AOTEA PATHOLOGY
- CLINICAL UPDATE

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OCTOBER 2013

Changes to testing in Thyroid Antibodies

From *21 October 2013* all samples for Thyroid antibodies will be tested for anti-thyroid microsomal (antiTPO) ONLY

The most common cause of thyroid dysfunction is autoimmune. Indeed, autoimmune thyroid disease is the most common autoimmune condition in our community. Thyroid related autoantibodies are useful in supporting autoimmune as the underlying mechanism, particularly where the cause of abnormal thyroid function tests is unclear.

In patients with hypothyroidism, in terms of specificity, anti-thyroid microsomal or peroxidase antibodies (anti-TPO) is the most helpful autoantibody to order when autoimmune (Hashimoto's) thyroiditis is suspected. However, like many autoantibodies, it can be detected in many patients' years before the onset of clinically overt hypothyroidism. Studies have shown that those with positive anti-TPO antibodies and normal thyroid function are at greater risk than the general population of developing hypothyroidism in the future.

Although commonly ordered, anti-thyroglobulin (Tg) antibodies are less specific for the diagnosis of autoimmune thyroid disease and can be found in a number of other conditions including thyroid carcinoma where its presence can be helpful in monitoring recurrence after thyroidectomy or radioactive thyroid ablation.

Given the superior clinical utility of anti-thyroid microsomal (anti-TPO) antibodies, when thyroid antibodies are ordered, rather than performing both anti-TPO and anti-Tg antibodies, the laboratory will perform anti-thyroid microsomal (anti-TPO) antibodies only.

The patient's sample will however be stored for a period of 2 months. If anti-Tg antibodies are thought to be helpful for the diagnosis of a particular patient, this may be requested via the Immunology department on ext 840.

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