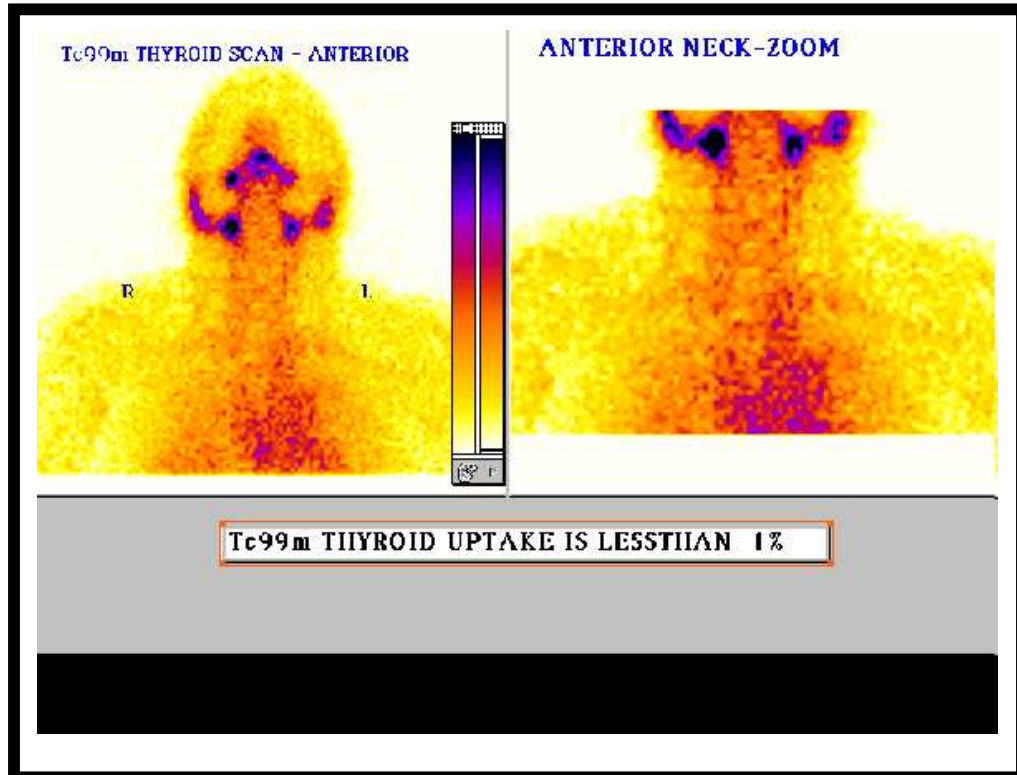


THYROQUIZ

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A 35-year-old lady presented with recent onset of symptoms of hyperthyroidism and thyroid swelling. On clinical examination she had signs of hyperthyroidism (tachycardia, sweating & tremors) with a nodular and slightly tender goiter. Biochemically also she had raised FT4 (3.2ng/dl; n-0.8-2 ng/dl), & suppressed TSH (0.01 uIU/ml, n0.5-5 uIU/ml). A technetium thyroid scintigraphy was performed (see above).

Question : What is the probable diagnosis ?

[Click here for the Answer](#)

Answer to Thyroquiz:

The scan shows poor technetium uptake in both lobes of thyroid gland. Salivary glands are visualized. Quantitation showed uptake of technetium by thyroid gland to be less than 1 % (Normal 1-4 %). These findings when correlated with clinical & biochemical features are suggestive of subacute viral thyroiditis.

While Grave's disease shows homogenously increased technetium uptake in the thyroid gland, a toxic multi nodular goiter shows "Hot nodules" interspersed with cold nodules with a high technetium uptake value. A toxic autonomous nodule presents as a single hot nodule with a high technetium uptake suppressing the rest of the gland.

Conventionally thyroid uptake studies were done with I 131 but of late easily available gamma emitting ^{99m}Tc is used to image thyroid gland.