CLINICAL CASE OF CHRONIC AUTO-IMMUNE THYROIDITIS DEBATED BY HEMATOLOGICAL COMPLICATIONS

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Chronic autoimmune thyroiditis is now regarded as the most common pathology among organ-specific autoimmune thyroid diseases. The reasons are the deterioration of the ecological situation, the increase of stressful situations of sociogenic nature, the improvement of diagnostics. The urgency of the problem of chronic autoimmune thyroiditis is due not only to its widespread prevalence but also to an increase in its incidence in recent years, a tendency to increase the incidence in the younger age groups and to the course mainly in the form of subclinical forms. Today, this problem is becoming more urgent and needs further research.

The aim is to analyze the clinical case of chronic autoimmune thyroiditis, which debuted by secondary thrombocytopenic purpura.

Materials and methods. The medical history and outpatient card of a patient who was hospitalized at a clinical hospital were investigated.

Results. Patient C., 69 years old, was hospitalized because of macrohematuria. From the anamnesis it was found that the patient noted a change in the color of urine 2 weeks ago. Findings on physical examination - pale skin and mucous membranes, presence of ecchymosis on the front of both legs, slightly enlarged thyroid gland and increased its density. In clinical blood tests, normochromic normoregenerative anemia was detected. A platelet count revealed thrombocytopenia ($51.48*10^9$), and coagulation was within normal limits. During cystoscopy, signs of chronic cystitis were detected, the presence of which did not explain the cause of macrohematuria. Taking into account the clinical and laboratory manifestations of thrombocytopenia, the patient had a reason to establish a preliminary diagnosis of thrombocytopenic purpura, thus the patient was consulted by a hematologist. For the purpose of further examination the patient was prescribed sternal puncture, the study of the presence of antiplatelet antibodies, ultrasound of the thyroid gland and determination of its hormone level. The

major changes revealed in the evaluation of the myelogram were hyperplasia of the megakaryocytic apparatus; antiplatelet antibodies were detected in the serum. Ultrasonographic data confirmed the signs of autoimmune thyroiditis (hypoechogenicity and heterogeneity of thyroid tissue). A study of the hormonal background revealed an increased level of thyroid-stimulating hormone, a slightly decreased level of T_4, a threefold increase in antithyroid-specific antibodies. Given the presence of autoimmune thyroiditis, the hematologist excluded the diagnosis of idiopathic thrombocytopenic purpura or Werlhof's disease and made a definitive diagnosis of secondary thrombocytopenic purpura caused by autoimmune thyroiditis.

Conclusions. Thrombocytopenia was the main cause of hemorrhagic syndrome. At the first stage of the examination, thrombocytopenia had no available cause, that is, there were grounds to suspect idiopathic thrombocytopenic purpura. Only a detailed examination of the patient revealed the cause of autoaggression in the patient's body - autoimmune thyroiditis. The asymptomatic course of the endocrine pathology and its debut by macrohematuria have complicated the timely diagnosis of chronic autoimmune thyroiditis.