

Do insulin like growth factors also influence growth in children with congenital hypothyroidism: a cohort analysis



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BACKGROUND

- Thyroid & GH- insulin like growth factors (IGF) axis together are critical for somatic & skeletal growth. Hypothyroidism & derangement in this axis leads to profound growth retardation & delayed skeletal maturation.
- Limited studies suggest that thyroxine directly regulate IGF-1 independent of GH.

OBJECTIVE

To evaluate levels of insulin like growth factors (IGF) in children with congenital hypothyroidism and their role on growth parameters.

MATERIALS AND METHODS

- Approved by ethical committee of institute and consent taken
- Study design- Cross sectional
- Thirteen children with congenital hypothyroidism 1month- 15 years old recruited. Those with underlying GH deficiency and/or deranged liver functions were excluded.
- Height, weight, weight for height or body mass index recorded & interpreted on WHO growth charts for <5 year old & on New IAP growth charts for ≥5 years.
- Estimation of thyroid profile done by electro-chemiluminescence and IGF-1, IGF binding protein-3 (IGFBP-3) by enzyme linked immunoassay (ELISA).

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RESULTS

- Mean age of diagnosis- 1.65 ± 1.62 years with a range of 25 days to 4 years.
- Mean age of recruitment in the study- 7.76 ± 3.6 years
- Mean weight- 21.46 ± 9.41 kgs ($-0.58SD$), only 4/13 (30.7%) were underweight
- Mean height- 112.68 ± 22.11 cms ($-2.1SD$), 7/13 (53.8%) were stunted
- BMI (kg/m^2)- 16.15 ± 2.43 ($+0.26SD$)- 11/13 (84.6%) had normal BMI
- Significant positive correlation observed between serum TSH and BMI ($r= 0.538$, $p= 0.004$)
- No significant correlation between TSH & height ($r=0.07$, $p>0.05$)

BIOCHEMICAL PARAMETERS

TSH (0.7-6.4 μ U/ml)	12.91 \pm 18.05
T4 (4.6-12 μ g/dl)	5.36 \pm 4.72
T3 (2.3-4.2 pg/ml)	2.73 \pm 1.48
IGF 1 (ng/ml)	103.34 \pm 81.38*
IGFBP 3 (ng/ml)	2260.6 \pm 1594.2*

