

AUTOIMMUNE THYROIDITIS (HASHIMOTO'S THYROIDITIS) IN A KNOWN CASE OF AUTOIMMUNE HEMOLYTIC ANEMIA



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Introduction

Chronic, autoimmune thyroid diseases are sometimes combined with autoimmune hematologic diseases, such as pernicious anemia, autoimmune hemolytic anemia (AIHA) and idiopathic thrombocytopenic purpura (ITP). Hashimoto thyroiditis is one of the most common autoimmune diseases, it's the most common cause of goitrous hypothyroidism. Autoimmune hypothyroidism may be associated with signs or symptoms of other autoimmune diseases, particularly vitiligo, pernicious anemia, Addison's disease, alopecia areata, and type 1 diabetes mellitus. Less-common associations include celiac disease, dermatitis herpetiformis, chronic active hepatitis, rheumatoid arthritis, systemic lupus erythematosus (SLE), myasthenia gravis, and Sjögren's syndrome.⁽¹⁾ However, not many cases of Hashimoto's disease have been found to be associated with autoimmune hemolytic anemia (AIHA). Except for countries where malaria is endemic, AIHA is the most common form of acquired hemolytic anemia.⁽²⁾

Methods

- TSH, FT4, FT3, Anti –peroxidase antibody, Anti Thyro-globulin,
- Anti Tissuetransglutaminase antibody, Anti endomesial antibody.
- Serum cortisol 8 am and 8 pm and ACTH.
- Ultrasonography of the neck.

Case report

A seventeen year old female adult, who is a known case of autoimmune hemolytic anemia since age of ten years old, came complaining of delayed puberty and short stature. She was on corticosteroids for four years till she underwent splenectomy after which her hemolysis was controlled with no medications other than long acting penicillin monthly. Her examination revealed the larche and pubarche and huge goiter so thyroid function tests were done including autoantibodies and ultrasonography (U/S) neck, abdomen and pelvis. **Surprisingly:**

Thyroid profile	At diagnosis	2 months later after treatment
TSH (0.7 -6 uIU/dl)	232	10.7
FT4 (0.9 – 2ng/dl)	0.21	1.37
FT3 (pg/ml)	0.4	3.6
Anti TPO (N. up to 43 U/ml)	More than 600	
Anti TG (N. up to 115 U/ml)	More than 4000	

And U/S neck features was suggesting of thyroiditis. Two months later after starting L-thyroxin, she had her first menses also her laboratory follow up results improved dramatically. Assessment of other autoimmune associations as Celiac disease, Addison's disease and type 1 diabetes were excluded.

Conclusions

We concluded that Patients with autoimmune hematological diseases should be screened for any associated autoimmune disease including thyroid function tests and thyroid auto-antibodies, to prevent the development of overt or subclinical hypo- or hyperthyroidism.

References

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