

## **Abstract**

There are various causes for hyperthyroidism. Among them Grave's disease is one common cause. It is due to thyroid-stimulating hormone receptor antibodies (TRAbs) which cause excessive thyroid hormone production and growth of the thyroid gland. Thyroid hormone profile of these patients reveals an elevated T3 and T4. Similarly, symptoms of hyperthyroidism also can occur with isolated elevation of triiodothyronine, which is termed as T3 thyrotoxicosis. Any of the organ systems can have adverse effects of thyrotoxicosis. Liver involvement can be ranged from non-specific elevation of transaminases to severe derangement of functions with cholestasis<sup>4</sup> and coagulopathy. Various patterns of renal involvement also have been documented. Thyroid storm is a state with exaggerated clinical features of hyperthyroidism and it is potentially life threatening. In this case report, I describe a 30-year-old previously healthy lady with a poor socio-economic background who came with a progressive bilateral lower limb oedema and jaundice over a period of two weeks' duration. Clinically she was thyrotoxic with a diffuse goiter and was icteric. Investigations showed evidence of T3 thyrotoxicosis with Grave's disease, cholestatic pattern of liver derangement and sub-nephrotic range proteinuria. She responded to symptomatic treatment of thyrotoxicosis but she was not started on thionamides due to initial suspicion of chronic liver cell disease. She achieved an adequate response with Lugol's iodine and lithium treatment and was planned to give radioactive ablation once clinically euthyroid.