**CASE REPORT**

A child was followed by neurologists from the newborn period due to neuro-developmental delay. Newborn screening of TSH was normal, later TSH and FT4 evaluation found subclinical hypothyroidism. Due to stable subclinical hypothyroidism treatment with levothyroxin was administered, which was ineffective and the treatment was stopped. Objective examination showed muscular weakness, scoliosis, global developmental delay, dystonic opened mouth, no contractures. (Figure 1, Figure 2). The whole-exome-sequencing was performed by neurologists, which revealed a novel homozygous mutation (c.972G>A) in the SLC16A2/MCT8 gene. Last examination: bilateral esotropia, severe tetraparesis with contractures, neuro-developmental delay, no speech, weight - < 3%, height - 25%, head circumference - <3%. Thyroid status and results of Holter-monitoring are shown in Table 1 and Table 2 respectively. Symptoms of peripheral hypothyroidism: tachycardia 115-197/min by Holter-monitoring.

**CONCLUSIONS**

Overall a patient has a subclinical hypothyroidism, in fact, with thyrototoxicosis. The treatment with levothyroxine is ineffective and can cause cardio-vascular complications.

Early diagnosis of AHDS by evaluating the whole thyroid profile and genetic testing gives an opportunity to avoid useless treatment and frequent hormonal tests in patients with neuro-developmental delays. With the Triac a new insight is suspected to have in a nearest future.

**REFERENCES**


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