Correspondence

References


This letter was shown to Drs Campbell and Price who reply as follows:

SIR,

We are, of course, aware of the reported associations between autoimmunity and chromosomal abnormalities. In the case of Turner's and Klinefelter's syndromes the evidence is conflicting: our own series of females with sex chromosome aneuploidy showed no significant increase of autoantibodies, and studies of patients with Klinefelter's syndrome have shown incidences of autoimmunity higher than, lower than, and the same as appropriate control groups. As Professor Harris notes, in juvenile Hashimoto's disease circulating thyroid autoantibodies may be present only in low titre, or may even be absent altogether. Without histological evidence, we cannot exclude an autoimmune basis for the hypothyroidism in our patients, but most children with thyroiditis have an enlarged thyroid gland. This was not the case in any of our patients.

Although case 4 presented at the age of 7 years, it is not possible to date the onset of the condition precisely. As we noted, it may have been later in childhood but the presence of epiphyseal dysgenesis in the femoral head indicates that thyroid deficiency was present before the age of 9 to 12 months.

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References


