Neonatal thyroid screening: Relationship between cord blood thyroid stimulating hormone levels and thyroid stimulating hormone in heel prick sample on 4th to 7th day-of-life

Sir,

As no statistically significant difference was observed in the mean serum thyroid stimulating hormone (TSH) values obtained from cord blood (CB) and heel prick (HP), the observation addressed by Seth et al.[1] that the same cut-off value for recall can be used for screening of congenital hypothyroidism (CH) is really interesting. Accordingly, their option to choose TSH-CB rather than TSH-HP in CH screening program seems justifiable. Seth et al.[1] have reported that using TSH-CB in CH screening program offers the advantages of availability in abundance, ethical appropriateness, and ensures compliance since it can be collected in all new-borns before the discharge in hospital. I presume that there are two additional advantages of that option apart from those addressed by Seth et al.^[1] These include the following: (1) The TSH-CB screening program has been found to be not affected by non-thyroidal mothers' diseases, notably toxemia of pregnancy, diabetes mellitus, and positive HIV status.^[2] (2) The TSH-CB screening program can be also used as a monitoring tool for the evaluation and control of iodine deficiency disorders in a given population.^[2-4]

Mahmood Dhahir Al-Mendalawi

Department of Paediatrics, Al-Kindy College of Medicine, Baghdad University, Baghdad, Iraq

Corresponding Author: Prof. Mahmood Dhahir Al-Mendalawi, P.O. Box 55302, Baghdad Post Office, Baghdad, Iraq. E-mail: mdalmendalawi@yahoo.com

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