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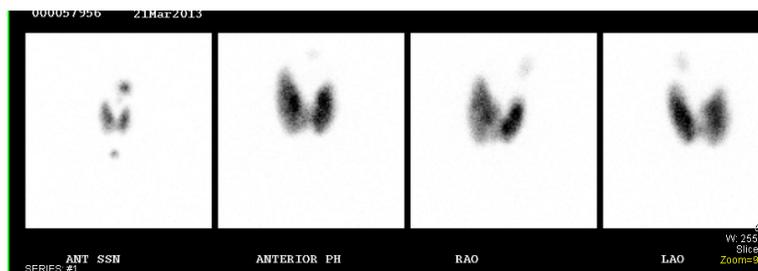
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### Twenty-two year-old female with Graves' disease, keloid, and IBS

A 22-year-old African-American female, with a history of irritable bowel syndrome, was previously treated by gastroenterologist, Kenneth Belitsis, M.D. and followed up with him since 2008.

In 2012, she started complaining of severe tiredness, fatigue, insomnia, irregular menstrual periods, palpitations, and shortness of breath and was diagnosed with hyperthyroidism (Graves' disease). An ultrasound of the thyroid in January 2013 showed thyromegaly. A thyroid uptake scan in March 2013 showed a 73% uptake at 24 hours consistent with Graves' disease. She was initially treated by local endocrinologists with Methimazole, but had intolerance with an anaphylactic reaction, requiring a switch to PTU in July 2013. Attempts to wean off it were unsuccessful and she remained on PTU until October 2013. In December 2013 she was seen by Svetlana Shifrin-Douglas, M.D. Her TSH level was 0.009, T3 level was 3.0, and T4 level was 1.2.

Figure 1



**Figure 1** Thyroid uptake scan showing marked uptake in both thyroid lobes consistent with severe Graves disease.



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Because of uncontrollable Graves' disease, Dr. Shifrin-Douglas referred her for surgery. In January 2014, Alexander Shifrin M.D., an endocrine surgeon at Jersey Shore University Medical Center, performed a total thyroidectomy. The patient had a complete recovery with resolution of all her symptoms and a successful recovery from Graves' disease. Dr. Shifrin-Douglas placed the patient on a thyroid replacement medication, Tirosint, and she did quite well. Several months after the surgery, the patient's scar started to increase in size and she developed pain and discomfort in the scar area.

Unfortunately, there is a tendency in some African-American patients to develop keloid scars, which was this patient's case. Dr. Shifrin used several courses of steroid injections into the scar. The patient demonstrated significant flattening of the keloid scar in the neck, but it did not disappear. She was referred to plastic surgeon, Boris Volshteyn, M.D. She was offered an opportunity to have combined radiation/surgery protocol and wanted to proceed due to pain in the scar despite significant flattening. In March 2016, Dr. Volshteyn performed a keloid scar excision and reconstruction. Radiation oncologist, Douglas Miller, M.D., performed immediate radiation treatment with a standard course to control the lesions delivering a dose of 13.5 Gy in 3 fractions of 450 cGy, each using a standard superficial technique.

Figure 2

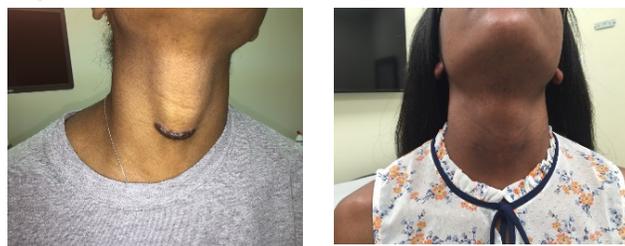


Figure 2 shows the keloid scar before and after excision of the keloid scar and local radiation treatment.