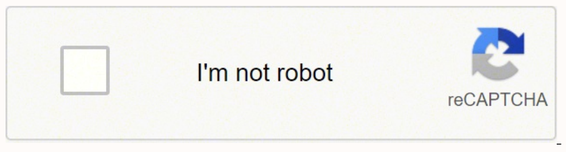

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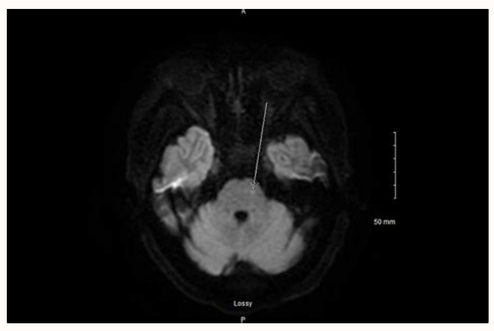
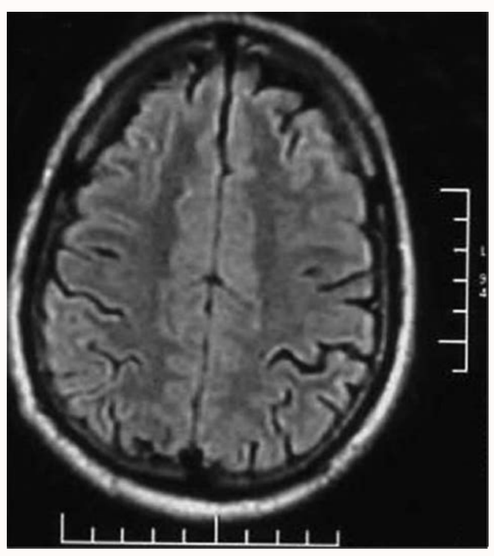
Hashimoto encephalopathy case report





Canelo-Aybar et al. Journal of Medical Case Reports 2010, 4:337
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JOURNAL OF MEDICAL CASE REPORTS

CASE REPORT Open Access

Hashimoto's encephalopathy presenting with neurocognitive symptoms: a case report

Carlos Canelo-Aybar*, David Loja-Oropeza, Jose Cuadra-Urteaga, Franco Romani-Romani

Abstract

Introduction: Hashimoto's encephalopathy is a neurological disorder of unknown cause associated with thyroid autoimmunity. The disease occurs primarily in the fifth decade of life and may present in two types - a sudden vasculitic type or a progressive subacute type associated to cognitive dysfunction, confusion and memory loss.

Case presentation: We report the case of a 62-year-old Hispanic woman, previously healthy, who developed a subacute onset of declining upper brain function. Serologic studies demonstrated high levels of antithyroid antibodies. Electroencephalographic and magnetic resonance image findings were consistent with Hashimoto's encephalopathy.

Conclusion: Hashimoto's encephalopathy is a diagnosis of exclusion. This unusual disorder is often under-recognized because of the multiple and protracted neurocognitive manifestations; therefore, it is important to be aware of the clinical manifestations to make a correct diagnosis.

Introduction

Hashimoto's encephalopathy (HE) is an uncommon neurologic syndrome associated with Hashimoto's thyroiditis. It was initially described in 1966 [1], and it remains a controversial disorder. The cause of HE has been proposed to be autoimmune because of its association with other immunologic disorders (myasthenia gravis, glomerulonephritis, primary biliary cirrhosis, pernicious anemia and rheumatoid arthritis), female predominance, inflammatory findings in cerebrospinal fluid (CSF) and response to treatment with steroids [1,2]. Other authors suggest that HE may represent an autoimmune cerebral vasculitis resulting from either endothelial inflammation or immune complex deposition [1-3].

Clinical findings are variable and nonspecific. In this case report, we present the case of a patient with subacute onset of declining upper brain functions associated with Hashimoto's thyroiditis.

Case presentation

Over a five-month period, a 62-year-old Hispanic woman who was previously healthy developed tremor in the right arm, enuresis, slowness in performing her daily activities, walking difficulties and trouble with getting dressed. Additionally, her relatives observed transient episodes of disorientation and inappropriate irritability.

Initially, the patient was admitted to another hospital, where she was found to have apraxia, dysphasia, attention deficit and amnesic episodes. She had no sensory or motor deficits.

