Introduction

The current concept of health, considers the body image and positive self-esteem very important aspects for individual well-being. Body image is especially significant during adolescence, due to the biological, emotional and social changes. The role that body image is for self-esteem reflects its importance in healthy adolescent development [1-2]. Nutritional obesity is the main responsible for change in body image. But sometimes behind the obesity, there are endocrine changes, like Cushing disease, growth hormone deficiency and hypothyroidism, which are the main reason why these patients are obese. Here, we present one case of an adolescent whose body image was altered, with severe obesity, as a result of thyroid dysfunction and after diagnosis and treatment, the body image change significantly.

Case report

Teen, male, 15 years old History of obesity with 3 years of evolution.

He showed pubertal delay and short stature.

He was bullying victim at the school and most of the time doesn’t come out of the streets because all the adolescents’ neighbors call him fat boy.

At objective examination, he was depressed and obese (BMI 35Kg/m2). Height: 137cm (Percentile<5). Tanner stage: G1P2. Micropenis. Myxedema face. Goiter grade 2. (Figure 1).

The complimentary examinations showed:

- TSH: 806.6 UI/mL (N:0.27-4.20); Free T4: 0.07 ng/dL (N: 0.93-1.70); Anti-peroxidase anticropsand anti-tyroglobulin positive. Renal function showed high levels: creatinine: 0.88 mg/dL (N: 0.39-0.73), Liver function was also high: ASP: 61 U/L (N: 4-39) and ASL: 97 U/L (N: 4-51). Total cholesterol showed also alterations: 287 mg/dL (N 3-200).

Bone age: 12 years.

We start treatment with levothyroxine 0.1 mg/day.

The evolution was good with normal analysis after 15 days (TSH: 3.90UI/mL, Free T4:0.99 ng/dL, creatinine: 0.68 mg/dL, ASP: 31 U/L, ASL: 40 U/L, total cholesterol:195 mg/dL) and weight loss of 16 kg in 4 months.

Currently, one year later, at 16 years of age, the patient BMI is 26.5. The growth rate and pubertal development are normal with recovery of self-esteem and better integration educational (better marks in the school and starts learning to become a chef) and social level (integrated in sports activity with his colleagues). Bone age increased to 15 years (Figure 2).

Discussion

Obesity can be classified as endogenous (less than 1% of cases) when it is related to genetic or endocrine changes, or exogenous or nutritional (99% of cases).

In nutritional obesity, the height is increase and the bone age is also increased.

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Lymphocyte thyroiditis can cause a very severe change on body image of adolescents. Nutritional obesity doesn’t cause short stature and when this happen we need to exclude endocrine disorder. The importance of body image for individual self-esteem, particularly in adolescents, becomes essential role in medical research. Treatment of possible diseases in early stage can avoid severe obesity. With a single dose of levothyroxine, we recovered his self-esteem, and liver and renal function normalized in less than 15 days. Today, he is a happy adolescent and well accepted by everyone and no more incident of bulling was reported [5].

Obesity is a real problem of this century. Most of the causes are nutritional problems, but when we are in front of a case with short stature and delay puberty, we need to exclude endocrine diseases, like lymphocyte thyroiditis [6].

References