

Abstract

Hashimoto's encephalopathy (HE), also known as steroid-responsive encephalopathy associated with autoimmune thyroiditis (SREAT), is a rare yet controversial syndrome believed to be immune-mediated, manifesting with diverse neurological and psychiatric symptoms. Herein, we report a case of a 62-year-old male diagnosed with diabetes mellitus, hypertension, and dyslipidemia, with proper follow-up. He presented with altered behavior mimicking an affective disorder (mania or schizoaffective) over a three-week period. Laboratory investigations revealed elevated anti-thyroid peroxidase (TPO) antibodies and thyroid-stimulating hormone (TSH) levels. Our patient showed an excellent response to high-dose corticosteroids, which contributed to the diagnosis of SREAT.

This case underscores the extensive range of clinical presentations, particularly neuropsychiatric manifestations, associated with SREAT. By highlighting the successful management of our patient with corticosteroids. We emphasize the significance of considering SREAT in the differential diagnosis of patients presenting with atypical neuropsychiatric symptoms.