DIAGNOSIS OF OVARIAN STRUMA FOR PERSISTENCE OF HYPERTHYROIDISM AFTER TOTAL THYROIDECTOMY
G FARAJ (1), V PASTORINO CASAS (1), M F BORGHI (1), RJ LUTFI (1), D SCHERE (2), EN FAURE (1)
ENDOCRINOLGY SERVICE, CHURRUCA VISCA MEDICAL COMPLEX, BUENOS AIRES, ARGENTINA. (1)
NUCLEAR MEDICINE PRIVATE CENTER, BUENOS AIRES, ARGENTINA. (2)

G. Faraj
Introduction: Hyperthyroidism is defined as the excessive production of thyroid hormones, and might have an eutopic or ectopic origin. The most common cause (70%) is Graves Basedow disease, an autoimmune disorder caused by anti-TSH receptor antibodies. Ovarian estruma is a rare (1%) ovarian tumor composed of at least 50% of thyroid tissue; 90% of tumors are benign, and only 8% develop hyperthiroidism. It is a very infrecuent cause of ectopic hyperthyroidism, which should be distinguished from functional ovaric metastasis of thyroid cancer.

Case Report: 69-year-old hyperthyroid female who developed multinodular goiter due to Graves' disease. Treatment with antithyroid drugs was unsuccessful; therefore, total thyroidectomy was performed. Anatomopathology: colloid multinodular hyperplasia and lymphocytic thyroiditis. A month after surgery, she persisted hyperthyroid. Neck scan revealed no uptake and ultrasound showed absence of thyroid gland. Ectopic thyroid tissue was suspected, and whole-body scan was carried out, revealing uptake in pelvic region. TAC was performed, observing a tumor in right ovary (92x72x12mm). We suspected an ovarian struma; anthyroid treatment was given, and total adnexal hysterectomy was performed. Anatomopathology: right ovarian tumor composed of thyroid tissue, confirming the diagnosis of ovarian struma. Patient developed hypothyroidism and was given treatment with levothyroxin.

Conclusion: Ectopic thyroid hormone production (endothoracic, ovarian struma or functional metastasis) should be ruled out when hyperthyroidism persists after total thyroidectomy