

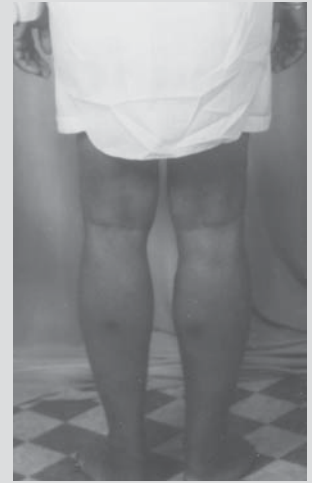
UNUSUAL PRESENTATION OF ABNORMAL THYROID STATE

N.S. Neki

Department of Medicine. Govt. Medical college/Rajindra Hospital, Patiala (Punjab), India

CASE I

A 38 years old male with history of delayed onset of puberty presented with features suggestive of myxedema which included generalized swelling, hoarseness of voice, constipation and cold intolerance. He also had muscle complaints in the form of muscle pain, cramps, stiffness and weakness (especially proximal muscle type). On examination, he had bilateral calf muscle hypertrophy (see photograph) with percussion myoedema, wasting as well as slowness of both contraction and relaxation phases of deep tendon reflexes. His thyroid profile revealed T3-42 ng/dl, T4-2.1 ug/dl, TSH-41.9µU/mL and CPK was 510 u/L. In this patient with features of myxedema and bilateral calf muscle hypertrophy, a diagnosis of **Hoffman syndrome** was made. In hypothyroid state, abnormalities of skeletal muscle include diffuse myalgia, stiffness, increased volume and slowness of contraction and relaxation. Cretinism in association with these abnormalities is known as **Kocher-Debre Semelaigne syndrome**. Thyroxine administration is known to correct these muscle disturbances.



Photograph of patient of myxedema showing bilateral calf muscle hypertrophy

CASE II



A 62 year old male patient, non smoker, non diabetic and vegetarian from Himachal Pradesh, presented with progressive swelling of legs for five years. He also complained of heat intolerance, palpitation increased appetite and loss weight seven years back. In view of the above history, a diagnosis of **thyrotoxicosis** was made. He was put on Tab. Carbimazole in adequate dosage and his symptoms subsided with the treatment beyond 6 months. He was subjected to subtotal thyroidectomy in the year 2000 with complete amelioration of symptoms. Four months following surgery, he complained of swelling and thickening of the skin on skin of tibia on the both legs. The swelling progressively increased to the present size. On examination, he was clinically euthyroid with a scar mark on the neck and prominent eyes. But he had no obvious exophthalmos. There was bilateral diffuse swelling of the legs in the anterior aspect (see photograph), which was non-pitting, coarse, dry, thick and was associated with peau-de-orange appearance. His Laboratory profile including T3, T4 and TSH levels were normal. The thyroid scan showed residual thyroid tissue. The skin biopsy showed diffuse fibro-connective tissue. This skin condition was **diagnosed as pretibial myxedema**. It is uncommon in Indian subjects and has no definite treatment except local application of corticosteroids. The patient was put on local corticosteroids but was unfortunately lost on subsequent follow up.