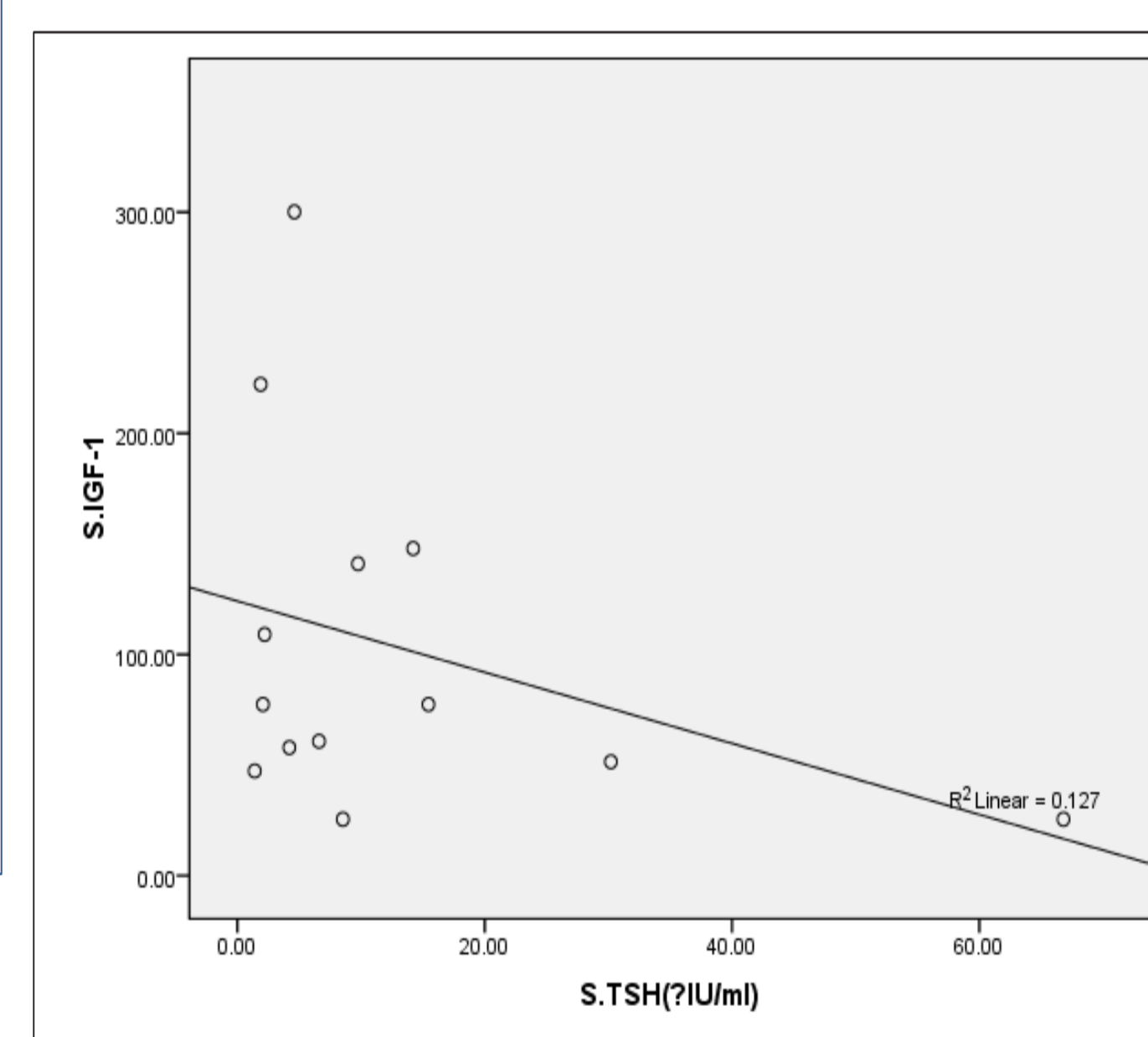
✓ Positive correlation observed between height & serum levels of both IGF-1 & IGFBP-3.

Height (SD)	N=13	IGF-1 levels (ng/ml)	IGFBP-3 levels (ng/ml)
<-2SD	7 (53.8%)	70.58 \pm 38.5	1685.14 \pm 1297.9
-2 to 0 SD	3	127.56 \pm 86.84	2935.3 \pm 1073.7
0 to +2SD	3	155.54 \pm 137.9	2928.67 \pm 2555.6

