CORRESPONDENCE

Latent Hypothyroidism in Adults

by Jeannine Schübel, PD Dr. med. Joachim Feldkamp, Prof. Dr. med. Antje Bergmann, Dr. med. Wolfgang Drossard, and Dr. rer. medic. Dipl.-Soz. Karen Voigt, MPH in issue 25/2017

Consider the Risk of Goiter

The authors deserve thanks for discussing the treatment indication for latent hypothyroidism. However, I am surprised at their recommendation to treat latent hypothyroidism only if the concentration of thyroid-stimulating hormone (TSH) is >10 mU/L. What about the risk of goiter? The authors explicitly say that patients with subclinical hypothyroidism do not require thyroid ultrasound unless one or more palpable nodules are present. As a psychiatrist I have been confronted with this problem on numerous occasions when prescribing lithium. To date, I have always recommended taking low-dose L-thyroxine when TSH concentrations are elevated, in order to avoid goiter. Should I be more cautious in this particular setting?

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

The development of goiter is triggered primarily by iodine deficiency. Thyroid-stimulating hormone (TSH)

in itself does not stimulate the growth of thyroid cells (1). The fear that a raised concentration of TSH triggers the development of goiter is therefore unwarranted and does not justify treatment with L-thyroxine.

TSH concentrations of patients being treated with lithium should be measured at regular intervals, in order to detect the possible death of thyroid cells. Therapy with L-thyroxine should then be initiated when the TSH concentration is >10 mU/L. Individually, and on the basis of a particular constellation of symptoms, for example, an attempt at initiating treatment can be considered in TSH concentrations ≥ 10 mU/L. However, it should be borne in mind that it has not been proven that psychiatric symptoms improve as a result of treatment with L-thyroxine (2).

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Erratum

In the Clinical Snapshot entitled “A Rare Cause of Ileus in a Two-Year-Old Boy” by Johannes Leonhardt and Sylvia Glüer, the following sentence says erroneously: “Meckel’s diverticulum, a remnant of the omphaloenteric duct of the embryo, has an incidence of approximately 2% of the population (ca. 8 of every 10 000 persons), but only 4% of the affected persons develop symptoms.” On the one hand, this clearly refers to the prevalence, rather than the incidence, of Meckel’s diverticulum. On the other hand, the phrase in parentheses was put in the wrong place, which means that it refers to the wrong group of persons. The correct sentence should read: “Meckel’s diverticulum, a remnant of the omphaloenteric duct of the embryo, has a prevalence of approximately 2% of the population, but only 4% of the affected persons (ca. 8 of every 10 000 persons) develop symptoms.”

MWR