AUTOIMUNE THYROIDITIS (HASHIMOTO'S THYROIDITIS) INAKNOWN CASE OF AUTOIMMUNE HEMOLYTIC ANEMIA

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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)



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



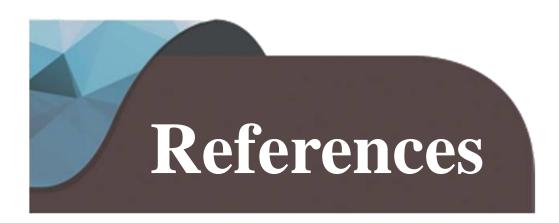
A seventeen year old female adult, who a known case of autoimmune hemolytic anemia since age of ten years old, came complaining of delayed puberty and short stature. She was on corticosteroids for four years till she underwent splenctomy after which her hemolysis was controlled with no medications other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

Thyroid profile	At	2 months
	diagnosis	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 andthyroid autoantibodies, to prevent the development of overt or subclinical hypo- or hyperthyroidism.



1. Goswami D, Brahma B, A B A, Sarma T, Choudhary B. A CASE OF HASHIMOTO'S THYROIDITIS WITH AUTOIMMUNE HAEMOLYTIC ANAEMIA. Journal of Evidence Based Medicine and Healthcare. 2014; 1(14):1738-41.

2. Lechner K, Jager U. How I treat autoimmune hemolytic anemias in adults. Blood. 2010; 116(11):1831-38.