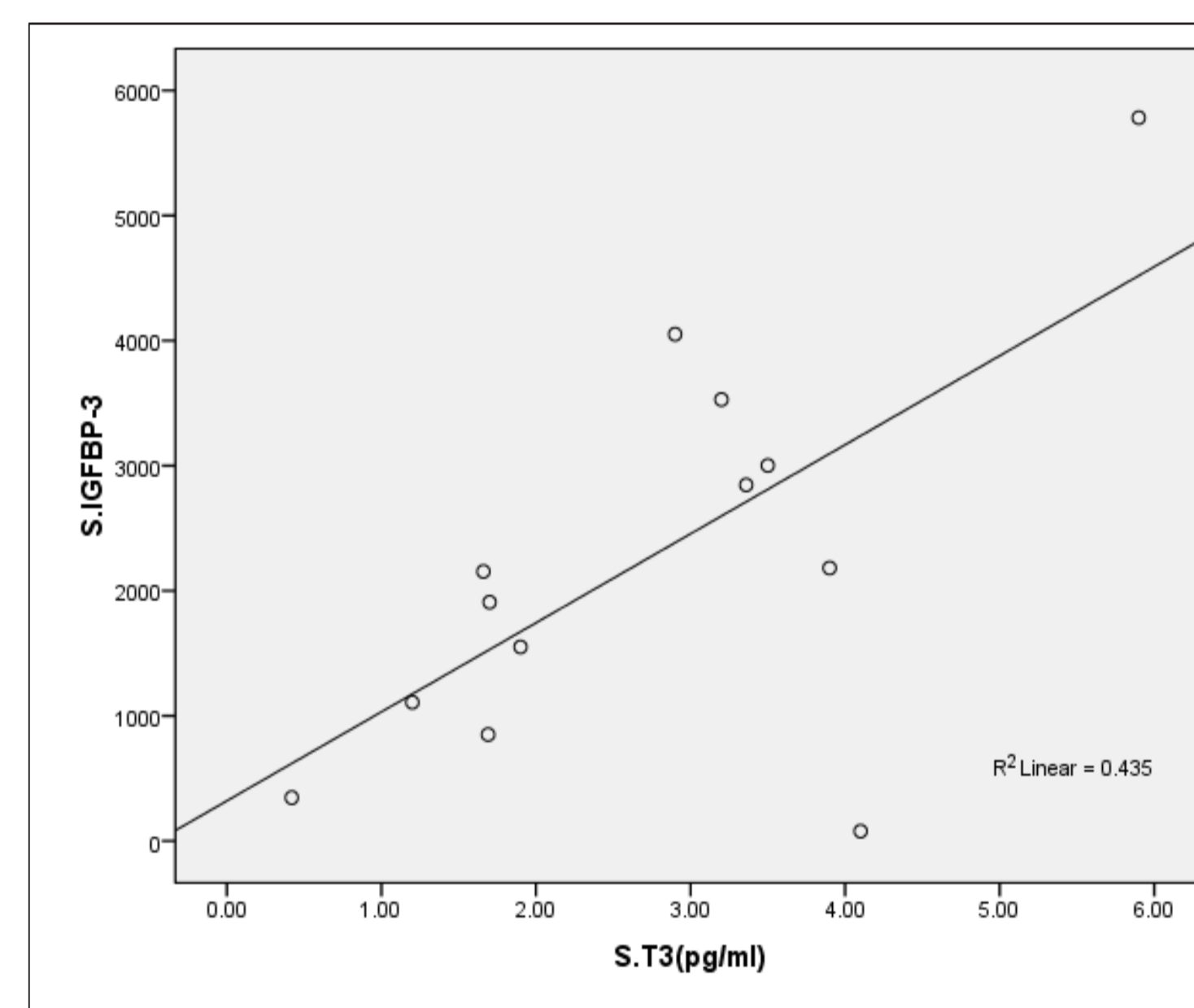
*Mean IGF-1 and IGFBP-3 was significantly low (<0.05) as compared to healthy reference population.

CORRELATION OF THYROID PROFILE WITH INSULIN LIKE GROWTH FACTORS:

