

Congenital Hypothyroidism



PLAY PICMONIC

Etiology

Thyroid Hypoplasia

[Thigh-droid Hippo-plates](#)

Congenital hypothyroidism is commonly acquired sporadically, most often due to thyroid hypoplasia, dysplasia, or aplasia. Less commonly, it can be due to maternal antithyroid antibodies, goiter, peripheral resistance, and iodine deficiency.

Assessment

Asymptomatic

[Thumbs-up](#)

Congenital hypothyroidism is often asymptomatic at birth as the placenta was previously supplying maternal thyroid (T4) hormones.

7Ps

Pot-Bellied

[Cooking Pot on Belly](#)

If the neonate is symptomatic, then the **7Ps** of congenital hypothyroidism can involve the neonate being **Pot**-bellied, **Pale**, **Puffy**-faced, **Protruding** umbilicus, **Protuberant** tongue, **Poor** brain development, and **Prolonged** neonatal jaundice.

Pale

[Pail](#)

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Puffy-Faced

[Puffy-coat Face](#)

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Protruding Umbilicus

Protruding Umbrella

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Protuberant Tongue

Protruding Tongue

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Poor Brain Development

Poor Brain Developing-Child

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Prolonged Neonatal Jaundice

Prolonged Newborn Jaundice-janitor

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Diagnosis

Neonatal Screening

Neon-baby and Screen-door

As most neonates are asymptomatic in congenital hypothyroidism, it becomes important to rely on neonatal screening within the first 24-48 hours. TSH levels are measured, and if congenital hypothyroidism is diagnosed and addressed early, then therapy can be initiated and irreversible brain disabilities potentially avoided.

Increased TSH

Up-arrow Tissue-box

Neonatal screening to evaluate TSH levels is performed within the first 24-48 hours after birth. Elevated levels of TSH can indicate congenital hypothyroidism.

Treatment

Lifelong Replacement Hormone

Lifelong-commitment Harmonica

Congenital hypothyroidism involves the lifelong replacement of thyroid hormone with optimal normalization within 2-3 weeks in order to protect the brain from substantial damage.