In summary, endometrial ossification in postmenopausal women is very rare; most women presenting with this condition are between 20 and 40 years of age. Therefore, clinicians should consider the possibility of endometrial ossification as a differential diagnosis of intrauterine foreign body on ultrasound, even in older patients. In addition, pathologists should be aware of this rare entity to avoid a misdiagnosis of malignant mixed müllieran tumour in the endometrial curettage specimen, which may result in unnecessary hysterectomy.


Lithium associated autoimmune thyroiditis

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Abstract
A case of autoimmune thyroiditis after long term treatment with lithium is described in a 29 year old Japanese woman with manic depression. Positive serum antithyroglobulin and antimicrosomal antibodies, diffuse goitre, and microscopic chronic thyroiditis, as well as the clinical history of long term lithium treatment were suggestive of lithium associated autoimmune thyroiditis. Microscopically, there was a mild degree of interstitial fibrosis and a moderate degree of lymphocytic infiltration. Some areas showed a moderate degree of stromal fibrosis and atrophic thyroid follicles. Lymphoid follicles with germinal centres, disrupted thyroid follicles with lymphocytic infiltration, and Hürthle cells were also observed. The differential diagnosis in patients presenting with these histological features includes painless (silent) thyroiditis, autoimmune thyroiditis and lithium associated autoimmune thyroiditis. A detailed clinical history is essential if the correct diagnosis is to be reached.

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Keywords: thyroid; lithium; autoimmune thyroiditis.

Lithium has been used in the treatment of manic and hypomanic depressive disorders for many years. Long term treatment with lithium is associated with hypothyroidism, euthyroid goitre, and hyperthyroidism. The aetiology of the first two conditions can be explained by the effect of lithium on the thyroid; however, that of hyperthyroidism has not been explained adequately. Other cases of lithium related thyroid disease have been reported but
of a diagnosis of Graves' disease. However, on admission in 1993, the patient had become euthyroid, and diffuse goitre (right lobe 6.5 x 2.3 x 1.7 cm; left lobe 6.5 x 2.0 x 1.5 cm) was observed. Both serum antithyroglobulin and antimicrosomal antibodies were positive at that time. The patient underwent subtotal thyroidectomy for the diffuse goitre.

Pathology
Grossly, the resected thyroid was covered with scattered white spots, but no mass was noted. Microscopically, lobulation of the gland was observed under low power. There was a mild degree of interstitial fibrosis and a moderate degree of lymphocytic infiltration. The thyroid follicles varied in size. Some areas showed a moderate degree of stromal fibrosis and atrophic thyroid follicles. Lymphoid follicles with germinal centres, disrupted thyroid follicles with lymphocytic infiltration, and Hürthle cells were also observed in some areas (figs 1 and 2). In other areas, papillary infoldings projecting into the thyroid follicles and scalloping of the colloid were present.

Discussion
The development of hypothyroidism or goitre is a well known complication of long term lithium treatment. There have, however, only been sporadic cases of hyperthyroidism among patients treated with lithium. Other lithium related or associated thyroid diseases have rarely been described in the literature, and only three cases of lithium associated thyroiditis and three cases of lithium associated autoimmune thyroiditis have been reported. In the cases of lithium associated thyroiditis, thyroid antibody levels were not measured. Histologically, in the two cases reported by LiVolSi, lymphocytic infiltration, focal follicular atrophy and mild stromal fibrosis were observed. It was also pointed out that the histopathological appearance was consistent with that found in autoimmune thyroiditis. In the case reported by Kontozoglou and Mambo, prominent fibroblastic activity and numerous lymphoid follicles lacking typical Hürthle cells were observed. Our patient showed lymphocytic infiltration with lymphoid follicles and interstitial fibrosis with focal follicular atrophy, as well as disrupted thyroid follicles and Hürthle cells. In addition, our patient presented with positive serum antithyroid antibodies and diffuse goitre, and a clinical history of long term lithium treatment, all of which are suggestive of lithium associated autoimmune thyroiditis. Lithium may also notably increase the titre of thyroid microsomal antibodies and convert latent subclinical autoimmune disease into clinically overt illness.

In practice, however, it is difficult to arrive at the correct diagnosis without knowledge of the patient's clinical history. In our patient, we considered that the lymphocytic infiltration and lymphoid follicles with germinal centres were too noticeable to be those typically found in Graves' disease, and chronic thyroiditis was clearly observed histologically. Furthermore,
Atypical manifestations in a patient with systemic lupus erythematosus

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Abstract
Systemic lupus erythematosus (SLE) is a chronic systemic inflammatory disease associated with the production of various autoantibodies and involvement of multiple organs. Necropsy findings in a 65 year old woman with SLE who had multiple aortic aneurysms and dissections, as well as other unusual manifestations, are described. The case illustrates the occurrence of and the difficulties encountered in the diagnosis of several diseases, namely aortic aneurysm, aortic dissection, acute pancreatitis, and *Penicillium marmoreum* infection.


Keywords: systemic lupus erythematosus; aneurysm; dissection.

Systemic lupus erythematosus (SLE) is a chronic systemic inflammatory disease associated with the production of various autoantibodies and involvement of multiple organs. We report the necropsy findings in a patient with painless thyroiditis and lithium associated autoimmune thyroiditis. Treatment with methimazole may have partly affected the change from a hyperthyroid to a euthyroid state in this patient.