PRESENTED AT:
Mean (95% CI) SD
Maternal age (years) 26.14 (±0.624) 6.79
Birth Weight (grams) 2879.2 (± 52.1) 598.57
Gestational age (weeks) 37.9 (±0.19) 2.22
Low Birth weight n (%) 102 (19.88)
Preterm Births n (%) 79 (15.39)
Females n (%) 238 (46.39)
Multiple anomalies n (%) 11 (2.14)
Multiple gestation n (%) 17 (3.31)

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INTRODUCTION

• Congenital Hypothyroidism (CH) is a thyroid hormone deficiency present at birth (1).
• Recent birth cohorts in Bogotá have estimated a prevalence of 1:2183 newborns (NB) (2).
• Effective and timely screening is essential to treat those affected and prevent future consequences.

AIM

• Statistical analysis of cases reported in the Public Health Surveillance System (SIVIGILA by its acronym in Spanish) database in the city of Bogotá, Colombia.
• Characterization of cases and prevalence estimation, as reported in the database in 2015-2020.

METHOD

- Observational, retrospective study, based on the data provided by the SIVIGILA database, which reports all the newborns with congenital anomalies during the 2015 - 2020 period in the city of Bogotá, Colombia.
- The ICD-10 nomenclature was used to classify the cases.
- The biological variables analyzed were birth weight, sex, maternal age, associated malformations and the presence of multiple pregnancies.
- The socioeconomic variables analyzed were maternal housing.
- Data were registered and analyzed using Microsoft Excel Office 365.

RESULTS

• The prevalence of NB reported as suspected with CH was 1:1220 NB (stable trend on the linear tendency analysis).
• When adjusted for cases with confirmed high values of TSH in umbilical cord measurement, 390 cases were identified, with a prevalence is 1:1562 NB.
• 54% were men and 46% women.
• Of the total CH cases with a reported weight, 20% weighed less than 2500 grams.
• 17.7% of the cases had mothers with housing in a rural area.
• 11 cases presented with associated congenital anomalies: 7 associated to Down Syndrome, 3 associated to cardiopathies and 1 case of polymalformation.

Figure 1: Prevalence linear trend (2015-2020)

Table 1: Demographic Data

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (95% CI)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age (years)</td>
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</tr>
</tbody>
</table>

CONCLUSIONS

• The prevalence of confirmed CH cases is similar to other estimates from Bogotá, but differs from studies in Europe, USA and Quebec (3,4,5).
• Some studies from USA also reported associated cardiopathies and Down Syndrome (3).
• Studying the behavior of this event makes it possible to guide health actions to reduce said disease burden.
• Future changes in the national newborn screening program should seek to correctly identify cases and allow proper reporting.

REFERENCES


ACKNOWLEDGEMENTS

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CONTACT INFORMATION

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