## HYPERTHYROIDISM IN CHILDREN AND ADOLESCENTS: CAUSES, WHEN AND HOW TO TREAT. A TUNISIAN EXPERIENCE

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## Background:

Hyperthyroidism is considered to be rare in children; its clinical profile is different and the most cause is Grave's disease (GD).

Objective and hypotheses: To evaluate clinical features and evolution of childhood hyperthyroidism

Method: Longitudinal retrospective study of children diagnosed with hyperthyroidism in a paediatric endocrinology unit in Tunisia f from 2000 to 2015.



## A case of resistance to the thyroid hormones

- >A girl aged 2 years
- > Isolated sinus tachycardia since birth
- >Clinical examination:
- •Eutrophic
- •PC = 45 cm (-2DS) → microcephaliea
- Isolated sinus tachycardia
- No other hyperthyroidism symptmos

- >Laboratory evaluation:
- •TSH=6,92µUI/I FT4=41,63 UI/I → peripheral hyperthyroidism
- •Trab< 0,3 UI/I (-)
- Mocular biology: heterozygous mutation in exon 8 located in the thyroid hormone receptor beta gene
- Familial molecular biology: negative
- → Resistance to thyroid hormones associated with mutation A268D turning an alanine into an aspartic acid.
- > No Treatment and no complications

✓ Conclusion: Grave' sdisease is the most common cause of hyperthyroidism in children. Nevertheless, we shouldn't forget more rare aetiologies. Treatment is based on antithyroid drugs (ATD) with a low remission rate. The use of scores for identification of predictive factors of the risk of relapse after ATD treatment will lead to improvements in patient management.

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