

## Prediction of Transient or Permanent Congenital Hypothyroidism

We read with interest the study on predicting the course of hypothyroidism based on initial thyroid stimulating hormone (TSH) levels and dose of L-thyroxine at 12 and 24 months [1]. This is a common dilemma faced by the clinicians while treating congenital hypothyroidism and deciding on the extent of work-up needed. We have two observations in this well conducted study.

The female gender predilection noted to an extent of 2:1 is very interesting. Although there is some female predilection noted in the studies, most of it is non-significant [2]. It would be interesting to explore the reason for such a high female predilection in this cohort.

The TSH cut-off used to diagnose congenital hypothyroidism and start thyroxine replacement therapy was 10  $\mu$ IU/mL, while recent guidelines suggest a cut-off of 20  $\mu$ IU/mL [3]. This could have three consequences: (i) the number of cases labelled as transient hypothyroidism (TH), but not permanent hypothyroidism (PH), can increase because of lowered cut-off as shown in some previous studies [4]; (ii) there is a risk of overtreating euthyroid neonates and a possible increase in behavioural problems in later life [5]; and (iii) the

difference in TSH levels at diagnosis could have achieved statistical significance because of possible inclusion of euthyroid neonates in TH group, a finding not noted in previous studies.

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