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Graves disease in children: a case report

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Abstract

Hyperthyroidism results from excessive secretion of thyroid hormone; during childhood, with few exceptions, it is due to *Graves disease*. *Graves disease* is an autoimmune disorder; production of thyroid-stimulating immunoglobuline (TSI) results in diffuse toxic goiter. *Graves disease* occurs in approximately 0.02% of children (1:5000) The incidence is still rare with its peak in the 11 to 15 years old; there is a 5:1 female to male ratio. The incidence in Indonesia, especially in Makassar is still unknown. The aim of this case is to report of a nine-year-old girl with *Graves disease*. A nine-year-old girl came to Dr. Wahidin Sudirohusodo hospital because of neck swelling and protruding eyes. There were palpitations, emotional disturbances, voracious appetite combined with loss in weight and tremor of the fingers noticed if the arm was extended. On physical examination revealed thyroid enlargement with size of 3x3x0.5 cm of each gland. Exophthalmos was noticeable. There was increasing of pulse pressure and tachycardia. Laboratory results revealed FT4 >5.44 ng/dL TSHs <0.005 mU/L, and thyroid antiperoxidase antibodies was positive. Patient was treated with Propylthiouracil (PTU). In the first month of treatment, the pulse pressure and heart rate were decreased. A case of *Graves disease* in a nine-year-old girl was reported. The diagnosis was based on history taking, physical examination and laboratory examination. The prognosis was still unknown.

Keywords: *hyperthyroidism, graves disease, propylthiouracil*

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Multiple fractures in osteogenesis imperfect: a report of two cases

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Abstract

Osteogenesis imperfecta (OI) is the most common genetic bone disorder and its prevalence is estimated around 1 in 10.000 births. It is an inherited autosomal dominant disorder. The clinical presentation is variable: ranges from death in the perinatal period, susceptible to fractures from the mildest trauma, progressive skeletal deformities, blue sclerae, dentinogenesis imperfecta, short stature, and adult onset deafness. Treatment of OI depends on the severity of the disease and the patient's age. Two cases of osteogenesis imperfecta on a neonate and a 7.8-year-old girl were reported. Here we described two OI patients, typically be classified as OI type II (neonate) and type III l./(girl). They had histories of moderate fragility of long bones and vertebral bodies. They were born of a non-consanguineous marriage and had no family history of OI. Both of them had movement limitation, associated with radiologic imaging of multiple fractures and bowing in long bones with decrease of bone mineralization. The OI type III patient had low bone mineral density and dentinogenesis imperfecta, with high *alkaline phosphatase* but normal blood calcium level, and treated with Biphosphonate.The OI type II patient had normal *alkaline phosphatase* but low blood calcium level. He was unable to survive due to respiratory disorder. The cases of OI type II on a neonate and type III on a 7.8-year-old girl were reported. The diagnosis were obtained through history taking, clinical manifestations, laboratories, and radiological imaging. Biphosponate therapy has been proved beneficial.

Keywords: *collagen disease, osteogenesis imperfecta, fracture*