

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
(وَمَا أَوْفَيْتُمْ
مِنَ الْعِلْمِ إِلَّا قَلِيلًا)
حَقَّاقُ اللَّهِ الْعَظِيمِ

Case Presentation

Supervised By:

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Presented By:

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Mosul university
Mosul-IRAQ



Case Presentation

Patient Name: شيماء

Age: 30

Residence: ناحية بعشيقة

Date of admission : 26-2-2013

Date of examination: 27-2-2013

Chief complain: protrusion of the eye for 9 months duration



❖ **History of present illness:**

The patient condition started 9 months ago when she complained from sudden onset of nervousness, anxiety, Frontal headache with progressive protrusion of her eyes, This was associated with mild diarrhea.

She also had bilateral calf pain and generalized weakness and malaise , she give no hx. of stress or pregnancy preceding these symptoms.



❖ Her condition progress especially in the last 2 months and her eye symptoms became worse with redness and burning sensation in her eyes. she consult Dr. Nashwan 3 days prior to admission who referred her to the hospital, her concern now is about her eye symptoms.



Review Of other symptoms

CNS: Anxious, irritable, lack of sleep

CVS: Palpitation

Respiratory: Shortness of breath

GIT: Increase Of Appetite, Weight Loss, mild diarrhea

Urinary System: Normal urine output

Locomotor System: Malaise, wasting & lethargy

Skin: Warm hand with sweating ,there is no nail changes



Menstrual hx: Amenorrhea for 5 months

Family History: No family history of thyroid disease in the family

Past medical & surgical history: -ve

**Personal & Socioeconomic History:
Married, has 3 children with poor socioeconomic status**

Drug History: no hx. of chronic drug use & no drug allergy



General Examination

General Appearance:

Young lady sitting On Bed

Conscious, looks anxious,

Underweight

Has Hoarseness of voice

Not Dyspnic, Not cyanosed &

Not jaundiced

Has lid retraction, proptosis
with chemises

Also has fine tremor
& pretibial myxedema

Not Agitated,

No abnormal movement

With normal tone & reflexes

No Palpable Lymph Node





❖ Vital Signs

PR: 112beat/Min. with regular rate and rhythm and normal volume

BP: 110/80 mmHg

RR: 16breath/Min.

Temperature: 37.4



Local neck examination

No scar of previous operation

No dilated veins by inspection

there is diffuse central swelling of the neck that moves

with deglutition sized

4 by 5 cm with regular smooth surface

soft in consistency

The lower border can be felt,

The trachea is

Central not deviated

The carotid pulse is present

No palpable lymph node in the neck.





Eye Examination

❖ **By inspection**

Exophthalmos & chemosis

Lid retraction, lid lag: +ve

Joffroy sign & Mobius sign: +ve

Systemic examination: Reveal normal finding



Investigations Results That Were Done For The Patient In The Hospital

Company Logo





Hb:13.5

PCV 0.43

13 7/2014
485

5

مركز تشخيص والتحاليل الطبية
مستشفى الجليلي بالموصل
شعبة المختبرات

اسم المريض: شيواد علي احمد الردها

• Hb = 13.5 gm/L
Male (130-170)gm/L Female (120-150)gm/L

• PCV = 0.43 L/L
Male (0.40-0.50)L/L Female (0.35-0.45)

• W.B.C = _____ X10⁹/L
• E.S.R = _____ mm/hr
Male (0-7)mm/hr Female (0-15)mm/hr

• Bleeding Time = _____ min
• Clotting Time = _____ min
• Platelet count = _____ X10⁹/L
N.V (150-400)

مستشفى الجليلي
اسم الطبيب: _____
التاريخ: 2014/7/13



Case Presentation

US of the neck
Shows:
Multiple
Fine nodules
(Graves disease)

Directorate of Health
in Nineveh
Medical Imaging

Medical Imaging Report

الجنس: الذكر
العمر: 35 سنة
المؤسسة: مستشفى الموصلية
اسم المريض: سجاد ك...
الطبيب المعالج: ...

U/S of Neck.

Both lobes of thyroid is enlarged & shows Multiple hypoechoic nodules of different sizes largest one 2x1cm (Multinodular Goiter)
for further investigation

Radiologist:
Date:

وزارة الصحة - صلاح بشاره العبدان الطبية التخصصية



Al-Jamhory Teaching Hospital /Mosul
Medical Imaging Unit
MRI UNIT

مستشفى الجمهوري التعليمي في الموصل
شعبة التصوير الطبي
وحدة الرنين المغناطيس

اسم المريض : *سجاد*
التاريخ : *٢٠١٤-٩-٢٨*

الطبيب المرسل :

MRI OF NECK

T2W axial ,sagittal and coronal ,T1:axial sequences are performed:

Evidence e of diffusely enlarged thyroid ,length :5cm ,AP.:2.6cm ,diameter 2.5cm ,with nonhomogenous signal intensity ,smooth outline ,centrally located trachea .

Normal Salivay glands .

No enlarged cervical lymph nodes.

د. محمد الكرمي



Ophthalmological

Consultation

results:

Sever proptosis

Clear cornea

Exposure dryness

Normal optic disc

التعليم والتدريب الطبي
 وزارة الصحة والبيئة
 صحة بنغازي / مستشفى الجمهورية التعليمي
 Record Number

Patient: م. ك. ك.

Doctor / Unit	Floor Bed	Age: 35
Date of Admission	0. 2. 2.	Sex: f

Provisional Diagnosis

Object of Consultation and Clinical Notes

Dear Dr:

pt kindly to see this patient with history of Toxic multi nodular goiter, with exophthalmos. Your kind opinion about further

Date: Mangera . Pre Medical Officer

Consultation Report

patient with thyroid orbitopathy severe ~~pt~~ proptosis clear cornea. exposure dryness Funduscopy → normal optic disc

I am writing to take over care- Yes/No

Date

Consultant



ENT consultation Result:

by indirect laryngoscopy

Shows

normal vocal cords



Serology test

Ministry of Health
Nineva Health Directorate
Al-Jumhuri Teaching Hospital

وحدة الاحياء المجهرية
فحص الفيروسات

الجنس: X^{٥٥} السيد علي ابراهيم
الردهة: ٨ / ٢٥ سنة

التصليص: (1392)
التاريخ: ٢٠١٧ / ٢ / ٨

Assay	Result
HBV	Negative
HCV	Negative
HIV	

Comment :

البكتريولوجي
احمد خالد البجاري

Thank you

