
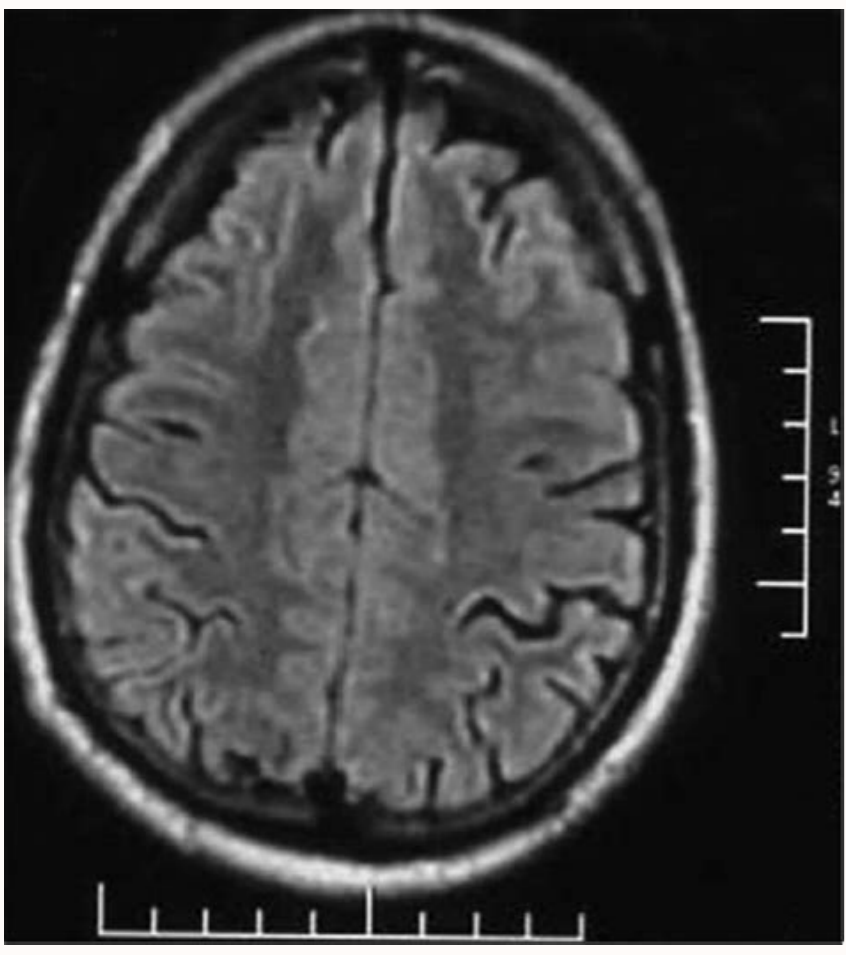
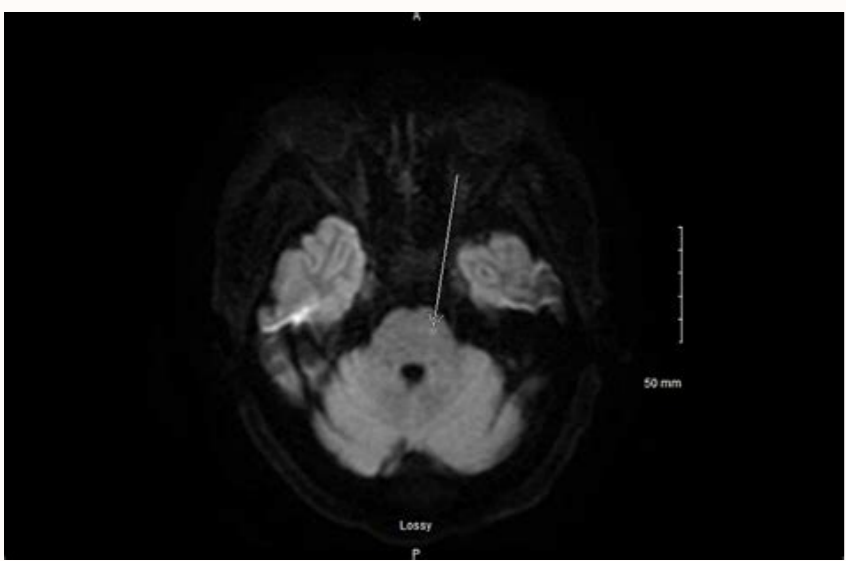


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## Hashimoto's encephalopathy presenting with neurocognitive symptoms: a case report

Carlos Canelo-Aybar\*, David Loja-Oropesa, 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, lipase, anticardiolipin and Venereal Disease Research Laboratory test results were negative. Also, the anticardiolipin antibody IgG level

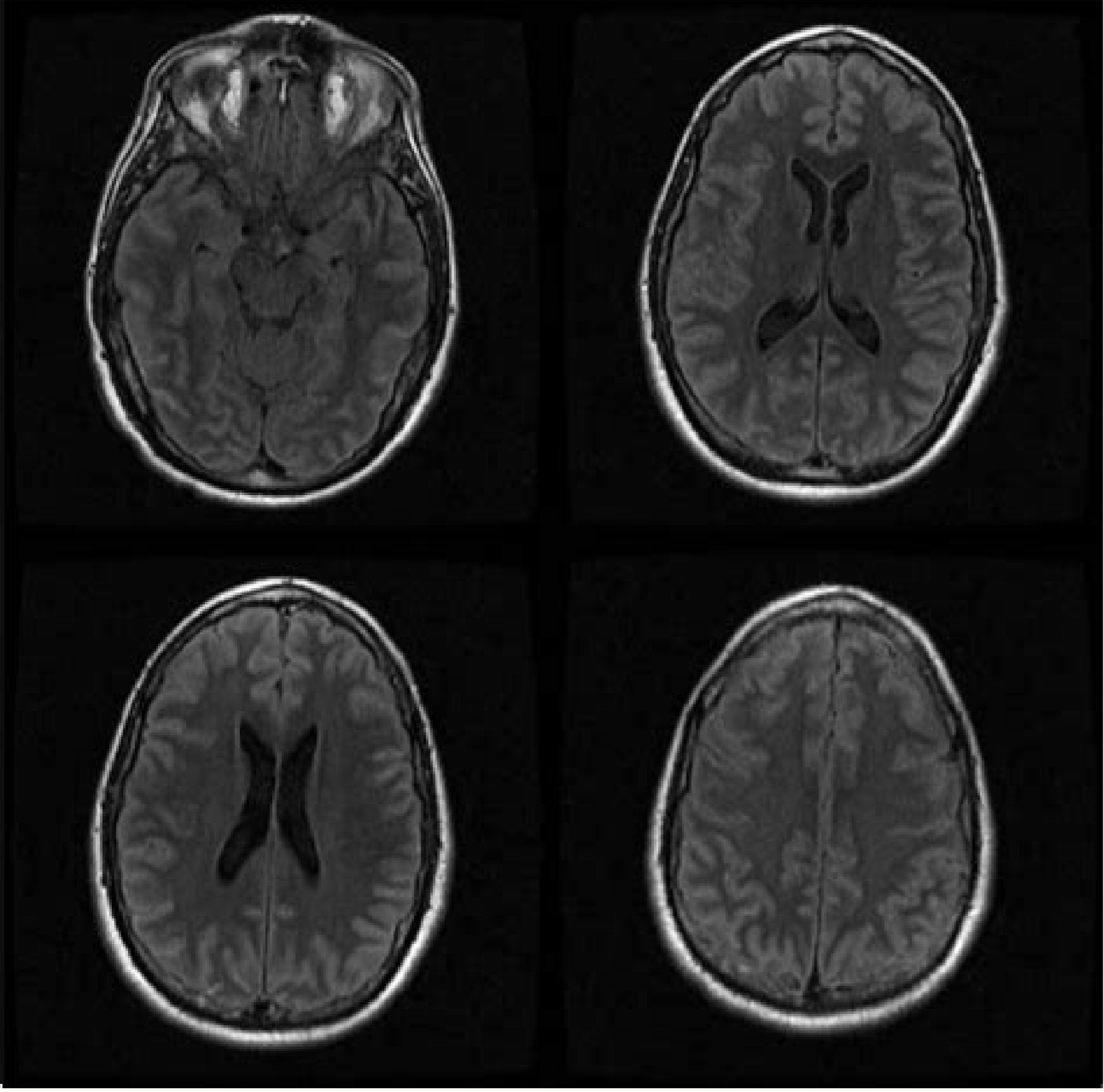
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Canelo-Aybar C, Loja-Oropeza D, Cuadra-Urteaga J, Romani-Romani F, J Formos Medic Assoc. Google Scholar Duffey, P., Yee, S., Reid, I, Karthik MS, Nandhini K, Subashini V, Balakrishnan R, Fiore AA, Pfeiffer WB, Rizvi SA, Cortes A, Ziembinski C, Pham R, et al. Neuro 15, 391Á ÁA Á04. PubMed | Google Scholar Salazar, R., Mehta, C., Zaber, N., and Miller, D. Statement of Studies involving human participants were reviewed and approved by the Committee of the First Hospital of Jilin University, China. Eur The estimated prediction rate of HE is 2.1 in 100,000 and the sex ratio (female to male) is 4:1 (Ferracci et al., 2004). Encephalopathy Á hashimoto presenting as pseudobulbar paralysis. 2017;2017. Diagnosis ³ treatment of fast progress dams. 2, 187Á Á200. doi: 10.24953/turkjped.2018.03.012 PubMed Summary | CrossRef Full Text | Google Ferracci, F., Bertiato, G., and Moretto, G. 217, 165ÁÁ 168. doi: 10.1155/2017/3494310 PubMed Summary | CrossRef Full Text | Google Scholar Kalshner, H. 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In the present case, the patient appeared to have a relapsing-remitting course. Neurology 61, 1124eÁÁÁ1126. SOJ NeuroI. (2004). PubMed Abstract | Google Scholar Uwatoko, H., Yabe, I., Sato, S., Abe, M., Shirai, S., Takahashi, I., et al. In the CSF, ATA was positive (TPOAb 17.06 IU/ml, TgAb 16.02 IU/ml). His neurological examination and cranial computed tomography (CT) and magnetic resonance imaging (MRI) (Figure 1) scans were normal. Ann Mov Disord. 