Laboratory studies at that time revealed the presence of antithyroid antibodies as well as slightly high serum thyrotropin (TSH) concentration (Table 1). Examination of the CSF was normal. Magnetic resonance images (MRI) showed nodular focal subcortical lesions suggestive of demyelination (Figure 1). A diagnosis of encephalitis and hypothyroidism was made, and the patient received levothyroxine.

Fifteen days later, the patient had two episodes of inappropriate behavior and transient anterograde amnesia. With these symptoms, she was admitted to our hospital.

The laboratory examination showed no significant change compared with the patient's previous laboratory results except normalization of hemogram values. Additionally, antinuclear antibody titer, anti-double-stranded DNA, anti-hepatitis B core antigen, hepatitis B surface antigen, anti-hepatitis C virus, lupic anticoagulant and Venereal Disease Research Laboratory test results were negative. Also, the anticardiolipin antibody IgG level

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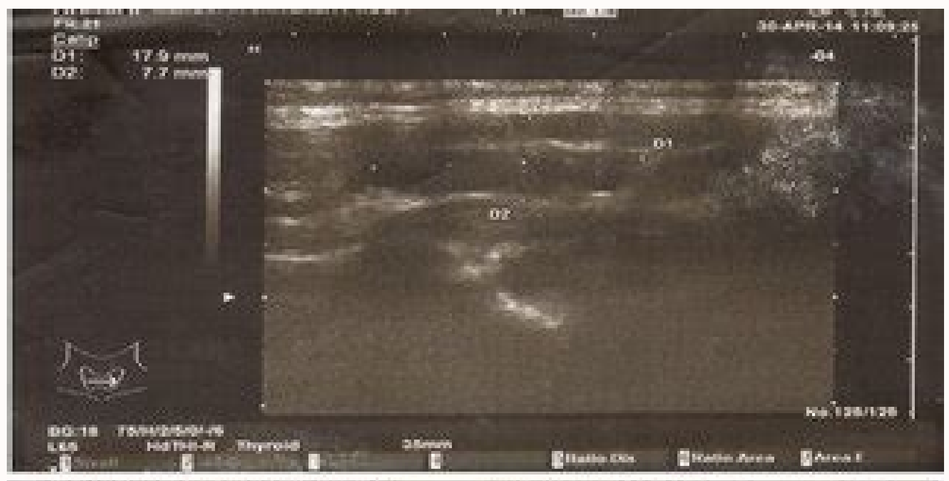

