PANDYSAUTONOMY SECONDARY TO HASHIMOTO 'S THYROIDITIS: REPORT CASE

M. Flores-Aldama, M. Sierra-Beltrán, V. Cano Nigenda, J. Echeverria-Vargas
Internal Medicine Unit, Medica Sur Hospital, Mexico
marcojulio86@gmail.com

Introduction: Pandysautonomy is an extraordinary uncommon presentation of Hashimoto's thyroiditis, characterized by failure of the autonomous system in both adrenergic and cholinergic fibers.
Case Report: Twenty-two year old female patient with no medical history of concern. The beginning of her current medical condition started two weeks prior to admission, as she presented oppressive holocraneal headache, with intensity 5/10, which increases with mobilization and decreases at rest, with no improvement with analgesics, adding a distal tremor in upper and lower extremities.
At physical examination the patient was hemodynamically stable, presenting good skin and tegument coloration and hydration, with no cardiovascular compromise. During neurological examination she was alert, oriented to time, place and person , mental function was preserved, mydriatic pupils 5mm, consensual pupillary reflex present , unaltered eye movements , other cranial nerves without alterations, sensitivity and strength preserved, Rots + + + / + + + + generalized.
Laboratory: HB 14.6, WBC 9.7, PLQ 255, CREAT 0.68 NA 139 K 3.2 CL 104, T3 1.33, T4 8.1, TSH 14.45. Autonomic tests reported orthostatic hypotension, cranial magnetic resonance and transcranial doppler unaltered. Antibodies against thyroid peroxidase and thyroglobulin reported 572 and 2475 respectively. Hashimoto's thyroiditis was diagnosed.
Conclusion: The affection of the peripheral nervous system secondary to the active phase of the disease generates ganglionopathy that manifest with orthostatic hypotension and mydriasis which corroborates pandysautonomy.