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HORMONE RESEARCH IN PÆDIATRICS

From Developmental Endocrinology to Clinical Research



ESPE BARCELONA
European Society for Paediatric Endocrinology

ABSTRACTS

54th Annual Meeting of the

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Case presentation: A 23 months-old girl visited the hospital because of fever and left neck mass. She was diagnosed as acute suppurative thyroiditis with piriform sinus fistula. Thyroid sonography showed perithyroidal abscess formation and thyroid scan showed decreased uptake of Tc-99 m pertechnate of both thyroid glands. Magnetic resonance imaging of neck suggested infected 3rd and 4th branchial cyst. And there was tiny fistula between thyroid and piriform sinus on barium esophagogram. Streptococcus gordonii was isolated on needle aspiration culture. **Conclusion:** We report a case of acute suppurative thyroiditis associated piriform sinus fistula, she was treated with chemocauterization, using trichloroacetic acid and antibiotics.

P3-1210

Thyroid Dysfunction in Children with Trisomy 21: When Subclinical Hypothyroidism should be Treated?

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Background: Thyroid dysfunction is well-established feature in children with Down syndrome (DS). There are several reasons

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Rectal Diluted Levothyroxine for the Treatment of Neonatal Hypothyroidism: An Alternative Route of Administration

Marina Ybarra, Claudia Pinheiro, Nuvarte Setian, Durval Damiani, Vae Dichtcekenian

Instituto da Criança - HC - FMUSP, São Paulo, Brazil

Background: Most individuals with neonatal hypothyroidism present clinically asymptomatic or with few symptoms. Early treatment with oral levothyroxine prevents complications related to this disorder. We report a case of a male infant with Short Bowel syndrome (SBS) and congenital hypothyroidism (CH) treated with rectal levothyroxine. **Case and presentations:** A male patient with previous gastroschisis underwent multiple surgical approaches for small bowel resection and developed SBS. We suspected of CH when he was 4 months old because of jaundice (direct bilirubin up to 59 mg/dl), the absence of evacuation, oral diet intolerance and intestinal dysmotility. The diagnosis was confirmed after a TSH = 34.45 μ IU/mL and a fT₄ = 0.64 ng/dl. As fasting was necessary because of SBS, we started rectal diluted levothyroxine. After 4 weeks, the patient had spontaneous bowel movements, improvement of jaundice, and direct bilirubin of

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