

The Continuing Saga of Postpartum Thyroiditis

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Postpartum thyroiditis (PPT) is characterized by the development of postpartum thyroid dysfunction (PPTD), which may occur up to 12 months after delivery. Usually the syndrome presents as transient hyperthyroidism (median time of onset, 13 wk) followed by transient hypothyroidism (median time of onset, 19 wk). Clinically, women are relatively asymptomatic during the hyperthyroid phase, although some may notice palpitations requiring treatment with β -adrenergic blocking agents. In contrast, patients experience persistent and troublesome symptoms related to the hypothyroid period, which usually must be treated with levothyroxine, normally for up to 1 yr (1, 2). Several studies from different countries have shown that about 12–61% of women who develop postpartum hypothyroidism go on to a permanent hypothyroid state when assessed 1 yr or more after delivery (2–4); these women then require lifelong levothyroxine replacement therapy. In those women who do not develop permanent hypothyroidism, the chance of experiencing a recurrence of PPTD after a previous episode is around 70% (5). The incidence of PPTD has been the subject of much debate. Although most reviews cite a range from 4–9% (6), there is considerable variation in these figures due to sample bias, frequency of blood sampling, and definition of the syndrome. For example, an incidence of 16.7% quoted by Fung *et al.* (2) was later shown to be erroneous due to the inclusion of the large denominator of thyroid peroxidase (TPO) antibody-negative persons used in the calculation. Nevertheless, the wider incidence has ranges from 1.1 to 21.1%.

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