CASE REPORT: MYXEDEMA COMA AS A COMPLICATION OF CANCER TREATMENTS

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Introduction

Myxedema coma is a severe decompensated hypothyroidism that associated with high mortality. Cancer treatment of squamous cell carcinoma of head and neck tumor usually includes combination of radiotherapy and chemotherapy. The risk of hypothyroidism due to this therapy is reported in few number of studies.

Methods

55 years old male patient's with a history of squamous cell carcinoma treated with cisplatin cetuximab combination few months ago. The patient admitted to the hospital due to shortness of breath, confusion, low body temperature and swelling of the body especially the face, tongue and lower legs. Final diagnosis of respiratory failure, myxedema coma and cardiogenic shock were documented, TSH 52 (mIU/L), HR: 63/ min, SPO : 94 and BP: 60/40 mmHg. Noradrenaline infusion, 80 mg prednisone and 300 mg levothyroxine tablet (through nasal tube) were given. The patient's TSH started to decrease after few days, so levothyroxine dose decreased to 100 mg and noradrenaline infusion stopped. Few days later the TSH level increased again and the dose of levothyroxine increased to 150 mg. By reviewing the medication chart the patient started pantoprazole in these few days which affected levothyroxine bioavailability

Results

Pantoprazole stopped and famotidine described to the patients to be taken 2 hours after levothyroxine. Twenty days later the TSH level retained to normal value 1.7 (mIU/L).

Conclusions

Combination therapy of cisplatin + Cetuximab in head and neck cancer patients may associated with severe hypothyroidism. Early diagnosis and follow up of these patients may save their life and prevent the life threatening myxedema coma.

Keywords

Myxedema coma, Head and Neck Cancer, Levothyroxine, Hypothyroidism, Cetuximab