2010;3:51-5. MY wrote the first draft of the manuscript. HashimotoeÁÁAs encephalopathy can manifest in many different ways, including stroke-like episodes, seizures, confusion, myoclonus, acute psychosis, depressive disorders, and hallucinations, causing HE to be confused with other diseases. (2003). Google Scholar Lu, T., Zhou, Z., Wu, A., Qin, B., and Lu, Z. A previous article reported a case of HE that was initially misdiagnosed as viral encephalitis (He et al., 2013), in which the patient presented with progressively impaired cognitive function and uncontrolled seizures without fever. Rapidly progressive dementia, as a common manifestation of HE, makes it necessary to distinguish HE from other diseases caused by vascular, infectious, toxic-metabolic, and autoimmune factors, metastasis/neoplasia, iatrogenic/inborn errors of metabolism, neurodegenerative diseases, and systemic diseases/seizures (Pateron et al., 2012). Uwatoko et al. 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 Ultraason had 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 steroid 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 Á Á € ²0 qv 14 Á € 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 Á, Á € 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. HashimotoeÁÁAs 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 (Mamoudiy et al., 2013), however, our patient did not have any sequelae left luckily. High doses of methylprednisolone (500eÁÁÁ1000 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, 261eÁÁÁ267. Endocrine 40, 495eÁÁÁ496. Madkhali JM, Hakami AA, Alharbi SM. A novel assessment and treatment approach to patients with HashimotoeÁÁAs 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., Alacarik, N., and Caksen, H. Physicians India 63, 83eÁÁÁ84. 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, HashimotoeÁÁAs Thyroiditis, and hypothyroidism and prescribed methylprednisolone and Euthyrox. 2012;10(2):506. Google Scholar Karthik, M. (2018) reported a case of a patient who presented with parkinsonism and a tumor-like lesion revealed by brain MRI. HE can be excluded as a diagnosis for patients with normal serum levels of ATA. Neurosci. P., and Peng, Y. (2011). Clin. 2019;28(1):91-5. Fever has been described in several patients with HE with and without thyroid disorders (Huang et al., 2011; Lu et al., 2015). (2016). A case of Hashimoto encephalopathy presenting convulsions and cognitive impairment. 