

Editorial Review:

Pregnancy outcome in hypothyroid Patients: Editorial Review

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Abstract:

As the cases of thyroid disorders rapidly increasing in India, especially in female patients, it should be attentive mark for pregnant women. The importance of maternal thyroid hormones for development of fetal central nervous system t is well established. Maternal thyroxine is particularly critical early in pregnancy because the fetal thyroid gland cannot synthesize iodothyronines until after 10 weeks of gestation. From this time onward, maternal as well as fetal thyroid hormones seem to be necessary for normal neurodevelopment. In conclusion, the adequate treatment of hypothyroidism during gestation minimizes risks and generally, makes it possible for pregnancies to be carried to term without complications. This issue should be high lightened with this brief , to be attentiveness by specialists in clinical practice.

Keywords: thyroid disorders, hypothyroidism

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From this time onward, maternal as well as fetal thyroid hormones seem to be necessary for normal neurodevelopment.

With maternal and fetal thyroid insufficiency caused by severe iodine deficiency, the infant has profound neurologic impairment and mental retardation.^{2,3} Overt maternal hypothyroidism from glandular failure, particularly in the first trimester, is also associated with intellectual impairment during childhood as well as pregnancy complications that include preeclampsia, placental abruption, preterm birth, low birth weight, and fetal death.²

The effects of mild maternal thyroid deficiency with normally functioning fetal thyroid gland are not very clear till today.

This is of importance because the spectrum of thyroid deficiency begins with subclinical hypothyroidism characterized by an elevated serum thyrotropin (thyroid-stimulating hormone, TSH) concentration but a normal serum free thyroxine level.³

There are various important findings from this prospective analysis of more than 17,000 women who underwent screening for abnormal thyroid function during the first half of pregnancy.

First, subclinical hypothyroidism was identified in 2.3% of the population tested, and this corresponds with virtually all previous reports. Second, women with subclinical hypothyroidism had a significant, almost 2-fold higher

incidence of preterm delivery at or before 34 weeks of gestation. A third finding was a significant 3-fold increase in the incidence of placental abruption in women in the subclinical hypothyroid group compared with healthy controls. Related to the second 2 findings, the proportion of infants of hypothyroid women admitted to the neonatal intensive care unit, as well as those who developed respiratory distress syndrome, was significantly doubled when compared with infants of euthyroid women.³

In conclusion, the adequate treatment of hypothyroidism during gestation minimizes risks and generally, makes it possible for pregnancies to be carried to term without complications. This issue should be high lightened with this brief , to be attentiveness by specialists in clinical practice.

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