

Clubbing in a Patient of Hypothyroidism – A Case Report

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Abstract: Digital clubbing is very important and ancient clinical signs in medicine. Although most of the time clubbed fingers are asymptomatic and exact pathogenesis is not known. The Thyroid acropachy is uncommon sign of autoimmune thyroid disorders. We present a rare case of Hypothyroidism associated with clubbing. A 45 year old male with severe degree of clubbing in fingers and toes along with markedly increased thyroid stimulating hormone levels. Patient also had severe Dyslipidaemia. Patient was managed with L-Thyroxine and Atorvastatin, Finofibrates showed marked improvement in symptoms.

Keywords:- Clubbing, Acropachy, Hypothyroidism.

I. INTRODUCTION

Clubbing of finger is described as bulbous enlargement of soft parts of the terminal phalanges that are usually associated with both transverse and longitudinal curving of the nails. The swelling of the terminal phalanges occur due to the interstitial oedema and dilation of the arterioles and capillaries.¹ Acropachy in hypothyroidism is the rare cause of Digital clubbing. The images of rare case of clubbing in hypothyroidism are presented.



Fig 1:- (Image of Finger Clubbing)

II. CASE REPORT

A 45 years old gentleman presented with hoarseness of voice, generalized Oedema from last one year. He also complained of swelling of fingers of hands and toes from same duration. He had a past history of intake of thyroid hormone replacement therapy three years back. There was no other significant history. On Physical Examination, the thyroid gland was not palpable but he had severe clubbing

of all fingers and toes. There was no local tenderness present at wrist and ankle joint. The systemic examination of the patient was normal except, presence of slow relaxation of deep tendon reflexes. Routine Haematological and Biochemical test were normal. Liver function test and abdominal ultrasonography were normal. The thyroid profile showed Serum TSH level of 730mIU/L with normal Total T₃ and T₄ Levels. His Lipid Profile revealed serum cholesterol 237mg/dl, Triglycerides 411mg/dl, HDL 24mg/dl. R.A factor was negative. A diagnosis of acropachy with hypothyroidism was made, Patient was started on L-Thyroxine with Atorvastatin and finofibrates⁵. Within a period of few months patient showed marked improvement in his symptoms.

Thyroid acropachy is commonly seen in patients who have Hyperthyroidism^{2,3,4,6-10}. The pattern of changes in acropachy is characteristic occurs at mid shaft of tubular bones with an adjacent soft tissue proliferation^{3,4,6}. In Our patient similar pattern was seen, there was no local tenderness as seen in hypertrophic osteoarthopathy. Pulmonary osteoarthopathy is important differential diagnosis but there was no Pulmonary pathology detected in our patient. Hypothyroidism is the rarest cause of digital clubbing.

III. DISCUSSION

Thyroid Acropachy is usually present in patients of thyroid dysfunction that is hyperthyroidism, dermatopathy, and severe degree of ophthalmopathy^{2,3,4} but in our case report clubbing is present in fingers and toes with severe degree of hypothyroidism. It is rare but important cause of clubbing¹¹.

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