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NEUROLOGIC MANIFESTATIONS OF AUTO-IMMUNE THYROIDITIS – A RARE CASE OF HASHIMOTO’S ENCEPHALOPATHY

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Introduction

Hashimoto’s encephalopathy is a rare neurological condition characterized by encephalopathy, auto-immune thyroid disease, and responsiveness to steroid treatment. A wide differential must be considered prior to diagnosis, and so it goes largely under-diagnosed. Here we describe a rare case of a woman with gradual-onset encephalopathy and seizures in the setting of poorly-controlled auto-immune hypothyroidism.

Case Presentation

62-year old female with PMH significant for hypothyroidism (secondary to Hashimoto thyroiditis) presented to our ED with seizures. As per family, she had been deteriorating for several months with marked lower extremity weakness (which had made her bedbound), ataxia, memory loss, confusion, visual hallucinations, and significantly decreased oral intake (resulting in medication non-compliance). Seizure resolved with lorazepam administration.

Exam, Labs, Imaging

- Bilateral INO w/ horizontal and vertical nystagmus
- Dysarthria
- 2/5 lower extremity motor strength bilaterally
- Areflexia in bilateral patella and Achilles tendons

TSH	31 uIU/mL
Anti-TPO antibodies	178 IU/mL
CSF WBCs	1 /mm ³
CSF proteins	126 mg/dL

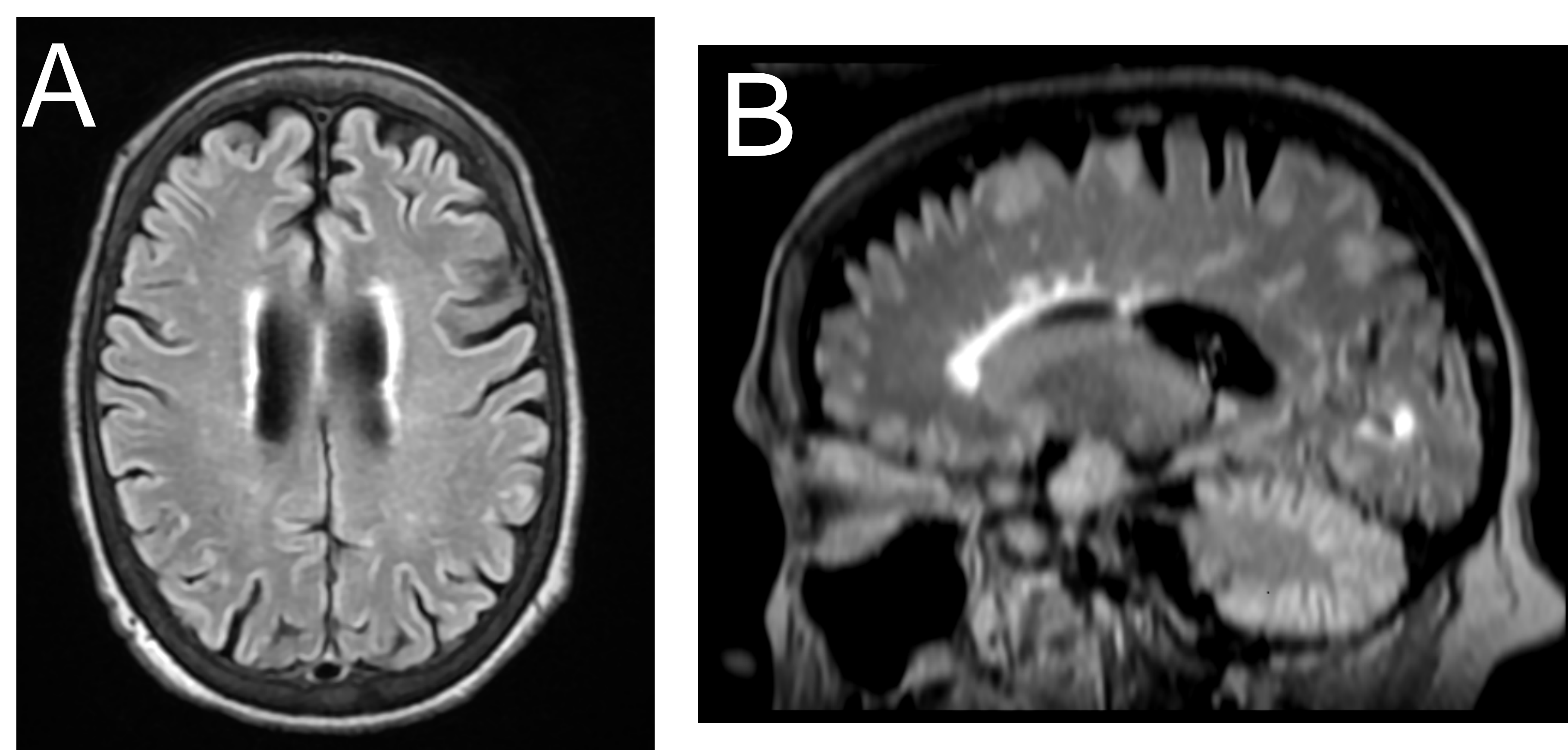


Figure: A) Axial and B) sagittal views of MRI brain (T2 and FLAIR) obtained during hospitalization demonstrating multiple supratentorial white matter signal abnormalities, some of which have a septocallosal pattern of distribution without enhancement.

Discussion

The exact pathophysiology of Hashimoto’s encephalopathy (HE) is not completely understood. HE is an autoimmune encephalopathy associated with antithyroid Ab characterized by acute or chronic mental status changes, psychiatric symptoms, seizures, and ataxia, all of which were present in our patient. The most consistent CSF abnormality is the presence of elevated protein. After an extensive diagnostic work-up for other causes of encephalopathy were unrevealing, a diagnosis of HE was made for our patient. She showed moderate improvement of her symptoms after treatment w/ plasmapheresis and IV steroids but continued to have significant weakness and will likely require close follow-up and sustained treatment for further benefit.

References

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