

## Introduction

- Congenital hypothyroidism is a newborn condition affecting roughly 1 in 2000 newborns, with patients requiring lifelong hormone replacement.
- The incidence of pericardial effusion resulting from hypothyroidism tends to range from 3-37% (4)(5).
- Diagnosing this type of pericardial effusion tends to be a diagnosis of exclusion with a requirement of having an elevated TSH (4).

## Case Presentation

- 41-year-old Caucasian female with a past medical history of congenital hypothyroidism, asthma, congestive heart failure, type 2 diabetes mellitus, and hypertension who presented to the emergency department for gradually worsening shortness of breath and exertional dyspnea, non-productive cough, and tightness in her chest.
- TSH was noted to be 123 mIU/ml with a total T4 of 0.2 ng/dl. ANA negative.
- EKG showed normal sinus rhythm with poor R wave progression, old anteroseptal MI, and evidence of electrical alternans in V5.
- CTPA showed cardiomegaly with evidence of heart failure and a massive pericardial effusion with right lung opacities.
- Patient underwent urgent pericardiocentesis with removal of 1250 ml of serous fluid and had Synthroid dosing increased.
- Repeat echocardiogram showed improved pericardial effusion.

## Imaging

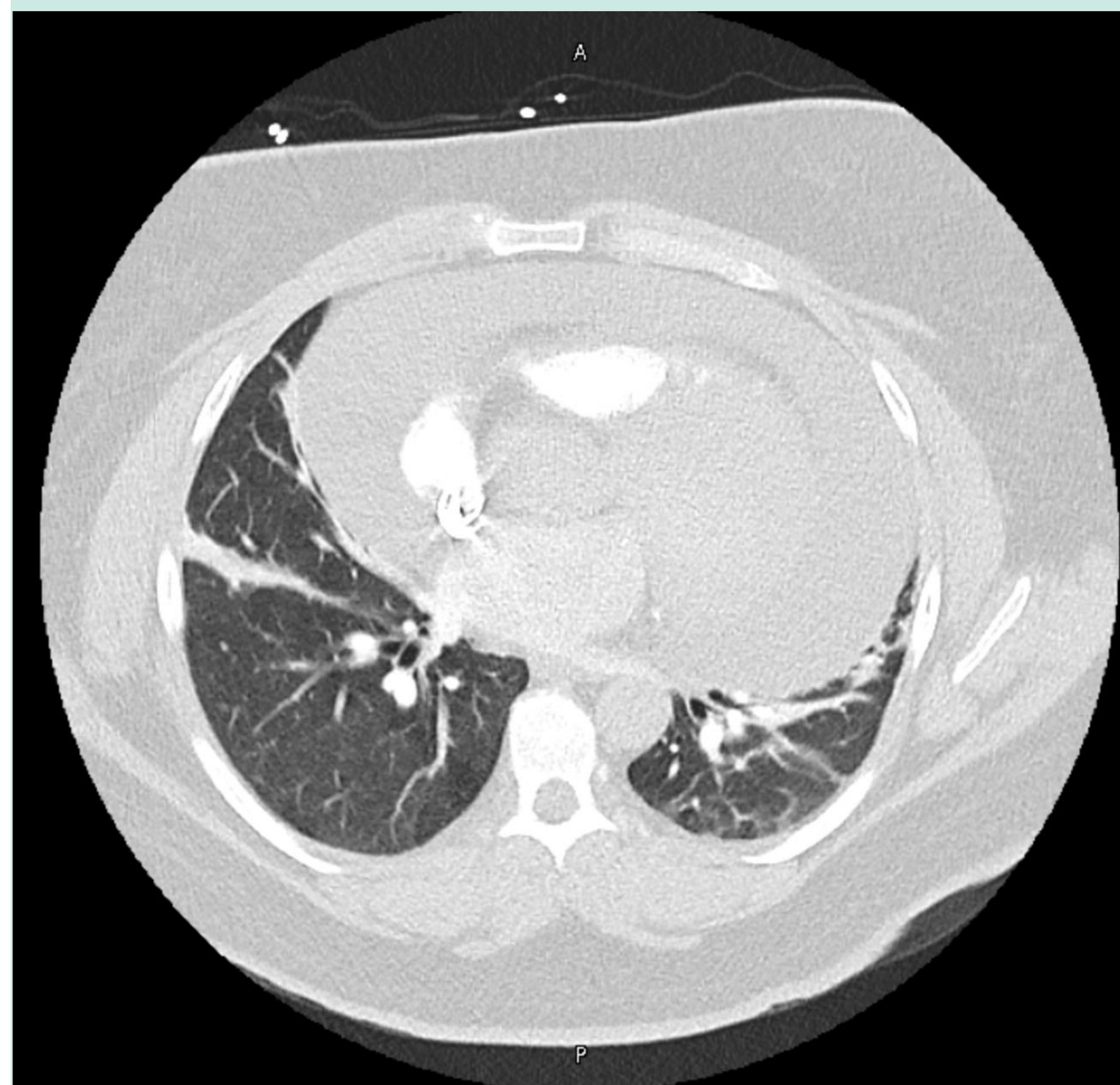


Fig. 1 CT chest showing massive pericardial effusion

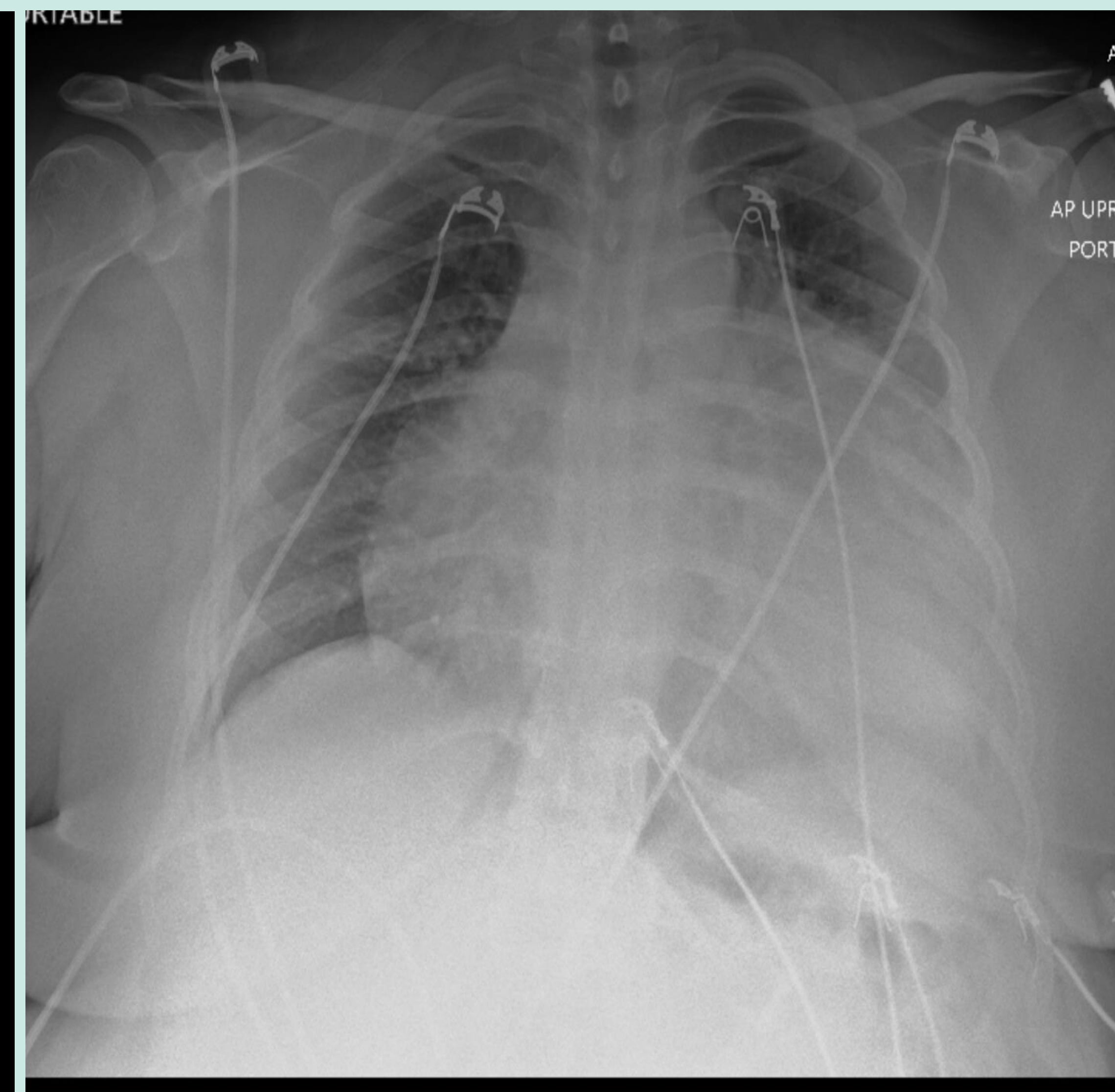


Fig. 2 CXR showing cardiomegaly

