and each was associated with a gonadal vein, suggestive of bilateral ectopic gonadal structures on imaging. These findings were consistent with atypical MRKH syndrome type II in the context of underlying renal anomalies.

CONCLUSION

This case highlights the importance of evaluating primary amenorrhea even in patients with significant chronic illness. In phenotypic females with CAKUT, associated Müllerian anomalies should be actively considered. Atypical MRKH syndrome type II should be recognized early to enable accurate diagnosis, multidisciplinary follow-up, and appropriate reproductive and psychosocial counseling.

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ACTIVE MODERATE-TO-SEVERE THYROID EYE DISEASE: A CASE SERIES

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INTRODUCTION

Thyroid eye disease (TED) is a heterogeneous condition and the most common extrathyroidal manifestation of Graves' disease. Although most cases are mild, disease progression may threaten vision and significantly impact quality of life.

METHODOLOGY

We described four patients with active moderate-to-severe TED, highlighting their clinical characteristics, therapeutic approaches, and clinical outcomes.

RESULTS

Three males and one female patient were included in this descriptive study. Most were identified by the endocrine team. Their median age was 52.5 years (range 47–56 years). All patients had long-standing Graves' disease (range 6–10 years). Two of them were active smokers. Their clinical activity score ranged from 3 to 5. Common presenting features included diplopia (60%), proptosis (60%), and ocular redness (60%).

At the onset of active TED, all patients were euthyroid while receiving either antithyroid therapy or were maintained on stable levothyroxine following radioactive iodine treatment and thyroidectomy. Thyroid receptor autoantibodies were assessed in only two patients, with one elevated result. Orbital computed tomography, performed in 3 patients, demonstrated extraocular muscle enlargement consistent with TED, particularly involving the inferior and medial recti.

All patients received standard-dose intravenous methylprednisolone (cumulative 3.5–4.5 g). They showed improvement in visual acuity following treatment, with partial improvement in ophthalmoplegia.

CONCLUSION

Clinical risk factors observed in this series were consistent with the literature. TED diagnosis relies heavily on recognition by the endocrine team, underscoring the importance of holistic Graves' disease management. High-dose corticosteroids remain the mainstay of treatment in our setting, with generally favorable outcomes when timely multidisciplinary care is provided.

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BEYOND THE PITUITARY STALK: PRIMARY HYPOTHYROIDISM AS A RARE PRESENTATION OF MULTISYSTEM LANGERHANS CELL HISTIOCYTOSIS

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INTRODUCTION

Langerhans cell histiocytosis (LCH) is a clonal proliferative disorder of langerin-positive histiocytes. Endocrine involvement most frequently manifests as central diabetes insipidus or secondary hypothyroidism, caused by infiltration of the hypothalamic-pituitary axis. Conversely, direct infiltration of the thyroid gland leading to primary hypothyroidism is an exceptionally rare clinical entity, particularly when presenting concurrently with central disease.

CASE

A 21-year-old female with known right otic and multisystem LCH presented with septic shock secondary to a right ear abscess accompanied by polyuria and polydipsia. Physical examination revealed a palpable goiter. Clinical and biochemical evaluation confirmed central diabetes insipidus with associated anterior hypopituitarism (low adrenocorticotropic hormone, follicle-stimulating hormone, and luteinizing hormone). However, concurrent thyroid function tests demonstrated overt primary hypothyroidism, evidenced by an appropriately elevated thyroid-stimulating hormone (26.19 mIU/L) and low free T4 (5.47 pmol/L), rather than the anticipated secondary hypothyroidism. Neck ultrasound showed diffuse thyroid enlargement with heterogeneous echotexture. Crucially, anti-thyroid peroxidase and anti-thyroglobulin antibodies were both negative, rendering Hashimoto's thyroiditis highly unlikely. Although the patient declined confirmatory