

Abstract

Introduction

Hashimoto thyroiditis can be associated with an immune mediated encephalopathy called Hashimoto encephalopathy (HE). This syndrome is probably under recognized due to its rarity. However, it is an important differential diagnosis to keep in mind in cases where the etiology of encephalopathy is uncertain, since HE is responsive to corticosteroid therapy.

Case presentation

A 66-year-old woman known to have hypertension and diabetes mellitus presented with an acute confusional state. Her physical examination was unremarkable except diffuse goiter and she was clinically euthyroid. The common differential diagnoses for such presentation were excluded by relevant biochemical, microbiology and imaging techniques. The electroencephalogram and magnetic resonance imaging of brain findings were non-specific. The clinical suspicion of Hashimoto encephalopathy was raised due to the presence of elevated antithyroid antibody and in the absence of explainable other etiology. She responded very well to corticosteroids and discharged after arraigning follow up.

Conclusion

Acute confusional state is a common clinical scenario to the medical causality staff. Therefore, we should methodically evaluate such patients looking for common diseases first. However, we must keep in mind such rare disorders like Hashimoto Encephalopathy, which carries an excellent prognosis with treatment.