УДК 61:615.1(062)(476-25)
ББК 52я73
А 43
ISBN 978-985-21-1258-1

Pandey Garima, Liagushevich M.

AUTOIMMUNE POLYGLANDULAR SYNDROME IN PEDIATRIC PRACTICE

Tutor: assistant Pisarik D.M.
2nd Department of Pediatrics
Belarusian State Medical University, Minsk

Relevance. Autoimmune polyendocrine syndromes (APSs) encompass a heterogeneous group of rare diseases characterized by autoimmune activity against two or more endocrine or non-endocrine organs. Three types of APSs are reported, including both monogenic and multifactorial, heterogeneous disorders. It affects the body's hormonal balance and can cause a variety of symptoms, including fatigue, muscle weakness, weight loss, and mood changes. It is also associated with an increased risk of developing other autoimmune disorders, such as type 1 diabetes mellitus and celiac disease.

Aim: to present a clinical case of a 15 year old girl suffering from APS Type 2.

Materials and methods. The object of the study was patient X., 15 years old, that has been treated in the 3rd City Clinic Hospital in Minsk. A multidisciplinary inspection of the patient was performed. Various instrumental and laboratory tests were used for diagnosis.

Results and their discussion. A 15-year-old patient diagnosed with celiac disease, type 1 diabetes (T1D) and primary hypothyroidism as an outcome of autoimmune thyroiditis (AT) was admitted to the gastroenterology department with complaints of abdominal pain, nausea, heartburn, and diarrhea. T1D experience – 6 years. The diagnosis of celiac disease was confirmed 1.5 years ago by serological studies and morphobiopsy. The patient doesn't follow a gluten-free diet strictly. Based on the results of clinical and laboratory studies, the condition was regarded as a stage of clinical and metabolic compensation for T1D. The patient had hyperlipidemia (cholesterol – 10.5 mmol/l, triglycerides – 7.1 mmol/l), elevated levels of transaminases (ALT – 739.5 U/l, AST – 805.4 U/l), hepatomegaly, confirmed ultrasound data (right lobe – cranio-caudal size – 218 mm, thickness of the right lobe – 150 mm; left lobe – 180 * 116 mm), ultrasound signs of diffuse changes in the liver. Non-infectious hepatitis are excluded. According to the results of clinical and laboratory studies, the condition was regarded as decompensated for T1D. After the treatment, the patient was discharged to continue treatment at the place of residence in a state of compensation. Recommendations given included a strict gluten-free diet. After 7 months, with a second examination, there is an improvement in biochemical parameters: ALT – 58.2 U / l, AST – 83.6 U / l, LDH – 210 U / l, cholesterol – 9.33 mmol / l, triglycerides – 4.53 mmol/l. Ultrasound of the liver revealed a decrease in the size of the liver – the right lobe - the cranio-caudal size – 135 mm, the thickness of the right lobe – 129 mm; left lobe – 77 * 88 mm). Serological testing for celiac disease – antibodies to gliadin IgG class – 16.4 U / ml, antibodies to tissue transglutaminase – 2.5 U ml. within the reference values.

Conclusion: in all cases of children suffering from an autoimmune disorder (e.g., T1DM, AITD, AD), periodic clinical and laboratory screening must be performed in search of any other autoimmune manifestations, in such a way as to intercept them early and intervene promptly with adequate treatment, optimally in an interprofessional setting where outcomes are highly improved.