

TSH, NEWBORN, SCREEN
(Fluoro Immuno Assay)

uIU/mL

(<10.00)

Interpretation

RESULT	REMARKS
<10	Normal
10-20	Borderline
>20	High

Note: 1. Results should be clinically correlated as individual / biological variations can affect the test results

2. Test conducted on heel prick blood

3. Ideal sampling time is between 2-6 days of age (optimally between 48 hrs and 4 days)

4. False positive / Negative results may be observed in low birth weight neonates, post blood transfusion, premature infants and specimen collection at birth

5. Presence of thyroid hormone from the mother in newborn circulation at birth can mask Congenital hypothyroidism

6. Genetic counseling available with prior appointment at Department of Genetics,

National Reference Lab, New Delhi

Comments

Congenital hypothyroidism may be caused by complete absence of thyroid gland (Athyreosis) or can occur secondary to defects in thyroid hormone synthesis. In 10% of cases hypothyroidism is transient due to hypothyroid drugs or maternal TSH blocking antibodies. About 3-5% infants manifest hypothalamic pituitary TSH deficiency. Early treatment with thyroid hormone is critical to avoid neurological damage. Males and females are affected equally and maybe asymptomatic in the first week of life. The affected infants suffer from feeding problems, constipation, lethargy, hoarse cry, prolonged jaundice, umbilical hernia and coarse facies. Routine newborn screening for TSH can prevent delayed development and mental deficiency.