

## Chapter 13

### Thyroiditis

#### THYROIDITIS

**Agents:** *Mycobacterium tuberculosis*, *Mycobacterium intracellulare*, *Mycobacterium chelonae*, *Staphylococcus aureus*, other *Staphylococcus*, *Streptococcus pyogenes*, *Streptococcus pneumoniae*, other streptococci, Enterobacteriaceae, *Haemophilus influenzae*, *Pseudomonas aeruginosa*, *Actinobacillus actinomycetemcomitans*, anaerobes, *Aspergillus fumigatus*, *Aspergillus flavus*, *Coccidioides immitis*, *Candida*, *Pseudallescheria boydii*, *Echinococcus*, *Taenia solium*

**Diagnosis:** histology and culture of biopsy or surgical specimen

#### Treatment:

***Mycobacterium:*** isoniazid 10 mg/kg to 300 mg orally once daily or 15 mg/kg to 600 mg orally 3 times weekly for 6 mo [+ pyridoxine 25 mg (breastfed baby 5 mg) orally with each dose] + rifampicin 10 mg/kg to 600 mg orally once daily 1 h before breakfast or 15 mg/kg to 600 mg orally 3 times a week for 6 mo + pyrazinamide 25-35 mg/kg to 2 g orally once daily or 50 mg/kg to 3 g orally 3 times weekly for 2 mo (6 mo if not known to be susceptible to isoniazid and rifampicin) + ethambutol 15 mg/kg orally daily (not < 6 y or plasma creatinine > 160  $\mu\text{M/L}$ ; regular ocular monitoring) or 30 mg/kg orally 3 times weekly for 2 mo or until known to be susceptible to isoniazid and rifampicin (to 6 mo)  $\pm$  drainage

**Other Bacteria:** drainage + antimicrobial agents depending on organism

**Fungi:** incision or excision + amphotericin B (not *Pseudallescheria boydii*) or flucytosine

**Parasites:** excision