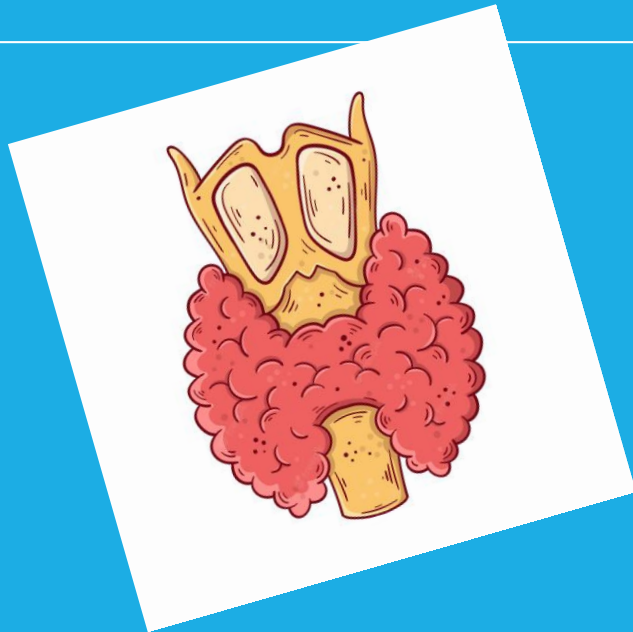


Final diagnosis: Hyperthyroidism (presumed Grave's disease)



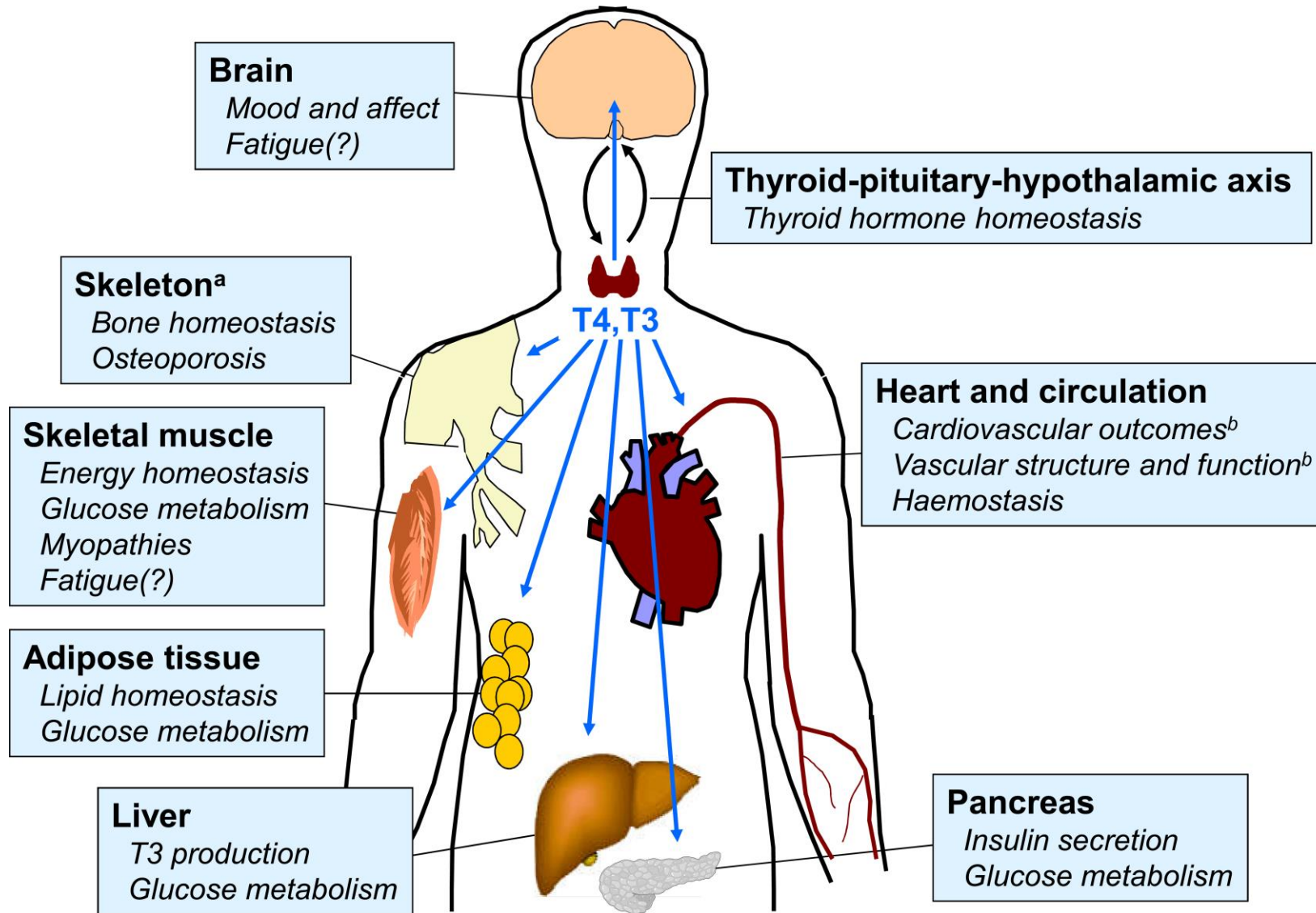


Figure 1

Kahaly GJ, Gottwald-Hostalek U. Use of levothyroxine in the management of hypothyroidism: A historical perspective. *Front Endocrinol (Lausanne)*. 2022 Nov 2;13:1054983. doi: 10.3389/fendo.2022.1054983. PMID: 36407302; PMCID: PMC9666762.

Hyperthyroidism

- Symptoms: anxiety, weakness, tremor, palpitations, tachycardia, dyspnea, weight loss, heat intolerance, urinary/bowel frequency, oligo- or amenorrhea
- Exam:
 - Hyperactivity, stare, lid lag, moist warm skin, thin fine hair, tachycardia, systolic hypertension, tremor, hyperreflexia, proximal muscle weakness
 - Thyroid gland may be nonpalpable or massive, nodular or smooth, depending on cause
- Labs:
 - Low TSH
 - high free T₄ and T₃ concentrations
 - Normochromic, normocytic anemia
 - Hypercalcemia and elev Alk Phos: from increased bone resorption (nl PTH and PTHrP)
 - Low cholesterol, LDL, and HDL

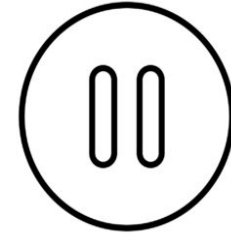
Grave's Disease

- Subtype of hyperthyroidism, most common cause.
- Etiology: thyroid-stimulating immunoglobulins.
- Differentiating Grave's disease from other causes of hyperthyroidism:
 - Infiltrative dermopathy (pretibial myxedema)
 - Periorbital edema and limitation of eye movement
- Risk factors:
 - high iodine intake
 - stressful life events
 - Certain medications (lithium, interferon alpha, alemtuzumab)



WHEN TO HIT "PAUSE"....

A DIAGNOSTIC TOOL!



Diagnostic "pause"

- In this patient, though the anemia improved, the patient's fatigue continued. This signals for us to pause and reevaluate the presentation.
- Type 1 vs Type 2 clinical reasoning
 - Type 1: Rapid, intuitive. "Illness scripts"
 - Type 2: Slower, deliberate, rational
- Both Type 1 and 2 clinical reasoning are useful. If something isn't adding up... take a diagnostic pause and reevaluate