**Materials and Methods**

The study was performed in the group consisting of 20 Graves’ disease patients (mean age, 17.8±14), 44 Hashimoto’s thyroiditis patients (mean age, 13.8±3±5), 83 with DT (mean age, 14±4.7) and 57 healthy controls (mean age, 13.1±2±3). They were hospitalised in endocrine outpatient clinic.

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**Objectives**

1. The prevalence of antibodies in AITD patients
2. The prevalence of antibodies in children with Graves’ disease and Hashimoto’s thyroiditis.
3. The analysis of occurrence the zinc transporter antibodies ZnT8 in children with Graves’ disease and Hashimoto’s thyroiditis.

**Results**

In our study we observed the presence of ZnT8 Ab in 4 patient (20%) in the case of Graves’ disease patients while 3 patient (15%) in this group was positive for GAD Ab. In the case of Hashimoto’s thyroiditis 4 patients (9%) were positive for ZnT8 Abs. One of ZnT8 Ab positive HT patients had additionally positive GAD Ab and IA-2 Ab. In patients with DT1 we identified positive ZnT8 Ab (65.06%), GAD (57.83%) and IA2 (49.4%) antibodies.

**Conclusions**

1. In patients with autoimmune thyroid disease the most frequent (except anti-thyroid Abs) were anti-ZnT8 Abs.
2. Our results may suggest that the presence of ZnT8Ab may be associated not only with T1DM but other autoimmune diseases, in particular with Graves’ disease and Hashimoto’s thyroiditis.
3. Diabetes type 1 and celiac disease were the most common concomitant autoimmune diseases in our patients with AITD.
4. The prevalence of antibodies in children with diabetes type 1 increases with patients age and in cases with poor metabolic control.
5. Taking into consideration the fact that diabetes mellitus type 1 is the risk factor to coincidence another autoimmune disease, screening which uses autoantibodies is a proper action. It can result in separating groups with a higher risk of other autoimmune diseases, monitoring them, and finally early detecting and treating. All this can prevent further complications.