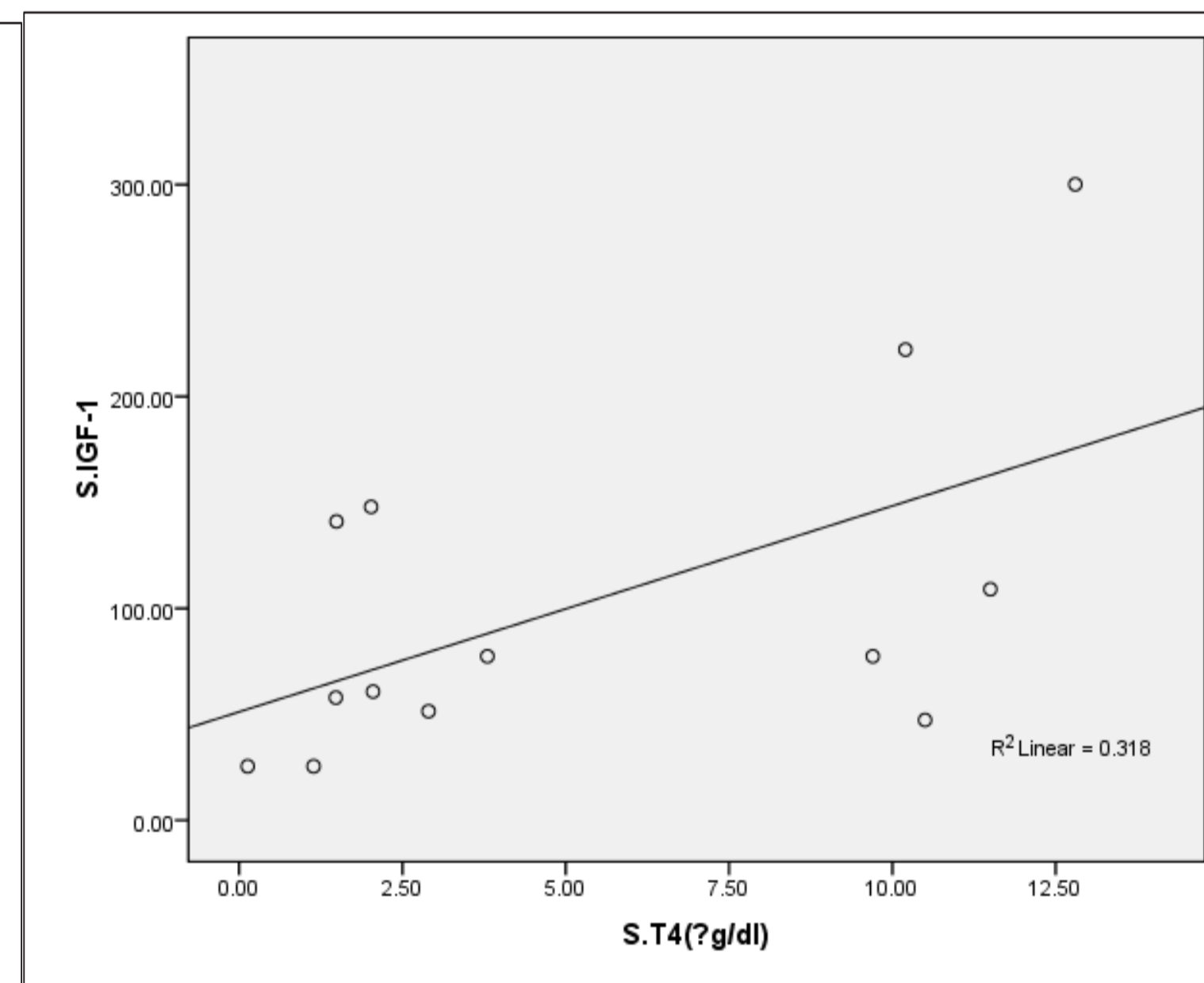
TSH & IGF-1
($r= -0.35$, $p>0.05$)



T3 & IGFBP-3
($r=0.66$, $p=0.014$)



T4 & IGF-1
($r=0.564$, $p=0.045$)



Hence significant correlation observed between T3, T4 and Insulin like growth factors.

On plotting ROC curve: IGF-1 cut off value of **93.2 ng/ml** has a sensitivity of 85.7 % and specificity of 66.7% in predicting stunting (height <-2SD) in our cohort study (AUC=0.679)

Disclosure: No conflict of interest to the best of my knowledge

CONCLUSION:

- 53.8% children were stunted with overall mean height of the cohort at $-2.1SD$. Though their mean TSH was only mildly increased with normal serum T3, T4.
- Mean IGF-1, IGFBP-3 were significantly low as compared to age & sex matched normal population.
- Children with stunting had low levels of serum insulin like growth factors.
- Growth retardation observed seems to be attributed significantly to reduced levels of insulin like growth factors.

