Hoffmann Syndrome

A 27 years old unmarried women with history of delayed onset of puberty presented with features suggestive of myxedema which include short stature, large tongue, broad flat nose and wide set eyes (Fig. 1). On examination, she had bilateral calf muscles hypertrophy (Fig. 2) with percussion myoedema with slowness of both contraction and relaxation phases of deep tendon reflexes. Her thyroid profile showed \( T_3 \) 39 ng/dL, \( T_4 \) 2.4 µg/dL, TSH 43.2 µU/mL and CK was 480 u/L.

In this woman with features of myxedema and calf muscle hypertrophy a diagnosis of Hoffmann syndrome was made.

In hypothyroid state abnormalities of skeletal muscles consist of diffuse myalgia, increased volume, stiffness and slowness of contraction and relaxation. Cretinism in association with these muscle abnormalities is known as Kocher-Debre Semelaigne syndrome and in myxedema in childhood and in adult is called as Hoffmann syndrome. Administration of thyroxine will correct these muscle disturbances in this syndrome.

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