HYPOTHYROID MYOPATHY OR RHABDOMYOLYSIS

Sir,

The article "Hypothyroidism-associated rhabdomyolysis" was interesting.[1] The clinical description of the patient fits in with the diagnosis of hypothyroid myopathy. The serum creatinine value is practically normal (1.6 mg%), and the fact that the patient has a normal blood urea and a normal urine output indicates that the renal function is virtually normal. Rhabdomyolysis is a more severe illness which presents acutely with features of myalgias, hyperkalemia, renal dysfunction, metabolic acidosis and features of disseminated intravascular coagulation, apart from elevated creatinine kinase levels. Also, the serum creatinine kinase levels are about 5 times the normal, which is possible even in hypothyroid myopathy. Even levels up to 9000 have been reported.[2] All in all, the case appears to be more of a hypothyroid myopathy rather than a rhabdomyolysis.

The authors also mention that the patient has borderline first-degree heart block on EKG. In the setting of rhabdomyolysis, this should alert the clinician about the possibility of hyperkalemia secondary to muscle damage. The authors fail to mention the serum K+ levels and also whether the abnormality improved with treatment.

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