

A Case Study on the Interplay between Thyroid Storm and Hepatic Impairment

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Abstract

A 40-year-old lady presented with the complaints of fever, jaundice, anorexia, weight loss, nausea, and vomiting. She had experienced palpitations, heat intolerance and about 10kg weight loss, within a year. But, she ignored and did not seek for any medical advice. Her presenting vitals were; heart rate: 124 beats per minute, regular, respiratory rate: 24 breaths per minute, blood pressure: 90/60 mmHg, and temperature 101.0°F. The woman looked emaciated with the prominence of her zygomatic bones, had a mild diffuse goiter, and was severely icteric. However, there was no evidence of proptosis. Laboratory workup on admission showed significant raised bilirubin and aspartate aminotransferase along with biochemical evidence of hyperthyroidism. The diagnosis of Graves' Disease was further approved by high level of thyroid receptor antibody and diffuse enlargement of thyroid on ultrasound. Hepatitis was also evident by ultrasound features of reduced parenchymal echogenicity and increased periportal echoes. According to the Burch-Wartofsky Point Scale, score was 45 to categorize her as a case of thyroid storm. All the relevant etiologies related to hepatitis (Anti HEV IgM, Anti HAV IgM, Anti HCV, HBs Ag, including Anti-Nuclear Antibody (ANA), Anti Smooth Muscle Ab and Anti Mitochondrial IgG) were excluded. Initially, the patient was resuscitated with fluids, and symptomatic treatment was provided. Later she was managed with intravenous corticosteroid, carbimazole and β -blocker. She was discharged after two weeks with significant improvement of her clinical and biochemical profiles. [*J Assoc Clin Endocrinol Diabetol Bangladesh*, 2025;4(Suppl 1): S57]

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