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Case Report

A rare presentation of hypothyroidism

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ABSTRACT

In this case report, we have brought out a very rare presentation of hypothyroidism in the form of cataplexy and this case is of significance because there have been no similar case reports of hypothyroidism presenting as cataplexy so far. The other highlight of the case is that treatment of hypothyroidism alone resulted in complete freedom from cataplexy without the need for agrypnotic drugs

Keywords: Hypothyroidism, Cataplexy, Narcolepsy

CASE REPORT

A 40-year old man presented with history of episodes of slumping to the ground during extreme emotion since 6 months. This occurred when the patient was surprised or excited by some news, laughing hilariously and especially on trying to discipline his 5-year old daughter. The patient was fully conscious during each episode and as the loss of muscle tone was gradual, he never ever hurt himself. The frequency of episodes was about 4-5 per month since the last 6 months. On further questioning, he admitted to have had recent weight gain of 5 kg, constipation and excessive somnolence. His wife had not noticed any change in his speech, but he confessed that he was often asked why he was drunk in the daytime, when he spoke to his friends on telephone.

On examination, he was 6' tall and weighed 56kg. His face was slightly puffy. His speech was a slow drawl. He had bradycardia but no thyromegaly. He had calf muscle hypertrophy and slow relaxation of deep tendon jerks. Other systems were normal.

The clinical impression was cataplexy with hypothyroidism which was confirmed by laboratory tests.

Laboratory investigation showed the following:

FT3- 1.53 (2.5-3.9 pg/ml), FT4- 0.25 (0.61-1.12 ng/dl), Anti-TPO- >929 (<9.0 U/ml), TSH- >100 (0.34-4.1 µIU/ml), CPK- 865 (39-308 U/L), Lipids- total cholesterol 382 mg/dl, HDL-C- 35 mg/dl, LDL-C- 276 mg/dl, Triglyceride- 234 mg/dl. ECG- sinus bradycardia. Other investigations were normal (CBC, RFT, blood sugar, CXR).

The patient was started on thyroid replacement alone. His cataplexic attacks reduced in severity and frequency and at the end of 3 weeks of therapy they had disappeared completely and have never recurred to this day. His repeat investigations almost 3 months later were as follows.T3 - 1.03 (0.87 – 1.78 ng/ml), T4 - 9.30 (6.09 – 12.23 µg/dl), TSH 4.55 (µIU/ml). Lipid profile - normal.

Sleep study was advised at the outset but he deferred it due to personal inconvenience. Subsequently, as he was totally asymptomatic, he requested not to do it. At his last follow up, he was subjectively better with no more episodes of cataplexy. His speech was no longer slow and he looked significantly younger, as his facial puffiness had disappeared and he had lost 3 kg weight.

DISCUSSION

Cataplexy,[1] *refers* to a sudden loss of muscle tone brought on by strong emotion with perfect preservation of consciousness.[1] It comes from the Latin *"cataplessa"* – "which means to strike down with fear. Cataplexy is often a component of narcolepsy[1,5,6] which is a chronic sleep disorder. Narcolepsy is a life-long illness with no completely satisfactory treatment available.[1,5,6] It is often misdiagnosed as hypothyroidism.[2]

In this case report, the characteristic history of the patient established the diagnosis of cataplexy. The complaints suggestive of hypothyroidism[4] (like weight gain and constipation) were obtained retrospectively after physical examination.

This case is of significance because there are no case reports of hypothyroidism presenting as cataplexy. The other highlight of the case is that treatment of hypothyroidism alone resulted in complete freedom from cataplexy without the need for agrypnotic drugs.[1,3,5,6]

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