

Combined Meeting

Patient Presentation

Graeme van der Meer

Department of Otorhinolaryngology
Faculty of Health Sciences
Tygerberg Campus, University of Stellenbosch

Mrs N, 47yrs

Presenting complaint:

Intermittent sore throat & neck x 7/12

Pain persists for up to a week,
improves for a day, then returns
Worse when swallowing

Used multiple courses of antibiotics
without improvement



The chronic sore throat

- Comments?
- Questions?

- L.O.W. (Slight)

Very occasional heartburn

No voice changes

No cough

- PMHx - ↑Cholesterol (Pt stopped Rx)

No preceding viral infection

- Meds - Homeopathic Rx for joint pain

- Allergies - None

- Social - No smoking, Uses EtOH socially

On examination

- Middle aged female, not acutely ill
- Mouth: (N)
- Pharynx: No Hyperaemia
Tonsillectomy
Good oral Hygiene
No intra-oral sepsis
- Indirect Laryngoscopy ✓

ENT Examination

- Neck skin ruddy
- Diffuse tenderness
- No lymph adenopathy
- Diffusely enlarged thyroid
- No nodules



■ Differential Diagnosis?

■ Special Investigations?

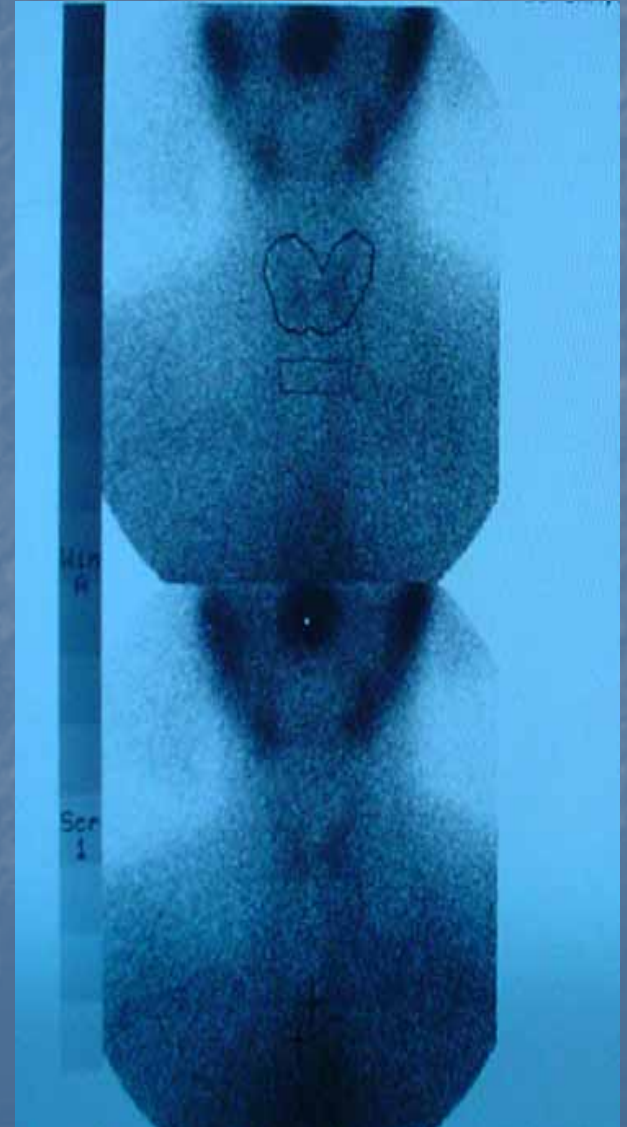
Special Investigations

- TSH: 1.94 (N) T4: 14.4 (N)
- ESR: 40mm/hr ↑
- FBC: WCC 2.9↓ (Lymph ↓, Neut ↓)
Otherwise (N)
- CXR: NAD

Thyroid Scan

Diffuse enlargement with
some retrosternal
infiltration

TC-99M Uptake low normal



Thyroid Antibodies

- Thyroid Peroxidase Ab: >1300 (N 0-60)
- Thyroid anti-Tg 318.2 (N 0-60)

Summary

- 47yr female with the clinical picture and thyroid scan commensurate with a diagnosis of Subacute Thyroiditis, specifically De Quervain.
- Management is symptomatic, with careful follow up to detect Hypothyroidism
- Simple anti-inflammatories prescribed.