
THYROID DISEASES FOLLOWING GRIEF : REPORT OF THREE CASES

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ABSTRACT

Hypothyroidism and hypopituitarism following post-partum hemorrhage (PPH) is a well-established phenomenon in Sheehan's syndrome. A case of hypothyroidism following death of husband and two cases of thyrotoxicosis following death of a child and father are reported here considering their rarity.

CASE 1

A 26 years old Muslim female was examined in Sept. 1991 in Nuclear Medicine Center, Dinajpur who was quite normal before the death of her husband. She had no history of goitre, obstetric problem, goitrogens or radiation therapy. The patient complained loss of memory, constipation, anorexia and somnolence. Her pulse rate was 50/minute, skin was dry and coarse. Radioiodine uptake was low (24h. 4%), $T_3 = 0.99n$ mol/L, $T_4 = 14.67n$ mol/L, TSH > 100/u IU/ml. The patient improved after thyroxine therapy (150 micrograms/day orally).

CASE 2

A muslim widow aged 40 years complained of increased perspirations, trembling, insomnia, weight loss, occasional loose motions and anorexia. Her thyroid hormone levels were elevated, thyrotropin (TSH) was low (Table 1) and she took carbimazole (neomercazole) 45 mg/day for 1 month (March 1997) with little benefit. She

was treated with radioactive iodine-131 on 10th August 1997 (1.5 milliCuries), had follow-up visits on 27 October and 28 December 1997 which showed her status as euthyroid. Unfortunately her father died on 13 October, 2000 and she had a recurrence of thyrotoxicosis as documented by clinical examinations and hormone levels (Table 1). She had a second dose of iodine-131 therapy (1.6 milliCuries) on 29 November, 2000 and is being followed-up.

CASE 3

A hindu lady of age 35 years presented on 2nd June 1999 with bilateral exophthalmos, excessive sweating, loose motions and insomnia. Her jaundiced child died on 6th June 1999. She was confirmed to suffer from diffuse toxic goitre (Table 2), had carbimazole therapy with little benefit and was improved by iodine-131 therapy on divided doses (Table 3). She is being followed-up.

Table 1 : Hormone levels of case 2

Date	T3	T4	TSH
22-3-97	11.92 nmol/L	648.9 nmol/L	<0.2 mIU/L
24-7-97	4.44 nmol/L	267.2 nmol/L	0.59 mIU/L
31-10-2000	20.0 nmol/L	400.0 nmol/L	0.05 MIU/L

Table 2 : Hormone levels of case 3

Date	T3	T4	TSH
31-1-2000	12.2 nmol/L	285 nmol/L	0.15 mIU/L
14-6-2000	13.05 nmol/L	400 nmol/L	0.75 mIU/L
4-12-2000	7.9 nmol/L	197 nmol/L	0.35 MIU/L

Normal ranges :
 T3 = 0.8-- 3.16 nmol/L
 T4 = 64.5--152 nmol/L
 TSH = 0.3-- 6 mIU/L

Table 3 : Iodine-131 therapy of case 3

Date	Dose I-131 in milli-Curies
9-6-1999	0.5
15-3-2000	1.0
20-8-2000	1.5
7-1-2001	0.5

DISCUSSION

Treatment of hypothyroidism is straightforward--oral thyroxine usually single daily dose. However, thyrotoxicosis is quite difficult to manage especially if we try to avoid hypothyroidism, small repeated doses of iodine-131 therapy may help in these situations as we have shown in our series reported earlier.¹ What might be the cause or precipitating factor for thyroid problem to occur following grief is not yet clear.

REFERENCE

1. Taher M A. ¹³¹Iodine therapy in thyrotoxicosis. ASEAN J Radiol VII(1) : 51-54, 2001.