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Images in Thyroidology*

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Hashimoto's Thyroiditis Presenting as a Functioning Adenoma

A 51-YEAR-OLD WOMAN was referred for evaluation of a thyroid nodule. She had become aware of a painless neck swelling 6 months earlier. At that time, she had watery diarrhea for several weeks and later complained of fatigue. When first seen, the fatigue was her primary complaint, and the painless swelling was unchanged in size. Clinically, an autonomic functioning thyroid nodule leading to thyrotoxicosis was suspected. A subsequent ^{123}I scintigraphy of the thyroid gland revealed a hot nodule in the right lobe (Fig. 1). However, thyroid hormones were low (thyroid stimulating hormone [TSH] 9.7 mU/L (reference range 0.3–5.0 mU/L), free thyroxine (T_4) 9.2 pmol/L (reference range, 9–16

pmol/L) and free triiodothyronine T_3 4.3 pmol/L (reference range, 3.0–8.2 pmol/L). Microsomal antibodies were strongly positive in a semiquantitative assay. After 3 months, TSH increased to 15.4 mU/L and levothyroxine replacement was started, initially at a dose of 50 $\mu\text{g}/\text{d}$ and later increased to 100 $\mu\text{g}/\text{d}$. The complaints resolved and the nodule decreased in volume. The patient was dismissed from the outpatient clinic visits with the diagnosis of Hashimoto's thyroiditis presenting with a thyroid nodule.

Characteristically, the radioactive iodine scintigraphy reveals a nonhomogenous and patchy uptake of the isotope in Hashimoto's thyroiditis. This has been ascribed to the variable degrees of lymphocytic infiltration, fibrosis, and follicular degeneration in the thyroid gland. Although Hashimoto's disease may present with a goiter, often after decreasing levothyroxine replacement, the manifestation of a well-delineated hot nodule in primary autoimmune hypothyroidism is extremely rare (1,2). The case, hereby, illustrates one side of the heterogeneous findings that can be encountered with thyroid imaging in Hashimoto's disease.

References

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