Case report abstracts should be succinct with at least one clear learning point. Please limit abstract to less than one side of A4. Laboratory data should include reference ranges. An example case report abstract is given below.

Example Case Report Abstract

An unusual cause of thyrotoxicosis

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A 63 year old man presented with a six month history of lethargy and reduced libido. Physical examination revealed central obesity (BMI 32) and features of hypogonadism. Further investigations revealed a testosterone of 5nmol/l (8 - 31), luteinising hormone 0.1 IU/l, follicle stimulating hormone 0.5 IU/l and a prolactin of 650 mIU/l (86-324). The TSH was measured at 3.6 mIU/l (0.3 – 4.2). Suspicion of secondary hypothyroidism prompted a request to measure free thyroid hormone levels. The fT4 was 31 pmol/l (12 – 22) and the fT3 was 8.2 pmol/l (3.5 – 6.5). Repeat thyroid function testing assayed in another laboratory produced similar results. Further questioning elicited no history of weight loss nor palpitations. Measurement of alpha subunit and TRH testing were consistent with a TSH-secreting pituitary adenoma. Pituitary MRI scanning confirmed a large (2.5 cm diameter) pituitary adenoma. Formal visual field assessment showed no visual field deficit. Short synacthen testing showed no evidence of secondary hypoadrenalism.

Appropriate hormone replacement was commenced. After consideration of the treatment options the patient elected to commence lanreotide with close follow-up of thyroid function, visual fields and tumour size.

Unusual patterns of thyroid function tests should prompt consideration of unusual causes. The pattern in this case could have been caused by assay interference, sick euthyroid syndrome, thyroid hormone resistance and TSH-secreting adenoma. These possible diagnoses need to be investigated carefully to reach the correct diagnosis and make an appropriate management plan.