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HYPERTHYROIDISM IN CHILDREN

Summary: Graves disease is the most common cause of hyperthyroidism in children, with a strong female to male predominance. Hyperthyroidism is rare in children, especially in prepubertal age. Those children present with various symptoms (tachycardia, increased bowel symptoms, weight loss and anxiety) which may cause the delay in diagnosis. Goiter is almost always present, but eye signs are less severe, compared to the adult population. Patients who are at pubertal age have a good growth rate, but gain no weight. Diagnosis is confirmed by the elevation of thyroid hormones, especially T3, suppressed TSH and positive TSI antibodies. In most countries drug therapy is the first line of the treatment. Because antithyroid drugs need 4-6 weeks to show the effect, beta blockers are used in that period to relieve the symptoms. PTU is no longer recommended in pediatric population due to several case of liver failure that needed liver transplantation. Methimazole is used in all patients except in neonatal hyperthyroidism. After 2 years of treatment if patients do not show the signs of remission, definite treatment should be considered. It can be either surgery or radioactive iodine. Both treatments have their pro et contras which will be discussed in more details.