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## ***Salmonella thyroiditis* in a Diabetic Patient: Case Report.**

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### ABSTRACT

*Staphylococcus aureus* is the most common causative organism in cases of thyroid abscess. This report describes a case of *Salmonella* isolated from a thyroid abscess of a female diabetic patient. FNAC was performed and *Salmonella* was cultured. The patient was treated with intravenous antibiotics and incision and drainage.

**Keywords:** *Salmonella thyroiditis*, Diabetic Patient, thyroid abscess.

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## INTRODUCTION

Thyroid abscess are commonly caused by Staphylococcus aureus. Thyroid abscess by salmonella is rare. Salmonella infection involves the GI tract, bones, joints and soft tissues.

We present a case of salmonella thyroiditis in a female diabetic patient who was successfully treated with IV antibiotics and incision and drainage. The Thyroid gland has a rich supply of blood flow, colloid material contains antibacterial properties and storage of excess of iodine is protective against infection.

The abscess in such a case has made it very interesting.

## CASE REPORT

50 year old Diabetic women on irregular medications and poor glycemic control presented to surgical OPD with history of swelling in left side of neck since last 2 months associated with high grade fever, difficulty in swallowing, tiredness and nausea.

On examination, she had a 5 x 3 cm anterior mass on left side of her neck. It was tender, smooth , mobile, no tracheal deviation and palpable cervical lymph nodes.

Routine blood investigations showed leucocytosis, elevated CRP and hemoglobin was 9.6gm %. Her random blood sugar was 391mg/dl. Chest x ray was normal. Serological tests like HbsAG and HIV was negative.



USG suggested Thyroid abscess. FNAC under ultrasound guidance was diagnostic of infection by Salmonella spp and negative for AFB.

Culture and Sensitivity showed sensitivity to Cefotaxime, Ceftriaxone, Ciprofloxacin.

Incision and Drainage was done.

The patient was treated with 1gm ceftriaxone IV twice daily for 10 days. Repeat FNAC after 1 month was negative.



### **DISCUSSION**

Thyroid abscess accounts for 0.5% of all thyroid disorders. Factors predisposing to abscess are immunocompromised conditions like HIV, TB etc. The patient was on poor glycemic control and HIV and Pulmonary TB was negative.

Fever, Neck swelling and tenderness are common symptoms of abscess. Compressive symptoms were present suggesting a malignant lesion. The findings necessitated FNAC which showed abscess by salmonella species. We performed I & D as the patient was symptomatic and needed relief of her symptoms [1-3].

### **CONCLUSION**

Thyroid abscess are rare. They have to be considered when a immunocompromised patient with HIV, TB, Cancer patients on chemotherapy, transplant cases, Diabetes presents with painful neck mass.

These patients may show features of malignancy and FNAC should be done. The main stay of treatment for abscess is I&D and antibiotics and treatment of underlying causes.

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