



DERMATOPATHOLOGY

SEVERE RHABDOMYOLYSIS REVEALS PERIPHERAL HYPOTHYROIDISM ABOUT A CASE

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Context: Rhabdomyolysis on hypothyroidism is a rare phenomenon to our knowledge, only a few cases are described in the literature. We report a case of severe rhabdomyolysis associated with impaired general condition secondary to hypothyroidism.

Observation: A 60-year-old woman with no notable pathological antecedent, had been suffering from myalgia and asthenia for three years. She had consulted for bilateral palpebral edema with muscular cramps.

The clinical examination revealed an asthenic patient, bradycardia, generalized myxedema with myalgia and psychomotor retardation. Examination of the thyroid lodge did not reveal goiter.

A first assessment showed a major increase in muscle lysis enzymes. The diagnosis of hypothyroid myopathy was suspected in the presence of clinical signs of hypothyroidism and confirmed by hormonal assays. The cardiac ultrasound revealed an effusion of low abundance. The antiperoxidase antibodies were very high and the diagnosis of Hashimoto's thyroiditis was retained.

The hormonal replacement therapy allowed the normalization of thyroid hormones and the regression of muscle signs.

Key message: In front of myalgia with muscle weakness accompanied by a high rate of muscle enzymes, think of hypothyroidism. Rhabdomyolysis secondary to hypothyroidism is a rare phenomenon. It is an acute myonecrosis manifested by a serum elevation of the enzymes of muscle lysis. However, cases of major elevation of CPK with or without renal insufficiency during hypothyroid myopathy are exceptional, as is the case of our patient. The origin of this increase is poorly known, it could be an increase in muscle catabolism associated with a decrease in the clearance of enzymes. Hormonal substitution is imperative, hemodialysis may be necessary in the case of severe hyperkalemia or in cases of anuria.

