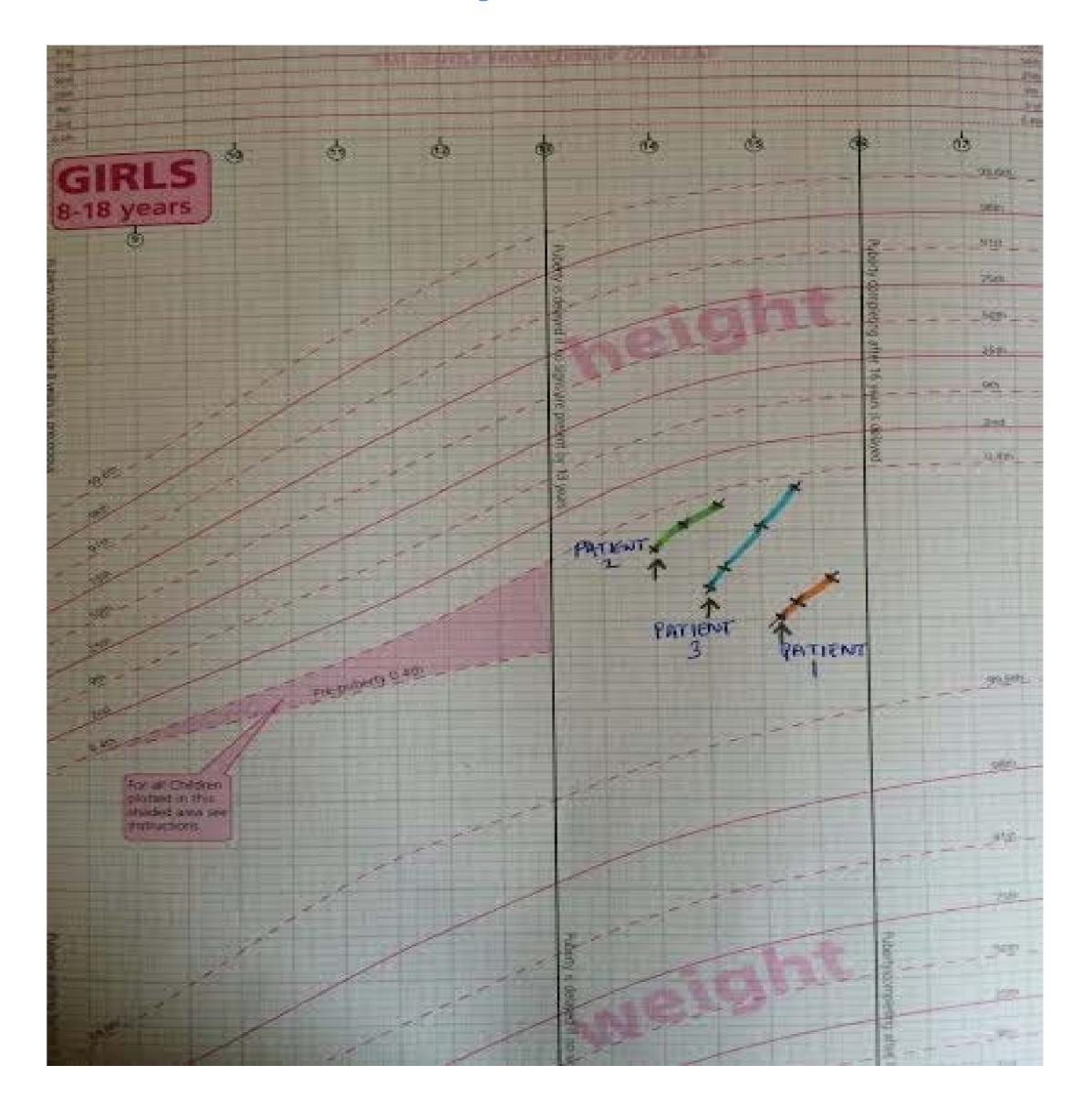
Profound growth failure in peripubertal adolescents presenting with severe acquired autoimmune hypothyroidism – a case series S.Upadrasta<sup>1</sup>, A.Soni<sup>1</sup>, S.M.Ng<sup>1</sup>

1. Department of Paediatric Diabetes, Ormskirk and District Hospital, Southport & Ormskirk Hospitals NHS Trust, Ormskirk

## **BACKGROUND:**

- Children with severe hypothyroidism are known to present with significant growth restriction.
- Institution of treatment with thyroxine results in catch-up growth.
- Treatment commenced in pubertal period may result in loss of adult height in cases with longstanding severe hypothyroidism.

## Figure 1: Growth chart since initiation of thyroxine



#### AIM:

• To evaluate the presentation, investigations and catch-up growth after initiation of treatment with thyroxine.

#### **PATIENTS AND METHODS:**

- Retrospective case series of three peripubertal girls who presented with severe growth restriction as a result of primary autoimmune hypothyroidism.
- Study performed at a single paediatric centre between September 2014 and April 2015.

#### **RESULTS:**

**Patient 1:** Presented at 15 years with constipation and short stature. Pubertal staging was B3P3A2M1.

#### Table 2: Hormone stimulation tests

Patient	Peak Growth Hormone (micrograms/L)	LH (IU/L)	FSH (IU/L)		
Patient 1	15.9	43.8	11.9		
Patient 2	10.3	48.2	14.4		
Patient 3	5.2	8.5	10		
Table 3: Bone age					
Patient	Chronolog age (yea	-	Bone age (years)		
Patient 1	15.25		10		
Patient 2	13.8		11.5		
Patient 3 15.5			12		

**Patient 2:** Presented at 13 years with poor growth, constipation and cold intolerance. Pubertal staging was B3P3A2M1.

**Patient 3:** Presented at 14 years with dizziness and collapse; longstanding cold intolerance and dry hair. Pubertal staging was B2P2A1M0.

#### Table 1: Thyroid Function tests (TSH in mU/L, T4 in pmol/L)

Patient	Baseline	4 weeks after Thyroxine	8 weeks after Thyroxine
Patient 1	TSH > 100	TSH – 47.25	TSH – 0.56
	T4 < 1	T4 –10.9	T4 – 20.6
Patient 2	TSH > 100	TSH – 3.32	TSH – 0.6
	T4 < 1	T4 – 22.7	T4 – 15.4
Patient 3	TSH > 100	TSH – 21.73	TSH – 0.17
	T4 < 1	T4 – 21.7	T4 – 22.9

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#### **THYROID SCAN:**

Thyroid ultrasound scan was suggestive of thyroiditis with no nodules noted in all three girls.

### **CONCLUSIONS:**

- Prompt recognition of hypothyroidism in early childhood is essential to initiate timely treatment, so that growth
  potential is realised.
- Delay in treatment of hypothyroidism, especially in peripubertal age, may lead to compromised adult height.

# Southport & Ormskirk Hospital

