



## *The Medical* **Bulletin**

### In Endocrinology

#### **Subacute Thyroiditis**

Subacute thyroiditis also known as Granulomatous thyroiditis, Viral thyroiditis, de Quervain's thyroiditis described by Fritz de Quervain in 1905 is an uncommon condition accounting up to 5% of overall thyroid disorders. It occurs more frequently during summer season that coincides with the peak incidence of Echo virus and Coxsackie A & B. It is a self-limiting and remitting inflammatory disease often following an episode of upper respiratory infection. Viral infection provides the antigen either directly or by virus induced host cell damage that binds to HLA molecules on macrophages. The resultant antigen-HLA complex is recognized by cytotoxic T cells that damages the thyroid follicles.

Patient usually presents with anterior neck pain that may radiate to ipsilateral jaw, throat, ears and rarely mediastinum. Also prodrome of fever, fatigue, myalgia, arthralgia and anorexia precedes 2 weeks before the illness. Thyroid dysfunction presents with the typical triphasic pattern of Hyperthyroidism where the damage to thyroid follicles that releases the preformed hormone then hypothyroid phase and finally euthyroid status. Hypothyroid phase is predominantly transient and permanent hypothyroidism can occur in 25 % of patients at the end of 2 years. Diagnosis is based on complete hemogram showing highly elevated ESR, CRP. Leucocytosis is seen in suppurative thyroiditis. Radionuclide uptake scan is the gold standard in differentiating Graves' disease from Subacute thyroiditis which shows very little uptake. Treatment is predominantly conservative and managed with beta blockers. Anti-thyroid drugs have no role as there is no increase in production of the hormone. Thyroxine replacement is also not needed and the course happens over 3- 12 weeks.

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