

Letters and Comments

Autoimmune Thyroiditis In IDDM Patients

We have read with interest the article by McKenna et al. in the July 1990 issue of *Diabetes Care* (1). We report here the results of a study that we recently conducted, reaching conclusions similar to those contained in the article by McKenna et al. Thyroid autoantibodies were detected by indirect immunofluorescence on rat tissue sections. Among the patients who were autoantibody positive, 34 subjects showed a normal thyroid function (triiodothyronine and thyroxine [T3 and T4], thyroid-stimulating hormone [TSH] in the normal range at baseline, normal TSH response to thyrotropin-releasing hormone [TRH] stimulus). Four patients had compensated hypothyroidism (high TSH levels both at baseline and after TRH stimulus, with normal T3 and T4 levels). In the latter group, we observed a 9-yr-old girl with autoantibody positivity (thyroglobulin antigen [TGA] and microsomal antigen [MCA]) who, within 5 mo from the detection of thyroid autoantibodies, developed thyroid dysfunction that progressed to overt hypothyroidism and goiter (Table 1).

Based on our experience, we suggest that patients with insulin-dependent diabetes mellitus (IDDM) with thyroid autoantibody positivity undergo frequent assessments of thyroid function. IDDM patients should be evaluated for serum TSH levels at least at 6-mo intervals, considering their high risk to develop clinical hypothyroidism.

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REFERENCES

1. McKenna MJ, Herskowitz R, Worfdorf JI: Screening for thyroid disease in children with IDDM. *Diabetes Care* 13: 801–803, 1990

TABLE 1
Main clinical and biochemical findings of 9-yr-old patient

	March 1988	July 1988	January 1989	July 1989
TGA	Negative	Negative	1:80	1:160
MCA	1:1600	1:102,400	1:1600	1:102,400
Triiodothyronine (nM)	0.01	0.01	0.02	0.02
Thyroxine (nM)	99.8	116.4	87.0	65.2
Thyroid-stimulating hormone (mU/L)	0.6	2.1	2.2	18.1
Clinical findings				Goiter myxedema