Okhaigbe Daniel Oshoke

A CLINICAL CASE OF SCHMIDT SYNDROME

Kharkiv National Medical University

Department of Internal Diseases №3 and Endocrinology

Kharkiv, Ukraine

Scientific advisor: Ph.D. M. Oliinyk

Introduction: Schmidt syndrome [also known as autoimmune polyendocrine syndrome type 2 (APS-2) is a term used to refer to a number of autoimmune disorders (primary adrenal insufficiency, hypothyroidism and type 1 diabetes mellitus) as a whole rather than a single illness.

The purpose: To study a case of Schmidt syndrome in a female patient aged 20.

Materials and methods: This patient was treated in the endocrinology department of the Kharkiv Regional Clinical Hospital (RCH).

Results*:* Patient M, a 20 years old female presented to the endocrinology department of RCH with complaints of headaches, cramps in the lower limbs, pronounced general weakness, drowsiness, constipation, and absence of menstruation since December 2020, decreasing body weight over 10 kg during the past year.. From the anamnesis of the disease, it's known that she began to lose consciousness in March 2020 after stress and it was accompanied by a convulsive syndrome. She was diagnosed with and treated for epilepsy without positive effect. She began to notice rapid diffuse hair loss in May 2021. The condition progressively worsened, and she was hospitalised in the Central Regional Hospital with a diagnosis of hypoxic-ischemic encephalopathy from March 8, 2021 and she was transferred to the RCH on March 12, 2021 for further examination and was treated in the neurological department till 03/22/2021 with a diagnosis of toxic-ischemic encephalopathy and was discharged with slight improvement. She was examined by an endocrinologist at RCH. Primary adrenal insufficiency and primary hypothyroidism were diagnosed. Hormonal replacement therapy was started: prednisone 10 mg/day, cortineff 0.1 mg/day, L-thyroxine 50 μg/day, which was maintained for 14 days. She was admitted for additional examination and correction of treatment. She has allergic reactions to

paracetamol, she denies the presence of any hereditary diseases in her family. During physical examination it was noticed: her skin was dark and moderately dry. Her heart tones were rhythmic but muffled. HR – 82/min, BP 100/70 mmHg. Her abdomen was tense, sensitive to palpation in Kiera point. The pulsation on her feet was of satisfactory quality, but the sensitivity was reduced. All other organs and systems without abnormalities.

During the hospitalisation, the following tests showed abnormalities: increase level of phosphorus (2.96 mmol/l), an elevated level of ACTH (>2000), free cortisone in daily urine was low (65.25 nmol/day), active blood renin was high (182.3 ng/ml). Hormonal tests revealed reduced FSH (5.48 mIU/ml) and estradiol levels (< 5 ng/ml). Hormonal examination of the thyroid gland revealed high TSH levels (6.86 mIU/ml). MRI of the brain (April 10, 2021): Indications of changes in the area of subcortical nuclei should be differentiated between endogenous (dysmetabolic) and exogenous (toxic) nature of the lesion. Sella turcica, pituitary gland - without features. RVG: A moderate decrease in volumetric blood flow in the lower legs and feet.

Based on the patient's complaints, medical history, and additional investigations, a diagnosis was established: Autoimmune polyendocrine syndrome type 2 in the form of primary adrenal insufficiency, severe form, and primary hypothyroidism, moderate in severity (Schmidt syndrome). The next treatment was recommended for the patient: salting of food, prednisolone, cortineff, L-thyroxine, sorbifer, topiromax. The patient was discharged with improvement and recommendations, under the supervision of an outpatient endocrinologist.

Conclusion*:* It should be noted that APS-2 is an autoimmune disease with a variety of clinical manifestations, which seriously complicates the initial diagnosis due to nonspecific clinical manifestations. Thus, we advise physicians to carry higher suspicion of APS-2 in patients with changes in biochemical tests as early treatment with correct therapy can be lifesaving.