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Abstract: Usual TSH reference values are 0.4 to 4.0 mU/L. However, 95% of the reference population have TSH level less than 2.6 mU/L. Therefore, it has been suggested that the reference range should be 0.4 to 2.5 mU/L. There is no consensus regarding the new reference range, but it seems that at least half of the subject with TSH level between 2.5 and 4 mU/L have thyroid dysfunction.

Subclinical hypothyroidism treatment criteria are very variable. Some authors propose that subclinical hypothyroidism should be treated only when FT4 level drop. Others consider both TSH concentration and antiTPO antibodies presence. If TSH is over 10 mU/L, or if antiTPO antibodies are present, thyroxine treatment should be commenced.

Negro and co-workers treated euthyroid antiTPO positive pregnant women with thyroxine. Comparing with the non-treated women, treatment influenced obstetric outcome, resulting in significantly smaller number of abortions and preterm deliveries. Specific TSH and FT4 pregnancy reference ranges should be used. Anyhow aggressive hypothyroidism case finding is necessary in pregnancy, especially in females with autoimmune diseases or hypothyroidism symptoms.