

The Prevalence of Clinically Significant anti-TPO Positivity in Children with HLA-conferred Susceptibility to Type 1 Diabetes



Liisa Saare^{1,2}, Aleksandr Peet^{1,2}, Vallo Tillmann^{1,2}

¹ Department of Paediatrics, University of Tartu; ² Children's Clinic of Tartu University Hospital; Tartu, Estonia

Introduction

- Children with type 1 diabetes (T1D) have increased prevalence of clinically significant anti-thyroid peroxidase antibody (anti-TPO) positivity and autoimmune thyroiditis¹.
- In healthy children the prevalence of clinically significant anti-TPO level, defined as >100 kU/L, can be up to 3%².
- The prevalence of clinically significant anti-TPO positivity in children with HLA-conferred susceptibility to T1D, is not known.

Objectives

• To evaluate the serum levels of anti-TPO and the prevalence of clinically significant anti-TPO positivity in children with HLA-conferred susceptibility to T1D.

Subjects

- 180 children (86 boys) with a HLA-conferred susceptibility to T1D from the DIABIMMUNE Estonian birth cohort.
- Mean age 8.7 years (range 7.5 to 9.6 years).
- Three children had developed T1D.
- None had a known history of thyroid disease.

Methods

- Serum concentrations of anti-TPO were measured with previously validated ECLIA method.
- The test manufacturer's reference range of < 18 kU/L for this age group was used.
- The lower detection limit of the test was 5 kU/L.
- Clinically significant anti-TPO positivity was set as anti-TPO concentration of >100 kU/L.
- The statistical analysis was performed with Excel using the Mann-Whitney test, p < 0.05 was considered statistically significant.

Results

- 23 children (17 girls) had anti-TPO levels above the reference range, i.e. 12.8% of all subjects.
- In 3 cases (1.7%), all girls, anti-TPO was >100 kU/L, suggesting a very likely autoimmune thyroiditis.
 - Two of the three subjects had normal thyroid function tests, one was lost to follow-up.
- Anti-TPO levels ranged from <5 to 373 kU/L.
- Girls had significantly higher median anti-TPO concentration than boys (12.0 vs 10.5 kU/L; p = 0.0002).

