de Ferreira, Portugal

(5) USF Conchas, Lisbon, Portugal

Corresponding author: Dr Sara Rocha, ACES Alto Tâmega E Barroso, UCSP B - Chaves 1, Fafe, Portugal. E-mail: sara_rocha1299@hotmail.com

Introduction/Aims: Graves' disease is an autoimmune disease relatively frequent, which is influenced by a combination of environmental and genetic factors. Approximately 60-88% of the cases of hyperthyroidism are due to Graves' disease. The presence of a diffusely enlarged thyroid gland, thyrotoxic signs and symptoms, together with evidence of ophthalmopathy or dermopathy, can establish the diagnosis. The clinical suspicion normally takes place at Primary Care and to make the definitive diagnose is necessary to assess the thyroid function and the specific antibodies and do a thyroid ultrasound. Treatment involves the correction of the thyrotoxic state with antithyroid medications and sometimes it's even necessary surgery.

Methods: A search for articles using the MeSH terms Graves' disease and hyperthyroidism published between January and December 2015 was conducted. Case description: 53 year old woman, went to the doctor's appointment with pain and nonspecific eye complaints. At examination, she had exophthalmia and enlarged thyroid, without palpable nodules. The analysis revealed a TSH 0.005mIU/l, Ft4 74µg/dL, antithyroid antibodies 213UI/L, antithyroglobulin antibodies 1626UI/L and a enlarged thyroid with a 4 mm nodule. 23 year old woman, went to the doctor's appointment with weight fluctuations, excessive sweating and anxiety. At examination she had a palpable thyroid, without nodules. The analysis revealed a TSH 0mIU/l, Ft4 1.5 µg/dL, antithyroglobulin antibodies 28091UI/L, antithyroid antibodies 327,47UI/L. The ultrasound revealed a heterogeneous and hypoechoic thyroid, with a 8 mm nodule in the left lobe. Both of them started Propylthiouracil.

Conclusion: It's a quite obvious presentation but it can easily led us to think about others pathologies, so it's really important to do a thorough objective examination and study the thyroid function. After diagnose, the Family Physician's role is to prevent the cardiologic and pulmonary complications, maintain the euthyroidism state and to educate the patient about the hyper/hypoadrenegic states.