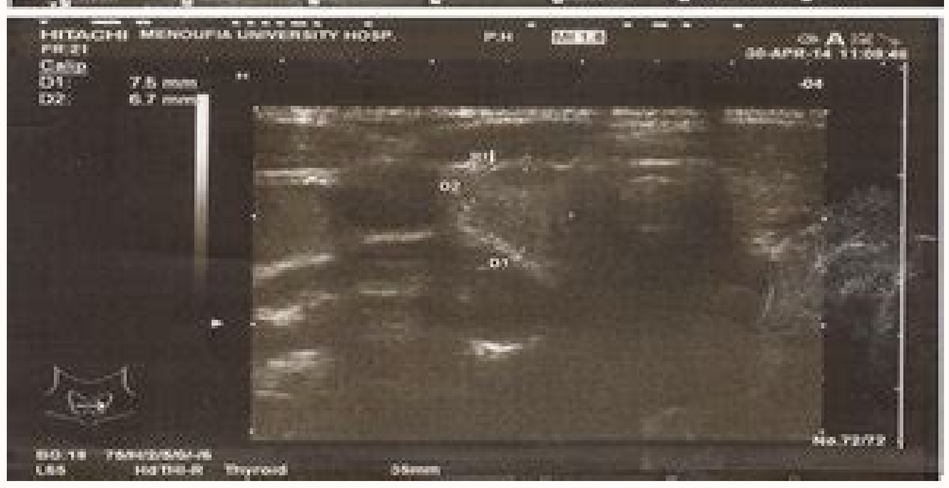

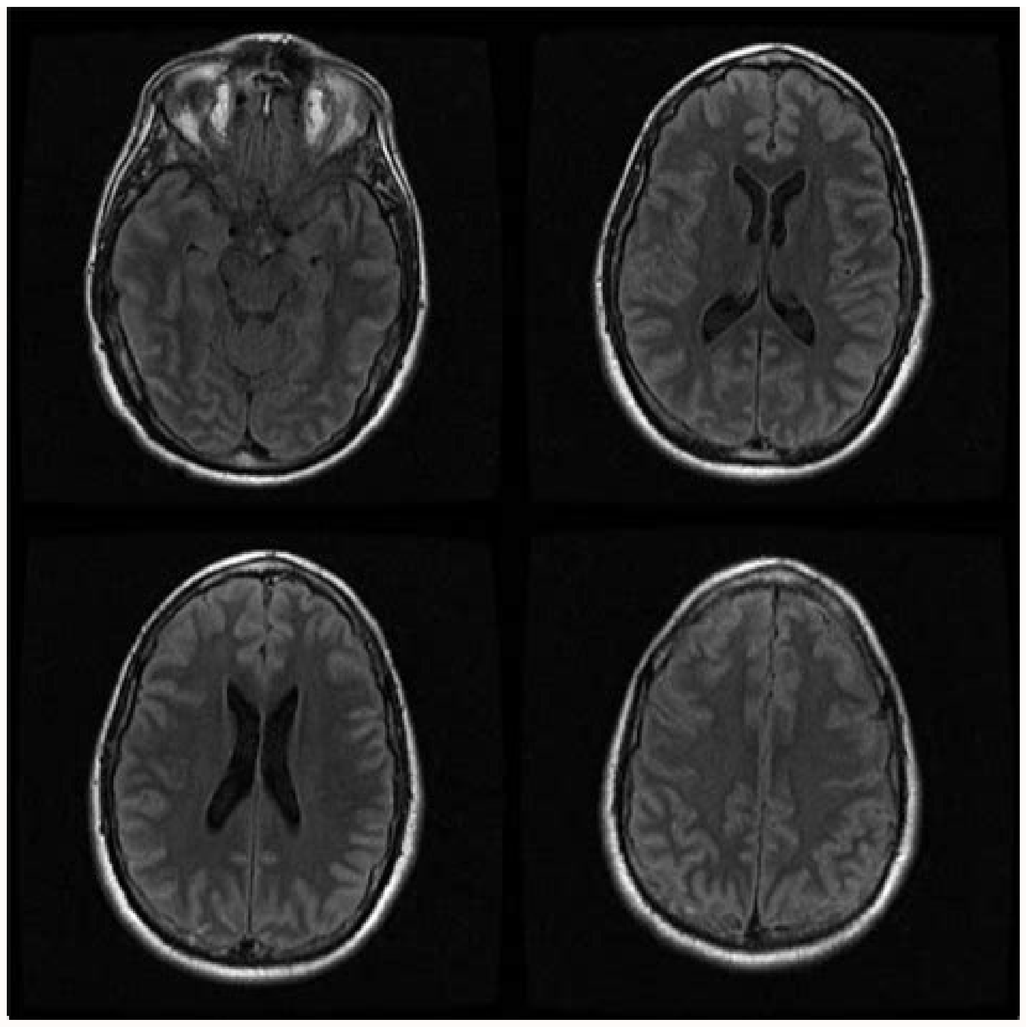

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In this case ³, we describe a patient with HE whose clinical symptoms and test results esab esab moC .otircsunam od sejÃ§Âes marevercse SN e XY ,MX ,YY .lariv etilafecne a maratimi otomihsah .eh Htiw Desongaid Eb Erofereht Dluoc EH DNA, AIRETIRC EVOBA EHT LLA TEM TNEITAP RUO.6641Â "â € ¢ 5641, 91.6-461:) 3 (01; 4102.) 6691 (.c, Neib, .s , Relesneb ,.r, Ulab ,.j. 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Our patient underwent steroid therapy and has since remained healthy. doi: 10.1016/j.transci.2018.05.027 PubMed Abstract | CrossRef Full Text | Google Ueno, H., Nishizato, C., Shimazu, T., Watanabe, H., Mizukami, T., Kosuge, H., et al. (2014). Unusual presentations of Hashimoto encephalopathy: Headache of the trigeminal neuralgia, slope deviation, hypomania. Another lumbar puncture was performed; The CSF had a WBC count of 39 to 10 ^ 6 / L and the protein content was 1.32 g / l. When the physicians are confronted with inexplicable encephalitis, the thyroid function and the ATA levels must be considered as conventional tests. J. T., and Geschwind, M. Chen XY, Wang Yz, HX Law, Zhang Xu. H., Li, X. Imaging Ultrasound has indicated a diffuse injury from the thyroid. 2014; 113 (11): 862-6. Doi: 10.1016 / J.Jns.2018.09.008 Pubmed Summary | Crossref Full Text | Google Scholar Hashimoto Encephalopathy: Three Case Report. Conclusion In conclusion, the diagnosis of it is quite complex, but valuable due to its dramatic response to immunosuppressive therapy. It can be diagnosed if a patient serves all the criteria (grades et al., 2016). Transfus. Culture, scrubbing and bacterial, folk, viral and tubic antibodies in serum and CSF were negative. Endocrinol diabet metabol. The patient did not receive any other immunotherapy treatment during follow-up. Turkish. INT J Endocrinol metabol. Med. Hashimoto encephalopathy presenting convulsions. However, the elevated levels in serum are also found within the general population and are especially common in the elderly. Magnetic re-embrane resonance. Our patient suffered a release about 150 days after the first attack and esteroid therapy was effective. Practical. (A) T1 weighted image; (B) T2 weighted image; (C) image of flair. The results of the EEG showed small irregularities in the waves (5 Â â € "20 qv 14 â €" 20 Hz P) issued from bilateral hemisphiles. Five months later, he was referred to our hospital again due to a fever of 38.5 ° C and confusion sentence. Human physiology. Syst. 2010; 4 (1): 337. Lancet 2, 512 ã, Â € 514. A case of Hashimoto Hashimoto presenting with seizures and