

A RARE CASE OF THYROTOXICOSIS DUE TO GESTATIONAL TROPHOBLASTIC DISEASE IN A PERI-MENOPAUSAL WOMAN

Abstract

Background; Complete Hydatidiform mole, a component of the spectrum of Gestational Trophoblastic Disease (GTD), is a recognized cause of severe thyrotoxicosis with life-threatening complications and is not common among peri-menopausal women. Extremely high levels of hCG with molecular mimicry between alpha-subunit of TSH contributes to severe hyperthyroidism which necessitates early and aggressive therapy.

Case summary; This 49-year-old peri-menopausal woman presented with thyrotoxic features and high output cardiac failure. The initial work up revealed suppressed TSH (0.012 mU/ml), high free T4(6.91ng/dl) and free T3(10.89ng/dl) levels with increased vascularity of the normal sized thyroid on ultrasonography. She was managed with beta blockers and Carbimazole. Her lower abdominal tenderness lead to further investigations. Beta hCG of 1,460,928.00 mIU/ml and snow stormy appearance on trans-abdominal sonography directed towards the diagnosis of 'Gestational Trophoblastic Disease'.

Conclusion; This case highlights the importance of making a prompt diagnosis including the etiology of thyrotoxicosis which would guide the appropriate management since hydatidiform mole in peri-menopausal women which is exceedingly rare could easily be mismanaged.

Key words; Gestational Trophoblastic Disease, Human Chorionic Gonadotrophin Hormone (hCG), Thyrotoxicosis