

A Rare Case of Subclinical Hyperthyroidism due to Graves' Disease with Papillary Thyroid Carcinoma in a Young Female

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Abstract

A 36-years-old lady presented with convincing symptoms of hyperthyroidism with a swelling in front of neck for last 3 months, but she denied any fever, flu-like illness or pain over it. On examination, there was a non-tender (2 X 2) cm² nodule in the left lobe of thyroid, firm in consistence, not fixed to surrounding structure and no cervical lymphadenopathy. Investigations showed, suppressed TSH with normal FT4, FT3 and positive TRAb. USG of thyroid showed a nodule (2.2 X 1.3 X 2) cm³ with TIRADS score of 4 in her lower pole of left lobe of thyroid, thyroid scan revealed a warm nodule at left lobe. FNAC showed Bethesda category- VI. Total thyroidectomy was safely performed. Histopathology confirmed the case as well differentiated, classical variety of papillary thyroid cancer. One month later she visited the endocrinologist with the TSH 73.3 mU/L, thyroglobulin 3.52 ng/ml, negative anti-thyroglobulin antibody, USG of neck shows no remnant, thyroid scan shows small remnant in thyroid bed. So, patient categorized into American Thyroid Association defined "indeterminate response" category. Levothyroxine was started again and kept her under regular follow-up. [*J Assoc Clin Endocrinol Diabetol Bangladesh*, 2025;4(Suppl 1): S52]

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