Severe growth retardation and hypothyroidism due to Hashimoto's thyroidits

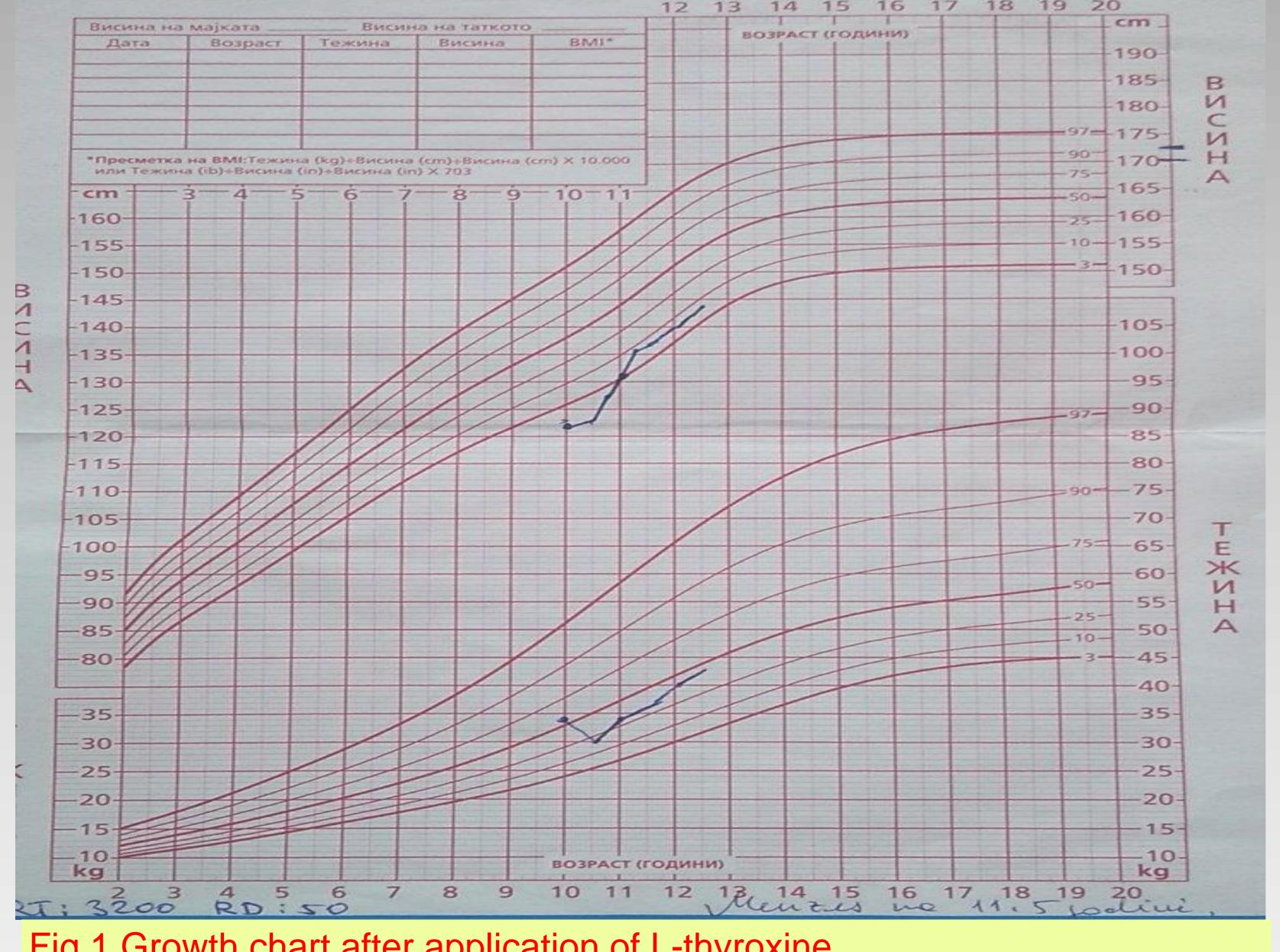
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OBJECTIVES

autoimmune disease in pubertal and adolescent girls. In the past years the incidence of this autoimmune disease of the thyroid gland has increased(1). We present a 12.5 year old girl who had her first visit at our Pediatric Endocrinology Department at the age of 10 years due to short stature and clinical signs of hypothyroidism. Her height was - 3SD(standard deviation score) and her BMI was 12.7. The initial clinical examination showed an enlarged and firm thyroid gland. The ultrasound of the thyroid gland was consistent with Hashimoto's thyroiditis

METHODS

Levels of thyroid hormones and anti-TPO antibodies were measured. Her thyrotropin levels were >75.0 uIU/mI (0.400-4.5 uIU/mI). Her thyroid peroxidase antibodies were > 1000 IU/mI (10-50 IU/mI) and total T4 levels were 87.1 umol/L (71.2-141 umol/L). Her bone age was appropriate for an eight year old, she also had a normochromic anemia and hyperlipidemia.



RESULTS

Treatment was started with L-thyroxine 100 mcg/m2 and six months after the commencing of the treatment the thyroid hormone levels normalized, even though the level of the anti-TPO antibodies remained elevated. She started to grow and her height reached -1.5SD. After two years of treatment her height is within normal range (+1.0SD)

Fig.1 Growth chart after application of L-thyroxine

CONCLUSIONS

The regular follow-up continues for possible further complications.

REFERENCES:

1. Hunter L., Green SA, Macdonald TM, Morris AD. "Prevalence and aetiology of hypothiroidism in the young". Archives of disease in childhood, vol.83, no.3, pp 207-210,2000