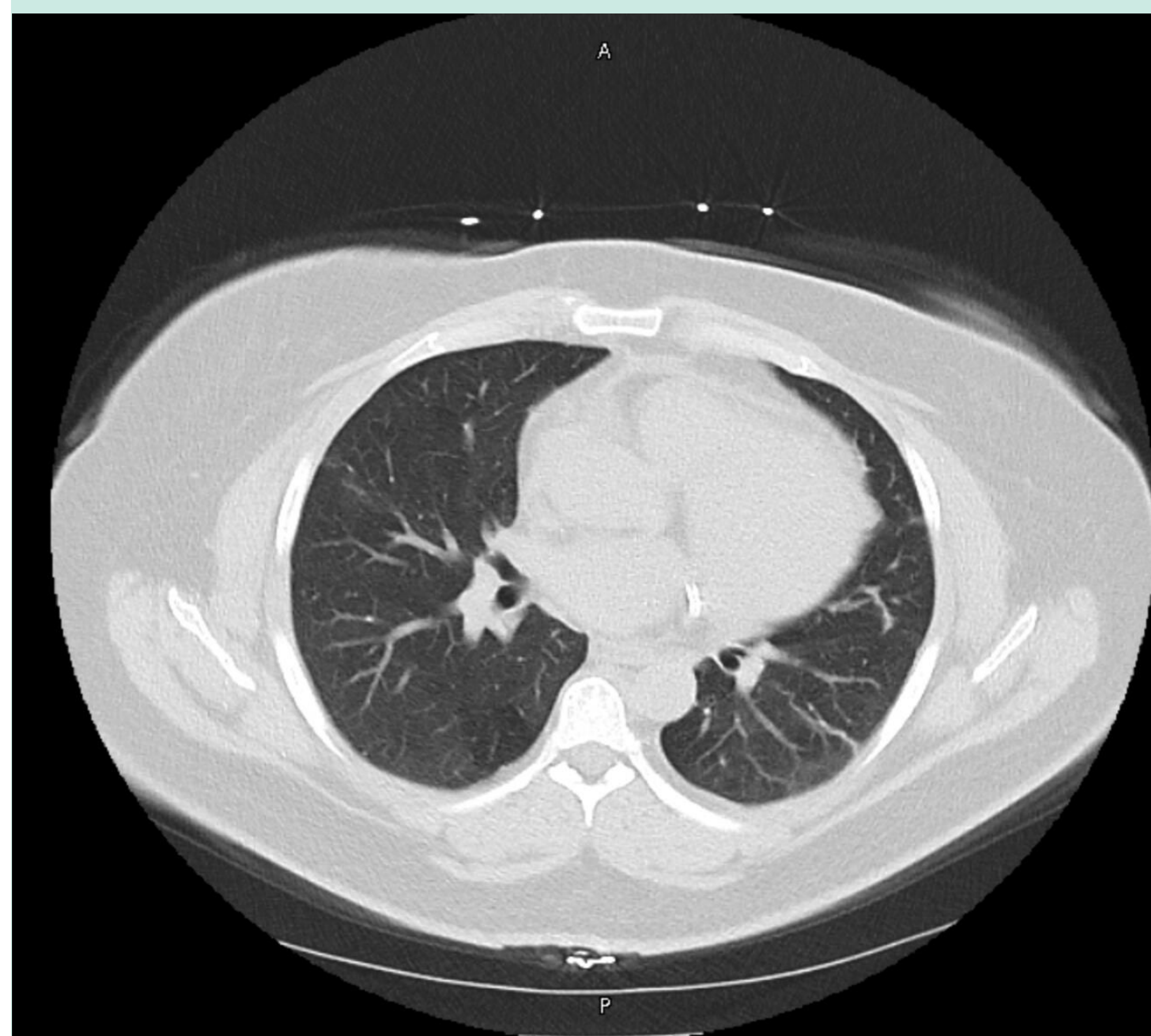


Fig. 3 CT post thoracentesis showing resolved pericardial effusion

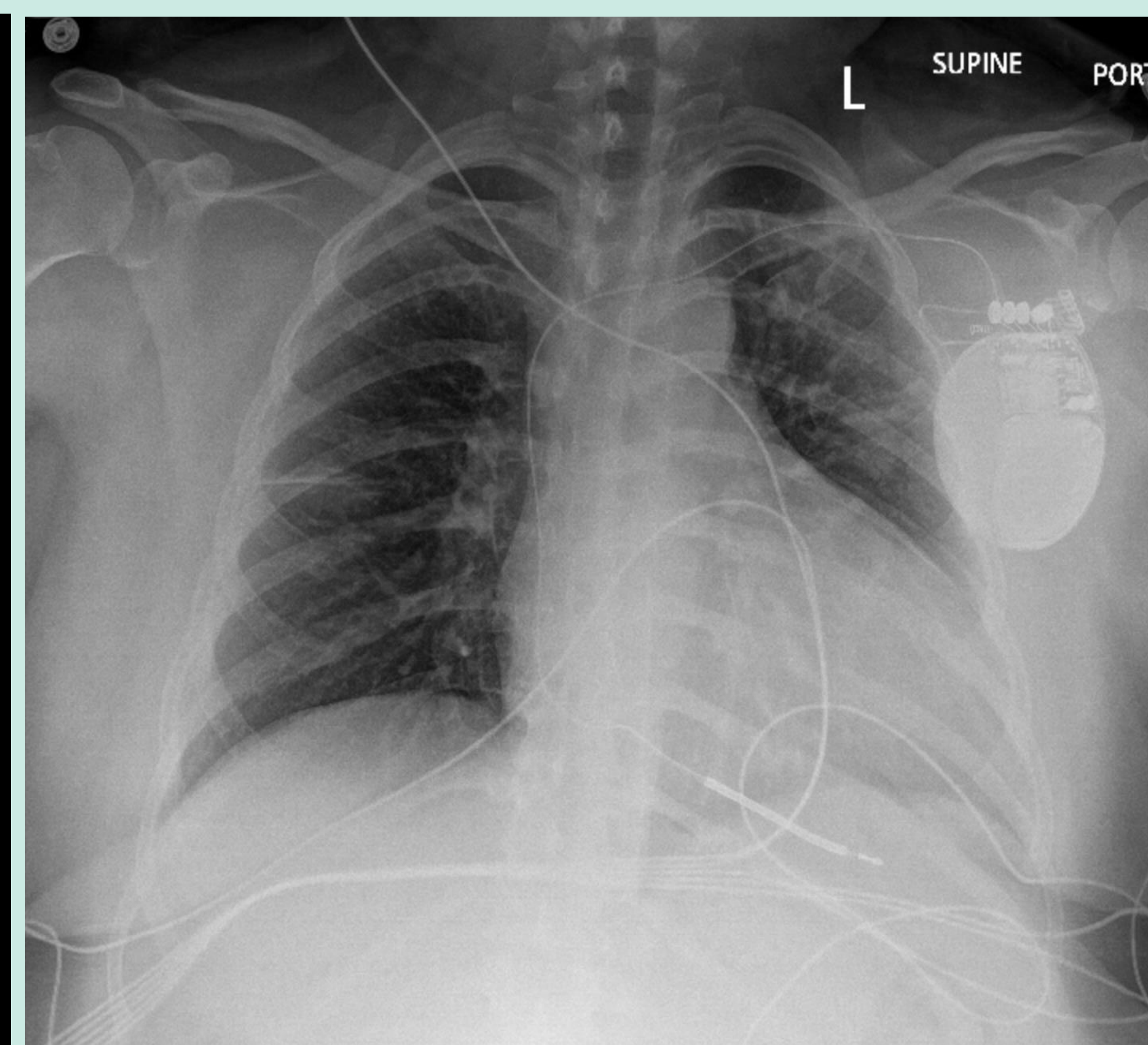


Fig. 4. CXR post thoracentesis

## Discussion

- Prior case reports have shown a clear connection between hypothyroidism and pericardial effusion, but only one had suggested a connection with congenital hypothyroidism (5)(6).
- This case demonstrates an adult patient with congenital hypothyroidism with complications leading to pericardial effusion with early signs of cardiac tamponade
- The lack of research into congenital hypothyroidism in adulthood causing pericardial effusion is potentially due to early screening of congenital hypothyroidism. It is standard in the U.S. as well as other countries to screen for this disease due to its high prevalence (1)(3).
- A proposed mechanism is that hypothyroidism can cause pericardial effusion by both increased permeability of epicardial vessels and decreased lymphatic drainage of albumin leading to fluid accumulation in the pericardial space (4).

## Conclusion

- While one case of congenital hypothyroidism in adulthood is not enough to declare that it is the same process as we can see with Hashimoto's thyroiditis, it does show similarities between the two.
- Correct dosing and adherence to medication can help prevent secondary complications of hypothyroidism

## References

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