psychosis. Further, the extent of ATA elevation is not related to the severity of HE. Hashimoto¢ÂÂÂs disease and encephalopathy. In our case, the increased WBC count and CSF protein combined with a fever and headache lead us to diagnose it as viral encephalitis. Case reports Medic. D. Sequelae, such as headache, memory disorders and so on, was also frequent (Mamoudjy et al., 2013), however, our patient did not have any sequelae left luckily. High doses of methylprednisolone (500¢ÂÂÂ1000 mg) are most frequently used. Methylprednisolone was started at a dose of 80 mg/day for 1 week and reduced to 40 mg/day in the 2 week; subsequently, oral prednisolone was prescribed, which was weaned at a rate of 5 mg per week, that is oral prednisolone was used for a total of 8 weeks. 8, 261¢ÂÂÂ267. Endocrine 40, 495¢ÂÂÂ496. Madkhali JM, Hakami AA, Alharbi SM. A novel assessment and treatment approach to patients with Hashimoto¢ÂÂÂs encephalopathy. The course of HE may be progressive, relapsing-remitting, or even self-limiting. 14:476. S. Am. J. Laycock K, Chaudhuri A, Fuller C, Khatami Z, Nkonge F. Guardia CF, Bernat JL. Apher. O., Alacakir, N., and Caksen, H. Physicians India 63, 83¢ÂÂÂ84. 2017;43(8):922-6. Ann Pak Inst Med Sci. Data Availability Statement The datasets generated for this study are available on request to the corresponding author. The patient was ultimately diagnosed with HE, Hashimoto¢ÂÂÂs Thyroiditis, and hypothyroidism and prescribed methylprednisolone and Euthyrox. 2012;10(2):506. 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L / G 54.0 "â € ¢ 51.0 EGNAR ECNERERER, L / G 86.1 (SLEEL NIETORP DETAVELE DNA) L / 6 ^ 01 Â-Ãƒ ãƒ 8â "â € â € ¢ 0 Egnar ECNERERER, L / 601 Â-ã 401 (TNUOC) CBW (LLEC DOOLB ETIHW DESERCINI NA DEWOHS) FSC (DIULL LANIPSORREREC EHT .RTAIDEAP .g, ADED DNA, .P, Karyabla, .g .noisrev dettimbus eht devorppa DNA, DAER, guysiver TPIRCUNAM OT DETUBIRTNOC SROHTUA LLA .LA TE UL Doi: 10.1007 / S00381-018-3720-2 Pubmed Summary | Crossref Full Text | Google Scholar Pateron, the encephalopathy of R. Hashimoto, imitating a brain tumor and their pathological discoveries: a case report. The criteria are as follows: (1) encephalopathy with convulsions, myoclonus, hallucinations or episode similar to accusation; (2) subclean or smooth disease of excessive thyroid (generally hypothyroidism); (3) normal conclusions or non-specific abnormalities shown by the magnetic cerebral resonance; (4) presence of thyroid antibodies in serum (peroxidase of thyroid, thyroglobulin); (5) absence of well characterized neuronal antibodies in serum and CSF; and (6) reasonable exclusion of alternative causes. Causes.

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