

Title :Refractory hypoglycemia in an infant with Severe Primary Hypothyroidism

Abstract

Introduction: Isolated hypothyroidism as a primary cause of hypoglycaemia is not a well known phenomenon. The following case illustrates how isolated severe primary hypothyroidism can lead to symptomatic refractory hypoglycaemia as part of myxoedema crisis complex.

Case Details:

6 months old female infant with undiagnosed congenital athyreosis, presented with pseudo-intestinal obstruction and myxedema crisis i.e. fluid refractory hypotension, hypothermia, relative bradycardia and hypoglycemia. The hypoglycaemia was refractory, requiring high glucose infusion rate, stress dosing of steroids, carbohydrate loading for 72 hours, and inotropes to tide over the crisis. Critical sample revealed an appropriate cortisol and insulin response to hypoglycaemia, and screen for inborn error of metabolism was negative. The hypoglycemia resolved on thyroxine replacement and the child has shown significant catch up in growth and development on 2 years of follow up, with no repeat episode of hypoglycaemia.

Message:

Thyroid axis must not be neglected in the evaluation of persistent hypoglycemia as isolated severe primary hypothyroidism may precipitate hypoglycemia in the absence of other pituitary or adrenal hormone deficiencies.

Keywords: hypothyroidism; hypoglycaemia; infant; myxoedema crisis

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