Polyarthritis in the Elderly Hypothyroid: Go Beyond the Simple Hypothyroidism Arthropathy!

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ABSTRACT

Introduction: Hypothyroidism is particularly common in the elderly. It can have very polymorphic and sometimes unusual clinical presentations. The joint damage associated with hypothyroidism, and particularly with Hashimoto's thyroiditis, is far from being rare. They can sometimes reveal endocrinopathy and be its only clinical manifestations. However, diagnostic surprises can be seen. We illustrate a case.

Case report: 68-year-old patient with hypothyroidism/Hashimto thyroiditis for 16 years, currently well stabilized on thyroxine at a dose of 150µg/d, was explored for bilateral and symmetrical distal polyarthritis with asthenia and myalgia. Somatic examination noted fine extremity tremor and tender swollen joints without effusion. The biological assessment noted a TSH at 0.016 µIU/ml, anti-thyroglobulin antibodies at 5421 IU/l (N<4) and anti TPO at 90 IU/ml (N<6) with a marked inflammatory syndrome: ESR at 120mm/H1, CRP at 28mg/l and polyclonal hypergammaglobulinemia at 21g/l. Blood count revealed obvious leukocytosis at 48 000/mm3 then 82 900/mm3 with 85% PNN without abnormalities of other lineages: hemoglobin at 12.10g/dl and platelets at 287 000/mm3. The infectious investigation was negative and the joint radiographs without anomalies. The diagnosis of a flare-up of Hashimoto's thyroiditis with hematopathy was retained. Myelogram and peripheral lymphocyte typing resulted in chronic myeloid leukemia (CML)/Ph+. It was treated with Imatinib (mesilate): Cemivil®400: 1cp/d for one month with a favorable evolution: leukocyte control at 8 400/mm3. After one month of anti-leukemic treatment, its TSH was at 20.53µIU/ml requiring the increase of the thyroxine. TSH was normalized to 3.11µIU/ml after six weeks.

Discussion and conclusion: The combination of autoimmune thyropathies, particularly Hashimoto's thyroiditis and leukemia, seems far from a mere coincidence. In our patient, flare-up of thyroiditis concomitant with CML comforts the hypothesis of non-hazardous pathogenic association. Joint manifestations during CML are not uncommon and would most often be Related To Leukemic Synovitis. The Revealing Forms Are Exceptional.