P2-458 UNILATERAL AUTOIMMUNE OPHTHALMOPATHY AS A FIRST SYMPTOM IN MANIFESTATION OF AUTOIMMUNE THYROIDITIS AND SYSTEMIC LUPUS ERYTHEMATOSUS IN AN ADOLESCENT GIRL. CASE REPORT

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INTRODUCTION

Autoimmune orbitopathy or autoimmune ophthalmopathy is an immune-mediated inflammation of orbital tissues of unclear etiopathogenesis.

Thyroid-related is most common in patients with hyperthyroidism and Graves' disease (GD); however, severe cases of orbitopathy associated with Hashimoto's thyroiditis (HT) are rare.

Herewith we report an unusual case of a severe unilateal right-sided autoimmune ohthalmopathy, that was the first symptom of slight form clinical and biochemical hyperthyroidism.

Moreover in some months she had developed a systemic lupus erythematosus.

CASE PRESENTATION SUMMARY

Patient G., 17 y.o., female
DS: Unilateral Autoimmune Ophthalmopathy. Autoimmune Thyroiditis.
Systemic Lupus Erythematosus.

Past Medical Hystory: A seventeen-year-old girl came to outpatient clinic complaining of enlargement and pains in the right eye. She had a history of a mild weight loss, anxiety and blurred vision for the last few weeks. She was referred from another clinic for evaluation of suspected hyperthyroidism. There was no family history of toxic goiter or exophthalmos. Her grandmother had a papillary thyroid cancer.
On physical examination, the patient showed a significant increase in size in the right eye.
Diffuse goiter, mild tachycardia and increased sweating were also noted.
Thyroid function tests,
TSH 0.01 (0.35-4.94mU/L),
T4free 24 (9-20pmol/L).
TPO Antibodies >3000, anti-thyroglobulin antibodies > 1500, confirming autoimmune thyroiditis.

In three months the patient developed right knee joint pains and enlargement. Circulating autoantibodies, immune complex, and complement activation were found as hallmarks of Systemic Lupus Erythematosus. The level of Interleukin-6, 17, tumor necrosis factor-α, and Th1 chemokines were changed. Oral prednisolone was prescribed for 1 month, followed by a dose reduction. The articular syndrome was stopped, and the normalization of the size of the right eye was noted. TRAb was found to be negative at 5-month follow-up. The same ophthalmologist who followed her reported a full recovery of the ophthalmopathy at month 5. The patient was found to be still euthyroid at the end of 12 months of follow-up. The relapse of SLE symptoms were found.

CONCLUSIONS

The case report demonstrates the unilateral autoimmune ophthalmopathy as a first symptom of

autoimmune thyroiditis and Systemic Lupus Erythematosus debut.

The orally steroid treatment leads to the normalization of eye size and relief of the joint syndrome. In the follow-up of this patient, careful monitoring of the thyroid gland will be advisable.

REFERENCES

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