



Starting treatment in congenital hypothyroidism with normal FT4 levels and thyroid gland in situ detected at neonatal screening

Laura Paone MD, Jessica Gubinelli MD , Giuseppe Scirè MD, Graziamaria Ubertini MD,

and Marco Cappa MD

Endocrinology and Diabetic Unit, Bambino Gesù Children's Hospital, Rome, Italy The authors have no financial relationships to disclose or conflicts of interest to resolve.

Background

Recently the diagnosis of congenital hypothyroidism (CH) has increased, in response to the introduction of screening programs, particularly for patients with a eutopic thyroid gland (normally located) and a mild elevation in thyroid-stimulating hormone (TSH). Thyroid hormones play an important role in early neurodevelopment, and thus the early treatment of hypothyroidism is crucial.

Current guidelines recommend initial levothyroxine (LT4) dose of 10-15 μ g/kg/die as soon as possible, if diagnosis is confirmed by serum test, even if FT4 concentration is normal and venous TSH concentration is > 20 μ UI/mI.



Objective and hypotheses	<u>Methods</u>
In our study we evaluated the initial LT4 dose in CH newborn with normal level of FT4 and normal thyroid gland in situ.	We conducted a retrospective charts review of all CH patients seen a Bambino Gesù Children's Hospital from 2013-present. We included a
	newborn in whom confirmatory serum test demonstrated TSH > 20 μ UI/n and normal FT4 levels. In all patients thyroid ultrasonography showed normal gland in situ. We considered exclusion criteria: preterm birth
<u>Results</u>	genetic syndrome and chronic disease.

Tab. 1 Baseline characteristics (n = 24)

	Mean (SD)	Tab. $2 TCU and CTA values, after (TA treation and (in = 24))$							
Birth		Tap. 2 15	H and F14 values, a	ter LI4 treatm	ent (n = 24)	Fig.1 Star	ting dose	and pts with thy	rotoxicosis
Sex	10 F/ 14 M	15 days 1 month				or euthyroidism after 15 days of LT4			
Gestational age	39± 1.13	TSH, median (µUI/ml)		2.1 (0.8-5.5)	2.4 (0.5-3.7)		Patients		
Birth weight, Kg	3.2±0.4	FT4, mean	(ng/dl)		1.58 (± 0.28)		p = 0.00 ■ Thyrotoxicosis ■ Euthyrodism		
Diagnosis	iviedian (range)					24 -			
Diagnosis						20	-		
TSH at diagnosis, μUI/ml	38.65 (31.1-56.06)	Tab. 3 Number of patients with FT4 > 1.7 ng/dl after 15 days (FT4 normal value 0.8-1.7 ng/dl)							
FT4 at diagnosis, ng/dl	1.0 (0.72-1.4)					Patients	_	4.6 μg/kg/day	
	Mean (SD)	Patients	FT	IT/ starting doca moon (SD)		12	6.7 μg/kg/day		
LT4 treatment		(n= 24)	after 15 da	/S	ing uose, mean (SD)				
Age at LT4 initiation, days	29.2 ± 7.9	11	FT4> 1.7 ng/	ll	6.7 ± 1.5 μg/kg/day	8	11	13	
Initial LT4 dose, µg/kg/day	5.6 ± 1.7	13	0.8 ng/dl <ft4<1.7 <="" ng="" td=""><td>dl</td><td>4.6 ± 1.1 μg/kg/day</td><td>4</td><td></td><td></td><td></td></ft4<1.7>	dl	4.6 ± 1.1 μg/kg/day	4			

Conclusions

After 15 days of LT4 treatment, we obtained normalization of TSH and FT4 values at mean dose of 4.6 µg/kg/day and with this starting dose, none of the patients showed values of FT4 > 1.7 ng/dl. Instead, patients treated with a higher starting dose (mean 6.7 mcg/kg/day) showed thyrotoxicosis after 15 days of treatment. These results indicate that CH mild forms may require lower LT4 starting dose. Larger prospective studies are needed to validate our findings and to investigate the optimal LT4 dose required in CH mild forms.

References

- 1. Leger J, Olivieri A, Donaldson M, et al. European Society for Paediatric Endocrinology consensus guidelines on screening, diagnosis, and management of congenital hypothyroidism. J Clin Endocrinol Metab 2014; 99: 363-84
- 2. Cho MS, Park SH, Jung MH et al. Earlier re-evaluation may be possible in pediatric patients with eutopic congenital hypothyroidism requiring lower L- thyroxine doses. Ann Pediatr Endocrinol Metab 2014; 19: 141-145.
- 3. Olivieri A, Fazzini C, Medda E, et al. Multiple factors influencing the incidence of congenital hypothyroidism detected by neonatal screening. Horm Res Paediatr 2015;85: 86-93.

