Subacute Thyroiditis: A Rare Complication of Dengue

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Sir,

Dengue fever is now epidemic in our country. In 2011 revised WHO guidelines divide dengue into dengue fever, dengue hemorrhagic fever with or without shock and expanded dengue syndrome. It has variety of presentations, less common are encephalitis, myositis, pancreatitis, Gullain Barre syndrome and splenic rupture. Here we are discussing a case that develops thyroiditis just after dengue fever.

A 23 yr old boy presented with fever since 6 days which was initially high grade and now decreased to 100 F, neck swelling with pain since past 1 day making him unable to swallow even liquids. On examination he had tachycardia (pulse rate 110/min regular), exophthalmos, mild tender thyromegaly (Gd II), and warm extrimitis. There was no tremor, organomegaly and rash over body. Investigations showed Hb: 10.5 gm%, TLC: 23,910/cumm, platelet: 2.95 lakh/cumm, ESR: 101 mm in 1st hour, TSH: 0.17 Uiu/ml (0.47-4.68), FT4: 2.73 ng/dl (0.78-2.19), IgM Antibody for dengue positive. USG neck shows moderate size (5x4 cm) complex solid cystic lesion abutting right lobe of thyroid, Doppler shows marked raised intralesional vascularity with multiple lymph node enlargement. 99mTc pertechnetate thyroid scan showed decreased uptake in thyroid. This confirm our diagnosis of thyroiditis and we treated him with propanolol, steroids, antibiotics and anti-inflammatory medicine to which he responded well.

Dengue fever classically present with fever, body ache, headache, rash over body and nausea. Usually gastrointestinal manifestations are predominate like transaminitis, hyperbilirubinemia, ascitis, gallbladder edema, and, hepatomegaly. But it can manifest with some less common presentations as myocarditis, Gulliane Barre syndrome, encephalitis, and intracerebral bleed. Subacute thyroiditis which usually occurs after a viral illness and has female preponderance, is not very well associated with dengue fever. There is one case report in 2012 from Pakistan where the dengue patient develops intracerebral bleed and subacute thyroiditis. Thyroiditis is characteristically follow hyperthyroid-hypothyroid-euthyroid stages. Many times it goes unnoticed because it mimics pharyngitis, but thyroid swelling with pain which may even radiate to ear, fever and features of thyrotoxicosis are classical symptoms of this. Treatment includes nonsteroidal anti-inflammatory drugs, steroids and other symptomatic treatment.

References