

Letter to the Editor

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Pretibial pitting oedema associated with hyperthyroidism

Corresponding Author:

Hideaki Yamabe, MD
Masuda Hospital, Goshogawara, Japan
E-mail: h-yamabe@lapis.plala.or.jp

Dear Editor,

Pretibial oedema is often seen clinically and it is mostly induced by cardiac, renal, hepatic or unusual disease. A 56-year-old Japanese woman noticed oedema on her feet three weeks prior to the visit to our clinic. It was pitting and was localized to her lower extremities (Figure). No struma was observed. Blood pressure was 124/72mmHg and heart rate was 81 beats/min. Laboratory data and chest X-ray revealed no renal, cardiac or hepatic abnormalities, and use of diuretics improved her oedema. The levels of FT3 (11.42pg/ml) and FT4 (3.8ng/dl) were elevated, and the level of TSH (<0.01uIU/ml) was suppressed. Therefore, we diagnosed her as hyperthyroidism. Pretibial myxedema occurs in 2-3 per cent of the patients with hyperthyroidism.¹ However, pitting oedema is a very rare manifestation.² The mechanism of pitting oedema is uncertain. Kazama et al³ speculated that the increased activity of the renin-angiotensin-aldosterone system stimulated by thyroid hormone is related to this symptom. We should consider testing thyroid function when we see pitting oedema.

Sincerely,

Hideaki Yamabe¹, Fumiko Kudo¹, Ikuyo Narita², Michiko Shimada²

¹Masuda Hospital, Goshogawara, Japan

²Department of Nephrology, Hirosaki University Hospital, Hirosaki, Japan

Conflict of Interest

None to declare

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Figure: Pretibial oedema of the patient

