

## **B15**

**Title: A very uncommon case of Myxedema coma: Rediscovery of an old presentation**

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"Myxedema coma is defined as severe hypothyroidism leading to decreased mental status, hypothermia, and slowing of function in multiple organs. It is an uncommon but potentially lethal condition. Overt congestive heart failure is rare in the absence of preexisting cardiac disease.

81 year old female with past-medical history of hypertension, transient ischemic attack, dementia and primary hypothyroidism presented with a one-day history of worsening shortness of breath. She developed altered mentation and became mute the week prior to presentation. She was unable to feed herself nor consume medications and developed facial and lower limb swelling.

On examination, the patient was hypothermic (34.7C), alert but disoriented and non-communicative. She had facial puffiness, jugular venous distension, bilateral coarse crepitations on auscultation, muffled heart sounds and cool extremities with bilateral pitting edema in lower limbs. She soon developed cardiogenic shock with respiratory failure requiring intubation and pressor support.

Lab investigations revealed TSH 103uIU/mL, free T4 0.11ng/dL, free T3 <0.5pg/ml and random free cortisol of 68ug/dL. No leukocytosis, bicarbonate 18mm/L, creatinine 1.94mg/dL, ALT 136U/L, AST 303U/L, troponin 0.06ng/ml. Chest X-ray revealed vascular congestion. EKG revealed T-wave inversions in lateral leads and prolonged QT. Transthoracic echocardiogram revealed ejection fraction of 25-30%, dilated cardiomyopathy, pericardial and pleural effusions.

Diagnosis of Myxedema coma with cardiopulmonary failure was subsequently made. She received IV levothyroxine, steroids and appropriate cardiopulmonary support. Patient gradually regained consciousness, was extubated and eventually discharged. We present this case to emphasise the importance of early diagnosis and management of an almost forgotten and potentially fatal condition."