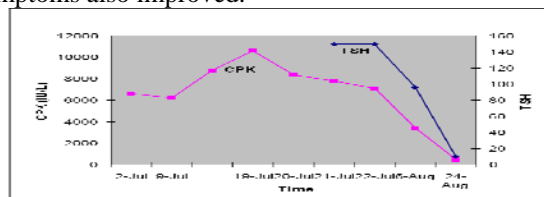


HYPOTHYROIDISM INDUCED RHABDOMYOLYSIS AND ACUTE KIDNEY INJURY (AKI)

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Muscular symptoms are often found in patients with hypothyroidism. However, cases of significant elevation of muscle enzymes (rhabdomyolysis) associated with hypothyroidism and renal failure are very rare and when it occurs, they are often attributable to more than usual exercise or the concomitant use of medications like statins or fibrates. We report a rare case of rhabdomyolysis due to hypothyroidism and recovery with thyroid replacement therapy.

A 49 year old well built man with history of diabetes, hypertension and dyslipidemia was referred to our hospital for myalgia and generalized edema lasting for 6 weeks. Rhabdomyolysis was diagnosed and his niacin was stopped. Nephrotic and Nephritic syndromes were ruled out. The subject returned to the renal clinic after discharge with recurrent severe elevation in creatine phosphokinase (CPK) and creatinine. The patient continued to deny trauma or any new exercise routine. The work up during this admission revealed an elevated TSH >150mIU/L. Hashimoto's hypothyroidism was diagnosed by antithyroglobulin antibodies and antiperoxidase antibodies. As soon as thyroid replacement was started, the entire lab panel normalized and the patient's symptoms also improved.



Hypothyroidism patients with rhabdomyolysis have up to 10 times elevation in CPK levels and usually associated with trauma, infection or lipid lowering medications. Here is a rare case with Hashimoto's thyroiditis with CPK levels of 10,622 with AKI that worsened after stopping niacin too. We conclude that the degree of hypothyroidism correlated directly with higher CPK levels and worsening renal failure, and can cause rhabdomyolysis by itself.