Thyroid Disorder And Inflammatory Bowel Disease

R Bankar, M Jones, K Hine

Citation

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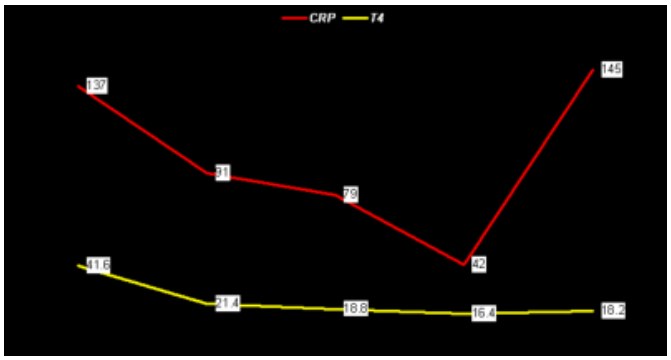
Abstract

The co-presentation of acute ulcerative colitis with hyperthyroidism is rare but the coexistence of the two conditions may adversely affect the outcome of the acute colitis. We present a patient with coexisting hyperthyroidism and ulcerative colitis.

CASE REPORT

A 42-year-old man presented with tiredness, weight loss, abdominal discomfort and bloody diarrhoea. There was no family history of thyroid disorder or inflammatory bowel disease (IBD). He was tachycardic but there was no goitre nor any features to suggest thyrotoxicosis. He had generalised mild tenderness of the abdomen and rectal examination revealed blood. His inflammatory markers were elevated, flexible sigmoidoscopy and biopsies confirmed active ulcerative colitis. He was commenced on mesalasine, intravenous steroids and fluids. His tests revealed a raised T4 (41.6 pmol/L) and low TSH (0.01 mu/L) confirming hyperthyroidism. He was started on carbimazole and propranolol. However, his condition continued to worsen and cyclosporine was added. His inflammatory markers and thyroid function improved initially (Figure). The T4 remained steady throughout his illness but there was marked rise in the inflammatory markers with significant deterioration in his condition requiring an emergency colectomy.

Figure 1



DISCUSSION

Acute severe colitis due to IBD remains a potentially life-threatening emergency requiring joint care by physicians and surgeons. The management depends on prompt intensive medical treatment, recognition of failure to respond and timely colectomy. In spite of early detection and treatment of hyperthyroidism our patient unfortunately did not respond and had to undergo colectomy. This case demonstrates the difficulty in managing ulcerative colitis and poor outcome with co-existing thyrotoxicosis.[1] Thyroid dysfunction is associated with ulcerative colitis as well as crohns disease,[2,3] and can occur simultaneously, precede or appear after the manifestations of IBD.[4] Hyperthyroidism affects drug concentration due to rapid metabolism and transit time which can affect the management and outcome.[1] Treatment of thyrotoxicosis is essential for effective control of colitis. Thyroid function should be checked in IBD patients not responding to treatment.

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