Abnormal Thyroid Q&A Outstanding Questions

Q: Why don't we just add the antibody screen to the current blood work? If the initial comes back with SCH, usually they hold blood work for 5 days and we get the initially results.

A: *You can certainly do so if able to add. That is a good thought.*

Q: What is the reason for waiting 6 months to check the antibody?

A: *In general, it does not change the management by that much. There is data that even with +ve antibodies, normalization of TSH can be seen in SCH. Therefore, we tend to wait and repeat labs rather than immediately treat even in patients with +ve antibodies. As long as patient is counselled to come back for repeat testing and instructed to report if there are any symptoms, testing for antibody can wait. One of the pediatricians has asked if the antibody test can be added provided there is blood in the lab and that is a good thought. The 6 months is a suggestion, you can certainly repeat the set of labs in 4 months if you feel 6 months is a long wait.*

On the other hand if there is thyroid enlargement, there is a higher chance that you are dealing with autoimmunity, and in these cases the antibody screen will be in the first step of lab work along with TSH and Free T_4.

Q: Do you know which assay LabCorp sends for T_4?

A: *Electrochemiluminescence Immunoassay (ECLIA) for total T_4.*

Q: How often should TSH,free T_4 be checked in children with autoimmune disorders, eg Type 1 DM?

A: *ADA recommendation: Measure TSH at diagnosis and when clinically stable. Check every 1-2 yrs or sooner if there are symptoms, thyromegaly, abnormal growth rate, glycemic variability or if there are +ve antibodies. Consider testing children with type 1 diabetes for antithyroid peroxidase and antithyroglobulin antibodies soon after diagnosis. In our practice, we test TPO on all patients at diagnosis and TSH every year.*

Q: If we diagnose thyroid nodule and confirmed by ultrasound, shouldn't we send immediately to interventional radiology for fine needle biopsy?

A: *Endocrinology is the point of entry and heads the thyroid nodule and cancer program. Once a nodule is diagnosed, please refer to our program. We have a multidisciplinary dedicated team comprising of endocrinologist, interventional radiologist, pathologist, ENT and general surgeon and cancer geneticist. The team collaborates and decides the different steps in the management of thyroid nodule patient. Expedited appointment and care coordination will be provided by endocrinology.*