Results

Figure 1. Distribution of subjects by their anti-TPO levels

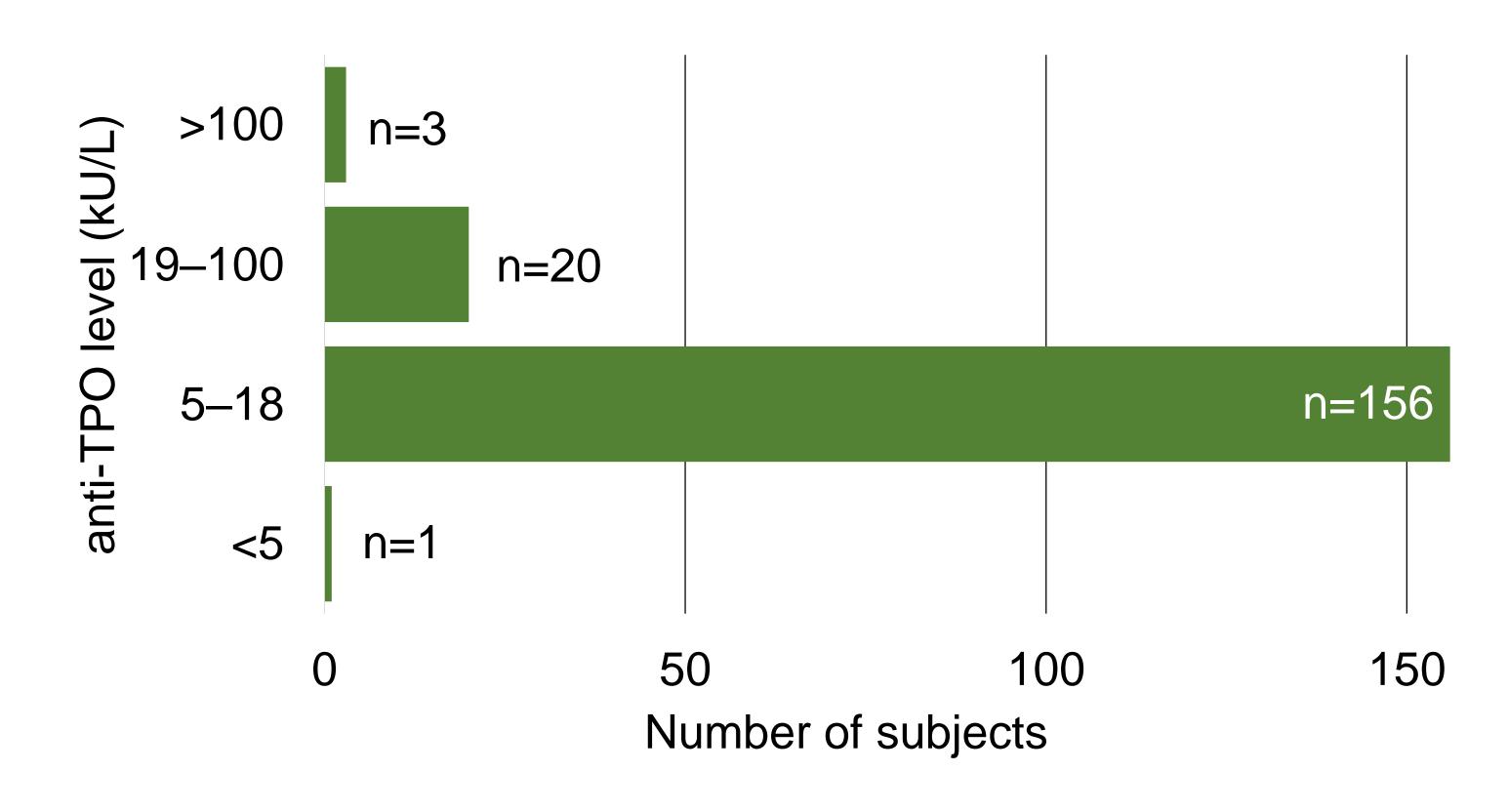
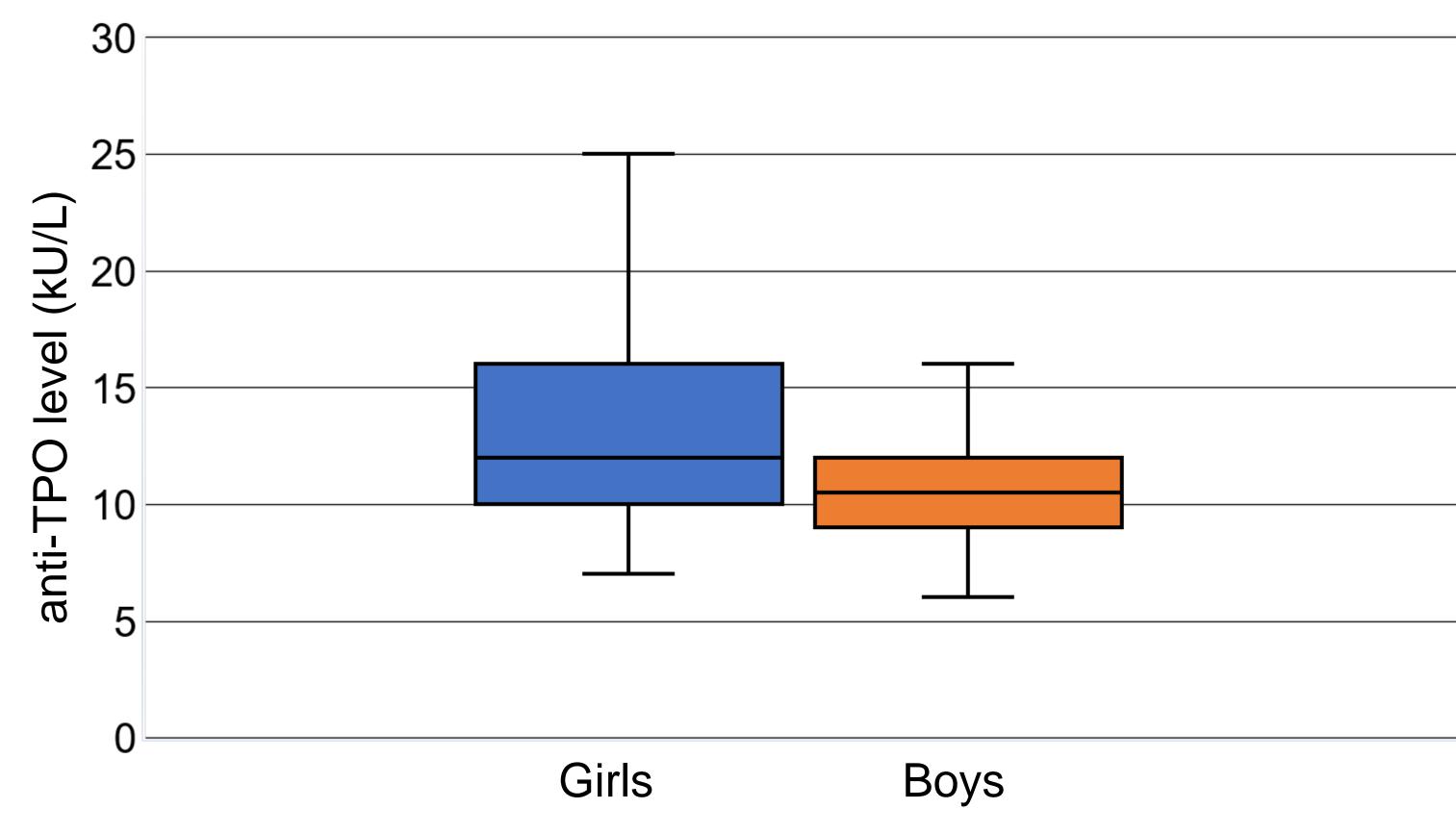


