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Challenges in the management of antithyroid drug-induced agranulocytosis in a pregnant woman with Graves' disease - A Case Report

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A granulocytosis is a rare life-threatening side effect of antithyroid drugs (ATD) and has been reported in <0.2% of patients. We present a case of a 28-year-old G2P1 12-13w AOG, with known Grave's disease, who developed agranulocytosis 6 days after starting treatment with propylthiouracil. She developed fever, chills, generalized body weakness, increased sleeping time, and sore throat. Laboratory examinations revealed agranulocytosis (ANC 64). She was admitted, ATD was discontinued, and empiric antibiotic treatment was given. Her cell counts improved and agranulocytosis resolved on the 5th day. After weighing the benefits and risks of all treatment options she was advised total thyroidectomy. As part of preoperative preparation, she was started on steroids, beta-blockers, and potassium iodide to achieve a clinically euthyroid state. Total thyroidectomy was done without noted perioperative complications. She was seen on follow-up well, with good fetal heart tones and no gross abnormalities on the congenital anomaly scan. The present case report aims to increase awareness of this potentially rare but lethal adverse effect of ATD treatment. Patient education and compliance to anti-thyroid drugs and close monitoring of high-risk patients are the keys to reducing morbidity and mortality. Lastly, preconception counseling for female patients with hyperthyroidism is indispensable.

Biography

Jiramine M. Vicente is a medical doctor in training for Internal Medicine specialization. She is greatly interested in Endocrinology and wishes to proceed with sub-specialty training. She wrote this case report to increase awareness regarding this rare side effect of anti-thyroid drug.

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