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. antithyroperoxydase 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.


Results.

A. At the diagnostic moment: 1. HT: Euthyroid (EUT): 534 (44,5%), Hypothyroid (HOT): 498 (~41,5%), Hyperthyroid (HT): 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.