Figure 2. Comparison of median anti-TPO levels



Conclusions

- In children with HLA-conferred susceptibility to T1D the prevalence of clinically significant rise of anti-TPO levels was similar to previously reported data in healthy children.
- Almost 13 percent prevalence of anti-TPO positivity in the cohort is comparable to that described in T1D subjects of the same age group³.
- Further studies are necessary to clarify the clinical significance of this finding.

References

- 1. Jonsdottir B, Andersson C, Carlsson A, Delli A, Forsander G, Ludvigsson J, et al. Thyroid autoimmunity in relation to islet autoantibodies and HLA-DQ genotype in newly diagnosed type 1 diabetes in children and adolescents. Diabetologia. 2013 Aug;56(8):1735–42.
- 2. Kabelitz M, Liesenkötter KP, Stach B, Willgerodt H, Stäblein W, Singendonk W, et al. The prevalence of anti-thyroid peroxidase antibodies and autoimmune thyroiditis in children and adolescents in an iodine replete area. Eur J Endocrinol. 2003 Mar;148(3):301–7.
- 3. Hughes JW, Riddlesworth TD, DiMeglio LA, Miller KM, Rickels MR, McGill JB, et al. Autoimmune Diseases in Children and Adults With Type 1 Diabetes From the T1D Exchange Clinic Registry. J Clin Endocrinol Metab. 2016;101(12):4931–7.

Contact

Liisa Saare Children's Clinic of Tartu University Hospital Tartu, Estonia Iiisa.saare@kliinikum.ee





Thyroid

Liisa Saare





