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【 PICTURES IN CLINICAL MEDICINE 】

Hyperthyroidism with Selective Immunoglobulin A Deficiency

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Key words: Graves' disease, hyperthyroidism and selective immunoglobulin A deficiency

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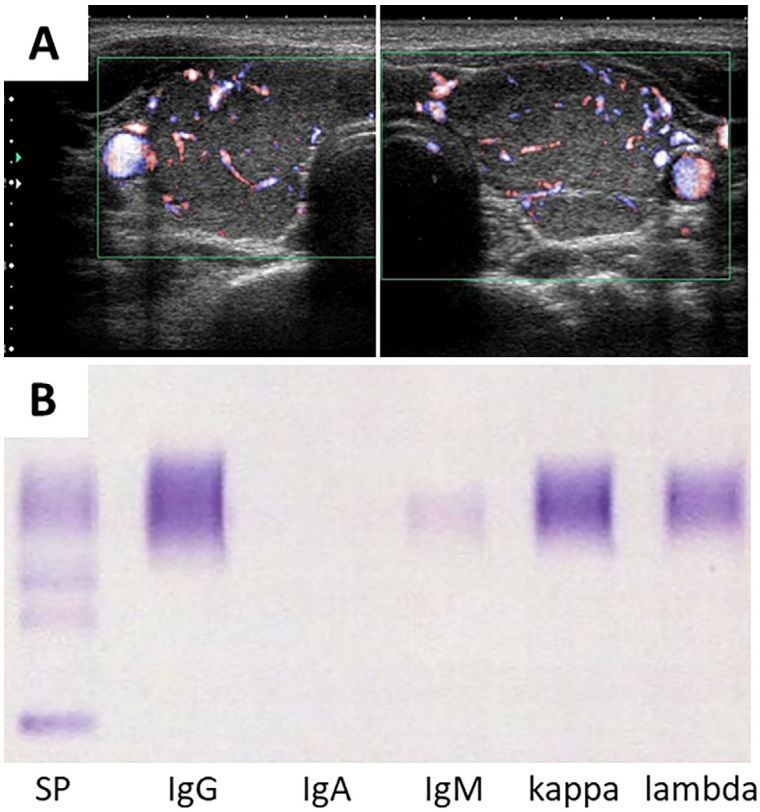

Picture.

A 38-year-old Japanese woman with a history of Graves' disease (GD) presented with a chief complaint of fatigue. The results of examinations showed recurrent empyema, tonsillitis and respiratory infections. She had no family history of immunodeficiency. Her thyroid was slightly enlarged with increased blood flow by ultrasound (Picture A). Laboratory tests revealed selective IgA deficiency (SIgAD) with recurrent GD as follows: IgA, 2.6 mg/dL (normal: 110-410); IgG, 1,676 mg/dL (861-1747); IgM, 173.9 mg/dL (50-269); IgE, <10 IU/mL (<180); thyrotropin, 0.005 μIU/mL; free T3, 12.73 pg/mL; free T4, 3.99 ng/dL; and TSAb, 283% (<120). SIgAD was confirmed by immunofixation electrophoresis (Picture B). The prevalence of SIgAD in Japanese is very low, but patients with SIgAD are at an increased risk for the development of autoimmune diseases, including GD (1). It is possible that SIgAD and GD share predisposing genetic factors or that increased infection due to SIgAD precipitates autoimmune disorders, such as GD (2).

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