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PTU-induced Agranulocytosis coinciding with Systemic Lupus Erythematosus in Graves' Disease

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Objectives:
To present a case of Grave's disease presenting with lupus symptoms.

Introduction
Graves' disease is a frequent cause of hyperthyroidism. Mainstay treatment options include antithyroid drugs (ATDs) such as propylthiouracil (PTU). While most side effects of ATDs like arthralgias and rashes are considered minor, agranulocytosis is a rare but life-threatening reaction that warrants immediate discontinuation of the offending drug. Agranulocytosis maymanifest with fever, malaise, mucosal ulcers and rashes.

The clinical manifestations of adverse reactions to ATDs closely resemble the manifestations of SLE, which may be missed out in patients with pre-existing Graves' disease and presumed ATD induced adverse reaction.

Case Presentation
We have a 33-year-old female presenting with anterior neck mass, proptosis, easy fatigability and palpitations in 2011 for which PTU was given. One week prior to admission, she developed rashes, joint pains, abdominal pain and vomiting. CBC revealed agranulocytosis, and PTU was discontinued. Examination of her rashes revealed that they were discoid in character with
follicular plugging, which led us to examine the possibility of SLE. ANA-IF was positive while antihistone was negative. She underwent radioactive iodine ablation for hyperthyroidism, and was given high dose glucocorticoids. WBC counts improved without the use of GCSF and she was eventually discharged.

Knowledge of the fact that simultaneous occurrence of autoimmune thyroid disorders with other systemic autoimmune diseases in the same subjects serve to broaden our differentials in patients with this presentation and prevent us from missing out on a chronic disease that needs specialized care.