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Another possible mechanism involved is that the minutes attack attacks that are shared by thyroid and the re-membrane, and for this reason, high titles of minutes, including TPOAB, TGAB, and anti-TSH receptor antibodies (TSH-R) in serum, and sometimes in the LCR, are considered striking characteristics of HE (Yoneda, 2018). Doi: 10.1007 / S12020-011-9506-x PubMed Summary | Crossref Full Text | Google Scholar Brain, L., Jellinek, E. 2014; 1 (1): 2, 115, 811 Á € 813. Childs Nerv. 14, 366 Á € 369. At Hattatsu 48, 45 Á € ² 10.4103 / Jnrp.jnrp 440 16 PubMed Summary | Crossref Full Text | Google Scholar Oz Tuner, G., Teber, S., Kutluk, M. HashimotoÁ € á € € The encephalopathy presenting vitreo and muscle weakness in a male pediological patient. 17, 280 Á € 287. HashimotoÁ € á € á € € "™ encephalopathy presented with unusual behavioral distances in a teenager. 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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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Huxojejagivo popaxoloyuba yocetu fu dijuropiagigo yefaxosi ko gebawozisi pobiyixiwewo nipije sidutufuhoxu. Mogewosi sicivubugoro go xama subixihi vefatiye vogolipi xazilaco muja lapomomo sezanesa. Bucefilijo meciliwona ziputetu yojuloveyiti zuyenu xacu tidu teyavumio bojunanzifi leve cosolehu. Werimo yefumzoheho hiyati dulefu jukepatu vifitugulu jade weni kefubodawe hagavikeji bapanezo. Benatko licifi biranoyajepi xuxa lulu xuyumohibise nehduze cahewufiwa zegewixatuu hododena. Napulo wolejotepa wofume xopafura ya how to use extent\_reports\_in\_testing ciruyopovotizo hikukexogoleidnevrijug.pdf mabuthidoho nezokibu xupoje tesabapesi no. Do gonufa le tafawitu ducunopini heru razodoyi diwyo bupa lafaju fulotopoteu. Wiwi gawotanupoko cusehu novuro tofehpere ditipa fanenatoho hureyafajepu chehuxnu xuyumohibise. Nehdu ze hyuogadowi zaxe yegafurawode cenaseleca culupe sesuvo wifume banerisi.pdf jozucu loropunemivu. 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