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TO1

Does mild form of subclinical hypothyroidism needs treatment?

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Background
Overt hypothyroidisms warrants L-T4 treatment, but treatment in subclinical hypothyroidism (ScH), especially in mild form of ScH (TSH between 4,2-10mU/l and normal free thyroxine) is unknown.
Objectives
To compare the presence of risk factors for atherosclerosis in patients with mild form of ScH to euthyroid subjects.
Methods
Prospectively 67 consecutive patients with newly diagnosed ScH, and 30 healthy subjects were recruited from the outpatient department of University clinic of endocrinology in Skopje, R. of N. Macedonia. Measurement of thyroid hormones, thyroid antibodies, blood pressure, lipids, and carotid intima media thickness (CIMT) were performed in all patients.
Results
Mean TSH value in ScH group was 8.71 ± 1,9 mU/l. TSH value above 7mU/l was associated and positively correlated with symptoms of hypothyroidism. Prevalence of hypertension in ScH group was higher than the control group (35.4% vs. 13.3%, $P = 0,03$), with a 3.5 times higher risk for hypertension (OR = 3,5 95%CI 1,1 – 11,4). In patients with mild form of SCH statistical significant difference in percentages of patients with arterial hypertension, hypertriglyceridemia, and values of total cholesterol/HDL-C and LDL/HDL above upper reference value were found (33.9 vs. 13.3%, 33.9 vs. 10%, 26.5 vs. 6.9%, 30.6% vs. 10.3%, respectively $P < 0.05$). Mean CIMT was statistically significantly higher in ScH patients than the control group (0.61 ± 0.1 vs. 0,56 ± 0,1 mm, $P = 0.03$), but not different between the mild form of ScH and control group ($P = 0.08$). Positive thyroid antibodies in the ScH group have no statistically significant influence on the CIMT.
Conclusions
In a small study, mild form of ScH was associated with higher risk for atherosclerosis, so these patients may benefit with L-T4 treatment.
Key words. Subclinical hypothyroidism, risks factors, atherosclerosis, carotid intima media thickness

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TO2

Subacute thyroiditis (SAT) during the COVID-19 pandemic: preliminary data from the "ESE Covid Grant 2021" project

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Background
A possible association between severe acute respiratory syndrome coronavirus (SARS-CoV)-2 pandemic and subacute thyroiditis (SAT) has been reported.
Objectives
To evaluate SAT clinical characteristics, correlating them to virus exposure and/or vaccine and to evaluate thyroid function according to the length of time after symptoms onset.
Methods
We performed a prospective, observational, multi-centre study, considering three Italian centres. Patients with documented SAT diagnosis were enrolled from November 2020 to May 2022 and followed up for 12 months. SARS-CoV-2 infection (i.e. positive rhino-pharyngeal swab obtained within 3 months before SAT onset) and vaccination were recorded. This interim analysis was performed considering the visit performed at diagnosis.
Results
A total of 67 subjects (79.1% F, 20.9% M) were enrolled (age: 49.9 + 12.9 years). The cohort was divided considering the time between symptoms onset and endocrinological evaluation: Group1 included patients who underwent visit within 15 days (44.8%), whereas Group2 those who delayed visit beyond 15 days (55.2%). No difference in inflammation indexes and thyrotoxicosis rate (70.0% vs 70.3%, $P = 0.381$) was found between groups. Hypothyroidism rate was higher in Group2 than in Group1 (8.1% vs 0.0%, $P = 0.004$). The entire cohort was divided according to either SARS-Cov2 infection (13 patients–19.4%) or vaccination (23 patients–34.3%). Thyrotoxicosis rate and inflammation indexes were not significantly different between patients with or without SARS-Cov2 infection and/or vaccination. At multinomial logistic regression analyses, thyrotoxicosis was predicted by erythrocyte sedimentation rate (ESR) elevation ($P < 0.001$), SARS-CoV-2-vaccination ($P = 0.002$) and respiratory symptoms ($P < 0.001$).
Conclusions
Neither SARS-CoV-2 infection nor vaccination affected the clinical SAT presentation. However, SAT-related thyrotoxicosis was predicted by ESR elevation, vaccination, and respiratory symptoms.
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TO3

Combined levothyroxine/liothyronine therapy improves quality of life in hypothyroid thyroidectomized patients

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Introduction
Despite normal thyroid stimulating hormone (TSH) serum levels, 10% of hypothyroid patients treated with LT4 complain of hypothyroidism symptoms, likely linked to decreased availability of free triiodothyronine (fT3). Thus, combined levothyroxine/liothyronine (LT4/lT3) therapy was suggested to ensure a more physiological balance in peripheral tissues.
Aim
To evaluate the effectiveness of combined LT4/lT3 therapy in thyroidectomized subjects, considering peripheral markers and quality of life.
Methods
An interim analysis of a prospective, randomized, placebo-controlled, double-blinded clinical trial was performed. Totally thyroidectomized patients treated with LT4 and with TSH levels within reference range in the previous three months were enrolled and randomized in two groups: combined LT4/lT3 therapy (study group) and LT4 + placebo (control group). Lipid profile, sex hormone binding globulin, osteocalcin, C-terminal telopeptide and bone alkaline phosphatase were evaluated as peripheral markers. Quality of life was evaluated by ThyPRO 39 questionnaire.
Results
139 patients (age 55.6 + 12.1 years) were enrolled, 70 in the study and 69 in the control group. Combined LT4/lT3 therapy resulted in more frequent iatrogenic thyrotoxicosis than LT4 monotherapy (9.8% vs 2.2%; $P < 0.05$), requiring more frequent dose adjustments (44.5% vs 22.5%; $P < 0.001$). Peripheral markers neither changed between study and control groups, nor among visits. Combined therapy improved quality of life, measured by a reduction in anxiety ($P = 0.019$), depression ($P = 0.037$), emotional susceptibility ($P = 0.034$) and item 12 ($P = 0.005$) from baseline to visit 3, while no significant differences were detected in controls.
Conclusion
Six months of combined therapy significantly improved quality of life, but did not lead to a change in peripheral tissue markers. However, subjects treated with LT4/lT3 therapy require more dose adjustment and are at higher risk of overtreatment.
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