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SOCIETY FOR BEHAVIORAL NEUROENDOCRINOLOGY



**SOCIETY FOR BEHAVIORAL
NEUROENDOCRINOLOGY**

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HASHIMOTO'S ENCEPHALOPATHY: ILLUSION OR REALITY.

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There are few conditions in clinical neurology as elusive and protean as Hashimoto's encephalopathy. Since its first description by Brian in 1966, there have been only around 100 case reports in the literature. The clinical manifestations are myriad but mainly include either stroke like episodes and seizures or rapidly progressively dementia which can progress to coma and death if left untreated. Para clinical tests include labs, MRI, EEG and neuropsychological evaluation help in confirming the diagnosis and follow-ups.

56 years old right handed Caucasian female with past medical history of hypothyroidism developed symptoms of apathy, flattening of affect, hypersomnolence along with easy distractibility, word finding difficulty, preservation, urinary incontinence and memory disturbances for 3 weeks. Laboratory testing showed markedly elevated thyroid autoantibodies and MRI brain revealing bilateral frontal lobe white matter abnormalities involving genu of corpus callosum with cystic encephalomalacia and contrast enhancement. EEG was remarkable for bilateral frontal slowing and neuropsychological testing showing marked frontal temporal domains impairment. Additional workups did not show the other causes of cognitive impairment. Brain biopsy was declined by her family. She was treated with 1 gm of IV methylprednisone for 5 days with a tapering schedule. All Paraclinical testing including serology, MRI, EEG, and neuropsychological evaluation showed significant improvement.

Steroid responsive encephalopathy with Hashimoto's thyroiditis (SREHT) can be diagnosed in an appropriate clinical setting with serological studies along with other Paraclinical tests. Several hypothesis including autoimmune basis, shared antigen theory, and TRH toxicity have been proposed but nothing confirmed up to date. The high index of clinical suspicion is required for the diagnosis.