

# How evolves thyroid function in Hashimoto thyroiditis and related disorders – December 2012

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**Study.** Retrospective, cohort.

**Aim.** Analyzing the evolution of thyroid function in thyroiditis and related disease during 1-17 years.

**Material & Method.** A. Hashimoto thyroiditis (HT) diagnosis: **1.** antithyropoxydase antibodies (ATPO) criteria; cut-off > 34 ui/ml. **2.** if ATPO=normal (N), HT was considered only antithyroglobuline antibodies (T-ATG) high, cut-off > 34 ui/ml. **3.** idiopathic mixedema (IM): hypothyroidism, no ATPO, no ATG, no TRAB.

B. Patients: 1. HT: 1196; T-ATG: 73; IM: 69. Women/men: HT: 1136/60; T-ATG: 69/4; IM: 60/9 (more men: p = 0,009). C. Statistic analysis: test X<sup>2</sup>.

**Results.**

**A. At the diagnostic moment: 1. HT:** Euthyroid (EUT): 534 (44,5%), Hypothyroid (HOT): 498 (~41,5%), Hyperthyroid (HIT): 168 (16%) – from these: 155 (~87%) associated with Graves-Basedow disease (GBD)-(TRAB+)(more than in T-ATG).

**2. T-ATG:** EUT: 43 (59%, more than in HT), HOT: 21 (~29%), HIT: 9 (12,33%) – from these: 5 (~55%) associated with GBD-(TRAB+).

**3. IM:** (by definition): HOT: 69 (100%).

**4. Significant difference between Hashimoto Tvs Thyroiditis-ATG:** p=0,049.

**B. Follow-up: 1. HT:** a. 28 (5,24%) with EUT became HOT after 0,2(!)-8 years (av=2,76, SD=2,25). b. 3 (0,56%) with EUT become HIT (all GBD). c. 100% HOT remained HOT. d. 16 (9,52) with HIT become EUT after 1,5-2 years and maintain at least 5 years. e. 4 (2,38%) with HIT become spontaneously HOT (2 with GBD).

**2. T-ATG:** only 2 HIT become EUT (22%). EUT&HOT remain the same.

**3. IM:** all remained HOT, with 1 exception (man under amiodarone who return spontaneously to EUT after withdrawal amiodarone).

## Conclusions

- 1.** Thyroiditis with only hyperATG could be considered different from HT.
- 2.** HT, T-ATG and IM presented differently as hormonal function.
- 3.** T-TAG more than HT (but both) presented more as EUT than HOT.
- 4.** Only 5% EUT-HT become HOT, during first 8 years.
- 5.** No EUT-HT after 8y modified function.
- 6.** Patients with HOT at diagnostic time, either HT, T-ATG or IM, remain HOT.