

Psycho-Thyroidism, a new disease concept, a case of reverse pathogenesis?

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Introduction

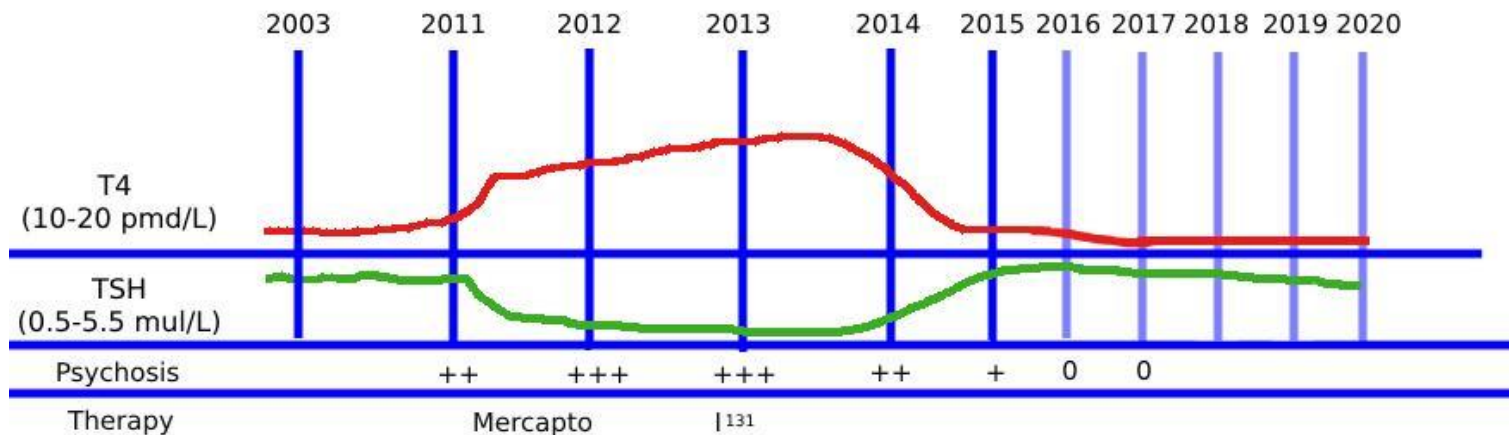
Psychological symptoms following thyrotoxicosis are well documented in the medical literature, however, the link between the two pathologies is less well understood. Emotional instability, anxiety and frank psychosis resulting from overproduction of thyroxine was the accepted pathogenesis. Could a reverse mechanism also be acceptable? This case report would raise the possibility but provides no definite confirmation.

Case Report:

The patient was a 60-year-old single woman in good general health, was intellectually active, teaching English for years. There is no record of illnesses, but because of tiredness she was biannually investigated, including thyroid functions. All tests were within normal values for 8 years (2003-2011), when for the first-time medical files recorded a psychiatric syndrome. They developed gradually but intensively and forced her to cease her teaching activities, the syndrome increased in intensity and expanded. From depression, gradually symptoms of delusion and persecutions appeared, she also feared of being at home from “gas intoxication” that produces breathing

difficulties. She also feared the appearance of “granules in her brain” producing pain, disorientation, sleeping difficulties and leading to nutritional deprivation. She slept in her car from fear of a “dangerous home”, she lacked hygiene and refused to change her clothing. She refused any psychiatric treatment. In 2011 thyroid nodules were detected by her family practitioner that led to extensive investigations: At that time, the T4 thyroid hormone level increased significantly and as expected, her TSH hypophysial hormone decreased.

The patient was exposed to a thyroid (Te 99) scan (proving thyrotoxicosis) and a biopsy of the nodules identified clear colloid fluid with no malignancy. The treatment accorded was with Marcoptizole (Methimazole), thyroid inhibiting peroxidase). After several months the treatment was discontinued as it proved both ineffective and hepatotoxic. Radiation, Iodine 131 was administered, with gradual return to normal biochemical values and complete resolution of all psychological symptoms. She resumed teaching activities, enrolled at university, and completed her degree of Law. The condition remained stable from 2015 till the last testing in 2022 (Table 1).



Discussion

Psychosis versus thyrotoxicosis, which came first?

The medical literature (PubMed, Google Scholar) listed hundreds of articles supporting the primary thyrotoxicosis as leading to secondary psychological syndrome. The present case report would raise the question as to whether the reverse pathogenesis is also possible? Could this well documented case, with thorough biochemical proof after years of psychosis, support the raised theory?

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