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## ORIGINAL ARTICLE

### Cord Blood Thyroid Stimulating Hormone Values in Healthy Term Babies delivered at Abubakar Tafawa Balewa University Teaching Hospital Bauchi, Northeastern Nigeria

*Valeurs de l'Hormone de Stimulation Thyroïdienne dans le Sang du Cordon Ombilical chez des Bébés Nés à Terme et en Bonne Santé, Mis au Monde à l'Hôpital Universitaire Abubakar Tafawa Balewa de Bauchi, au Nord-Est du Nigeria*

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#### ABSTRACT

**BACKGROUND:** Congenital hypothyroidism is one of the most common preventable causes of mental retardation and clinical manifestations are often subtle or absent at birth and hence the need for screening. Implementation of newborn screening requires local normative values.

**OBJECTIVES:** To determine the normative values of cord Thyroid Stimulating Hormone (TSH) among term babies in Bauchi, Northeast Nigeria and compare it with that from other centers in Nigeria.

**METHODOLOGY:** Cord blood samples from 200 term babies were analyzed for TSH by Fluorescence Immunoassay technique in this descriptive cross-sectional study. A cut-off of  $>20 \mu\text{IU}/\text{ml}$  was used for recall. The mean and range were determined and compared with those of previous local studies using t-test. Impact of some maternal and infant factors on TSH was also assessed.

**RESULTS:** The overall mean (SD) cord TSH was  $3.74 (\pm 1.99) \mu\text{IU}/\text{ml}$  and the range was  $0.73$  to  $15.22 \mu\text{IU}/\text{ml}$  ( $2.5^{\text{th}}$  to  $97.5^{\text{th}}$  centile) and none had  $\text{TSH} > 20 \mu\text{IU}/\text{ml}$  and hence our recall rate was 0%. The mean cord TSH was comparable to that reported by a lone local multicenter study ( $p = 0.120$ ) but significantly different from that of 3 other local studies ( $p < 0.001$ ). There was also no significant difference between the means of different gender, birth weight groups, mode of delivery, socio-economic classes, maternal age and parity.

**CONCLUSION:** The Cord blood TSH level of most term newborn in Bauchi, similar to other Nigerian studies, is  $< 10 \mu\text{IU}/\text{ml}$  with a few but significant percentage recording cord TSH level  $> 10 \mu\text{IU}/\text{ml}$ . Gender, birth weight, mode of delivery, socio-economic class, maternal age and parity were not significantly related to cord TSH level. The mean blood TSH values from different studies across the country tend to vary based on the assay technique. We recommend a nationwide multicenter study with a much larger sample size, lower cutoff value for recall and a unified sample processing laboratory if national normative values are to be developed. **WAJM 2022; 39(6): 603–608.**

**Keywords:** Cord blood, Thyroid Stimulating Hormone, Term babies.

#### RÉSUMÉ

**BACKGROUND:** L'hypothyroïdie congénitale est l'une des causes évitables les plus courantes de retard mental et les manifestations cliniques sont souvent subtiles ou absentes à la naissance, d'où la nécessité d'un dépistage. La mise en œuvre du dépistage néonatal nécessite des valeurs normatives locales.

**OBJECTIFS:** Déterminer les valeurs normatives de l'hormone stimulatrice de la thyroïde (TSH) du cordon chez les bébés nés à terme à Bauchi, Nord-Est du Nigeria et les comparer à celles d'autres centres du Nigeria.

**MÉTHODOLOGIE:** Des échantillons de sang ombilical de 200 bébés nés à terme ont été analysés pour la TSH par la technique d'étude descriptive transversale. Un seuil de  $>20 \mu\text{UI}/\text{ml}$  a été utilisé pour le rappel. La moyenne et l'intervalle ont été déterminés et comparés avec ceux des études locales précédentes en utilisant le test t. L'impact de certains facteurs maternels et infantiles sur la TSH a également été évalué.

**RÉSULTATS:** La moyenne globale (SD) de la TSH du cordon était de  $3,74 (\pm 1,99) \mu\text{IU}/\text{ml}$  et l'intervalle était de  $0,73$  à  $15,22 \mu\text{IU}/\text{ml}$  ( $2,5$  à  $97,5$  centiles) aucun n'avait une  $\text{TSH} > 20 \mu\text{IU}/\text{ml}$  et donc notre taux de rappel était de 0%. La moyenne de TSH au cordon était comparable à celle rapportée par une seule étude multicentrique locale unique ( $p = 0,120$ ) mais significativement différente de celle de 3 autres études locales ( $p < 0,001$ ). Il n'y avait pas non plus de différence significative entre les moyennes des différents sexes, groupes de poids de naissance, mode d'accouchement, classes socio-d'accouchement, les classes socio-économiques, l'âge maternel et la parité.

**CONCLUSION:** Le niveau de TSH dans le sang de cordon de la plupart des nouveau-nés à terme dans la plupart des nouveau-nés à terme à Bauchi, comme dans d'autres études nigériannes, est  $< 10 \mu\text{UI}/\text{ml}$  mais significatif, enregistrant un niveau de TSH du cordon  $> 10 \mu\text{IU}/\text{ml}$ . Le sexe, le poids à la naissance, le mode d'accouchement, la classe socio-économique maternelle et la parité n'étaient pas significativement liés au taux de TSH au cordon. Les valeurs moyennes de la TSH sanguine provenant de différentes études dans le pays ont tendance à varier en fonction de la technique de dosage. Nous recommandons une étude nationale multicentrique avec une taille d'échantillon beaucoup plus grande, une valeur seuil pour le rappel et un laboratoire de traitement des échantillons unifié si des valeurs normatives nationales doivent être développées. **WAJM 2022; 39(6): 603–608.**

**Mots clés:** Sang de cordon, Hormone de stimulation thyroïdienne, Bébés à terme.

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Abbreviations: TSH, Thyroid Stimulating Hormone.