

Suggested Follow-up for Congenital Hypothyroidism Elevated TSH

Possible Causes:

Congenital hypothyroidism (CH) is usually caused by total or partial failure of development of the thyroid gland (aplasia or hypoplasia) or development of the gland in an abnormal place (ectopic gland.)

NOTE: the physiologic surge in TSH during the first few hours of life can affect accurate test measurement. Thus, specimens collected too early may cause false positive TSH screening results in some infants, depending upon the timing of the specimen collection.

Next Steps if Abnormal:

Repeat TSH blood spot analysis on filter paper and send it to the DHEC Public Health Laboratory. Or obtain serum TSH and free T4 collection at any nearby clinical lab and send a copy of the results to the SC Newborn Screening Program.

In addition, perform complete serum thyroid panel and consider consultation with a pediatric endocrinologist for further instructions if initial TSH value is over 100 μ IU/mL.

Neonatal Presentation: Usually none. Untreated CH may result in developmental delay and poor growth.

Emergency Treatment: None.

Standard Treatment: Thyroxine replacement medication.

Advice for Family:

Provide basic information about congenital hypothyroidism to the family. The handout, *When Baby Needs a Second Test for Congenital Hypothyroidism (Elevated TSH)*, may be used for this purpose.

Internet Resources:

<http://www.nlm.nih.gov/medlineplus/ency/article/001193.htm>

<http://www.emedicine.com/ped/topic501.htm>

<http://www.newbornscreening.info/Parents/otherdisorders/CH.html>

<https://www.babysfirsttest.org/newborn-screening/conditions/primary-congenital-hypothyroidism>