

# VICTIM PATHOLOGIES OF THE PANDEMIC. SEVERE ACQUIRED HYPOTHYROIDISM

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## INTRODUCTION

In the last year, the pediatric services have seen a reduction of up to 50% of the consultations and 1/3 of the admissions to the hospitalization ward; However, the existence of other pathologies cannot be forgotten despite the current situation, such as hypothyroidism, diabetic ketoacidosis, short stature, precocious puberty, etc., as far as endocrinology is concerned.

Difficulty in accessing primary care, non-contact visits, along with the fear of families to go to the health field, can lead to a delay in the diagnosis of important pathologies. According to INE 2020 (National Institute of Statistics), there is an increase in mortality in Spain not directly attributable to COVID19 infections.

## RESULTS

A 35-month-old girl referred to outpatient visits for thyroid dysfunction detected in a non-face-to-face primary care consultation. Moroccan family, first-born with normal somatometry and neonatal screening at birth. Age-appropriate growth growth up to 2 years. The family reports 8 months before, coinciding with the onset of the pandemic, that the patient is more tired, dry skin, hoarse tone of voice and significant hair loss. Later, she presented psychomotor slowdown, failure to thrive and swelling of the face, a fact that alarmed the family and for which they decided to consult in primary care. He does not refer associated goitrogens. No family history of thyroid function alteration. A blood test is performed where an elevated TSH > 500mU / L, FT4 < 0.42 ng / dL, FT3 < 1.0 pg / mL, Thyroperoxidase, ATPO Ac 4 IU / mL, Thyroglobulin 63.59 ng / mL, Thyroglobulin (ATG), Ab 203 IU / mL. Urine test in normal ranges without proteinuria. In patients with severe autoimmune acquired hypothyroidism, treatment with sodium levothyroxine 50mcg / day is started and a thyroid ultrasound is requested to complete the study where findings compatible with thyroiditis are observed.

After 2 weeks, the patient was reevaluated, highlighting clear clinical and analytical improvement.



## CONCLUSIONS

Acquired hypothyroidism is the most common cause of thyroid disease in childhood and adolescence. It is produced by several causes, among which are autoimmune processes, or iodine deficiency. Thyroid hormones are essential for most body functions to be carried out; therefore, early diagnosis of this pathology is crucial.

As pediatricians we must be attentive to alarm symptoms, be careful in the telematic assistance that is offered and, above all, assess if this is the most appropriate, since the essence of the "Lex artis" can be lost, observing and exploring our small patients..

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