



# New Approach in the Treatment of Subacute Thyroiditis: ECE Protocol



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## Abstract

Subacute thyroiditis develops as a result of viral infections and/or postviral inflammatory responses. Severe pain and tenderness are present in the thyroid gland. The subacute thyroiditis treatment recommendation is mostly based on clinical experience. We aimed to present a new approach (ECE protocol) in patients who did not recur in follow-up for at least 6 months after treatment.

**Keywords:** Subacute thyroiditis; New approach; Treatment

## Introduction

Subacute thyroiditis is the most common cause of painful thyroid gland disease. The disease was first described by Fritz De Quervain in 1904. It is a self-limiting disease that usually occurs after viral upper respiratory tract infection. In the pathophysiology (Table 1), the apoptosis of the follicular epithelium and the deterioration of the follicle integrity are essential. The disease rate

increases in young adults and decreases in later ages. Subacute thyroiditis is 3.5-4 times more common in females than males. It is most commonly seen in August and September [1-6]. The subacute thyroiditis treatment recommendation is mostly based on clinical experience. In this presentation, we aimed to present a new approach in patients who did not recur in follow-up for at least 6 months after treatment [4].

**Table 1:** Subacute thyroiditis treatment with ECE protocol.

Methylprednisolone (MP) Dose	Total Dose	Interval	Suggestion
MP 16mg x 2	32mg	10days -PO	The 11 <sup>th</sup> day: SEDIMENTATION, CRP, TSH, FT4, FT3 control. Assess the degree of regression with previous thyroiditis with thyroid USG.
MP 16mg x1 + MP4mg x3	28mg	3days -PO	
MP 16mg x1 + MP4mg x2	24mg	3days -PO	
MP 16mg x1 + MP4mg x1	20mg	3days -PO	
MP 16mgx1	16mg	3days -PO	
MP 4mgx3	12mg	3days -PO	
MP 4mgx2	8mg	3days -PO	
MP 4mgx1	4mg	10days -PO	On the 39 <sup>th</sup> day the medication will not be taken. On the 40 <sup>th</sup> day: ACTH, CORTISOL, SEDIMENTATION CRP, TSH, FT4 FT3 control*.

- A. Check after 3 months if complete recovery is achieved. The patient should be informed about recurrence.
- B. If there is improvement in the laboratory but the subacute thyroid is continuing clinically and

radiologically; monthly control with methylprednisolone 4mg x 1 maintenance treatment.

- C. If the clinical improvement is not achieved after methylprednisolone within 3 days of treatment, the patient should be reevaluated for differential diagnosis.

D. Metformin can be initiated with impaired fasting glucose and impaired glucose tolerance in patients

with dietary and lifestyle changes [5-6].

E. In patients with dyspeptic complaints, the proton pump inhibitor should be started with the treatment.

F. Iodine-restricted diet in dietician partnership.

G. Beta-blocker therapy may be given temporarily in patients with early onset tachycardia.

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## Conclusion

Patients who received ECE protocol treatment had no recurrence within 6 months. We think that ECE protocol is effective according to clinical experience..

## References

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