

WEB TABLE I DETAILS OF CHILDREN WITH CONGENITAL HYPOTHYROIDISM

Screen TSH (mIU/L)	Confirmatory Serum TSH(mIU/L)	Confirmatory serum T4 (nmol/L)	99mTC Thyroid scan	USG**	Maternal Urinary Iodine (µg/L)*	Etiology and follow up
280	136	<12.5	Eutopic gland	Increased volume	129.1	Permanent CH - ?Dyshormonogenesis
426	676	<12.5	Lingual	Absent thyroid in bed	29.8	Permanent CH - Ectopic
516	605	<12.5	Absent uptake	Normal volume	179.2	Permanent CH- Dyshormonogenesis- NIS defect
461	945	<12.5	Absent	Absent thyroid	50.4	Permanent CH- Athyreosis
218	183	<12.5	Lingual	Absent	–	Permanent CH- Ectopic
331	51	54.2	Eutopic gland	Increased volume	247.6	Transient CH
326	390	<12.5	Eutopic gland	Normal volume	100.2	Permanent CH- ?Dyshormonogenesis
23.8	141	40.9	Eutopic gland	Increased volume	210.9	Transient CH
96	>75	FT4-9.4 pmol/L	Eutopic gland	Normal volume	–	Permanent CH ?Dyshormonogenesis
239	557	23.7	Eutopic gland	Increased volume	–	Permanent CH ?Dyshormonogenesis
594	>75	72.5	No uptake	Not done	–	Lost to follow up ?Athyreosis

Median age at last follow up 19.9 months. Minimum age at last follow up- 13months. Normal newborn levels: T4-130-206 nmol/L, FT4-18-30 pmol/L. *Assessed in postnatal period, Normal 100-299 µg/L. ** Thyroid gland volumes taken from Yao D, He X, Yang RL, Jiang GP, Xu YH, Zou CC, Zhao ZY. Sonographic measurement of thyroid volumes in healthy Chinese infants aged 0 to 12 months, *J Ultrasound Med.* 2011; 30: 895-8.