Prevalence and Characteristics of thyroid nodules in a pediatric population with congenital hypothyroidism

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RESULTS INTRODUCTION

Thyroid dyshormonogenesis accounts for 10-15% of permanent congenital hypothyroidism. Patients can present with goiter. Thyroid nodules may also be associated.

AIM

To assess the characteristics of thyroid nodules among infants with thyroid diagnosed dyshormonogenesis to interest discuss systematic screening.

METHOD

A retrospective study of children with congenital hypothyroidism due to dyshormonogenesis was pediatric out at the carried endocrine center in Kremlin Bicêtre hospital, Paris, between 1999 to 2020.

analysis was found (>3 years).

78 patients Median age 14 ans [8-21] 47 boys / 31 girls Disorder of iodine organification Disorder of thyroglobulin synthesis 50/78 : 64 % 7/78 10 % Genetic résults available 13/50 : Génétique : 3 *TG* 2 Pendred syndrom 10 TPO gene mutation Disorder of iodine uptake 1 DUOX gene mutation 3/78 : 4 %

Génétique : 1 *NIS*

No diagnostic in 18/78 patients.

10 Nodules (median size of 17 mm [5-37]) and 1 multinodular goiter were patient respectively during follow-up (median average of 2.5 [1-3]

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Nodule classification: 1/10 TI-RADS 2 5/10 TI-RADS 3 4/10 TI-RADS 4.

Fine needle aspiration biopsy were realised in 3 patients, and 5 had thyroidectomy.

Diagnosis was thyroid cyst in 6/10 patients, Follicular lesion in 1/10, papillar carcinoma in 2/10 (1/2 patient with TPO gene mutation) et 1 multinodular thyroid.

CONCLUSIONS

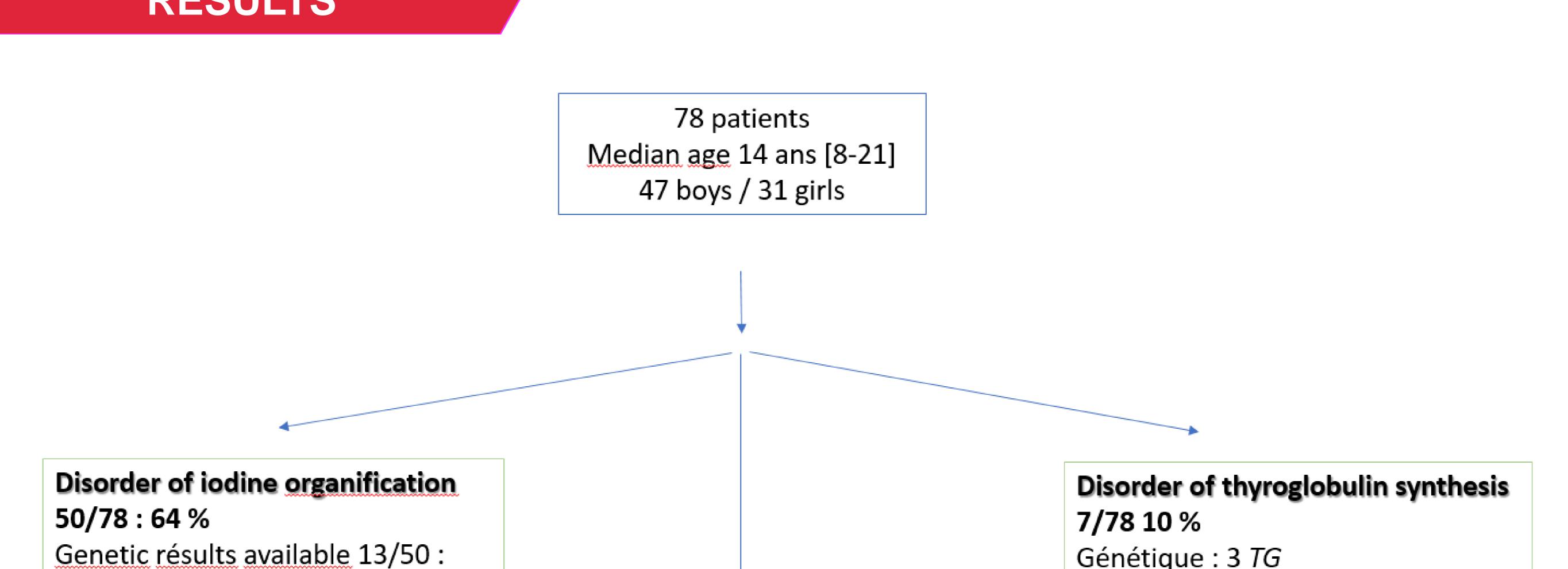
A screening ultrasound for thyroid The prevalence of thyroid cancer in our pediatric population is 2.5%, the prevalence of nodules is 7.6% including 20% of malignant nodules was then performed from nodules. Thyroid cancer occur in younger patients in the context of dyshormonogenesis. Given the importance of this pathology in July 2019 to July 2020 if no recent patients with dyshormonogenesis, we recommend a regular ultrasound follow-up at least every 3 years, and a systematic genetic analysis at diagnosis to identify possible pathogenic variants.











thyroxine (54%) TSH: 2,6 mUI/I [0,1-6,2]

42/78 patients were treated by L-