A Comparative Study of Thyroid Function Tests (serum T\textsubscript{3}, T\textsubscript{4} and TSH) in Normal Pregnancy and Preeclampsia

Yadav Monika\textsuperscript{1}, Mathur Ranjana\textsuperscript{2}, Om Prakash\textsuperscript{3}

\textsuperscript{1}M.Sc (Medicine) Biochemistry, Senior Demonstrator, Department of Biochemistry, Dr. S. N. Medical College, Jodhpur, India

\textsuperscript{2}MD Biochemistry, Senior Professor & Head, Department of Biochemistry, Dr. S. N. Medical College, Jodhpur, India

\textsuperscript{3}M.Sc (Medicine) Biochemistry, Senior Demonstrator, Department of Biochemistry, Dr. S. N. Medical College, Jodhpur, India

Abstract: The physiological changes in thyroid gland during pregnancy have been suggested as one of the pathophysiologic causes of preeclampsia. The aim of this study was comparison of serum levels of Tri-iodothyronine (T\textsubscript{3}), Tetra-iodothyronine (T\textsubscript{4}, Thyroxine) and Thyroid stimulating hormone (TSH) in normal pregnancy and preeclampsia. In this case-control study, 25 normal pregnant women and 25 cases of preeclampsia in third trimester of pregnancy were evaluated. They were compared for serum levels of Total T\textsubscript{3}, Total T\textsubscript{4} and TSH. The mean age was not statistically different between two groups (p=0.58). Preeclamptic pregnant females showed a significant difference in serum T\textsubscript{3} (p=0.0211) while a non-significant relationship in serum T\textsubscript{4} (p=0.99) and serum TSH (p=0.37), when the results were compared with the normal pregnant females. Estimation of serum thyroid function tests is simple, reliable, economic and sensitive that can now be considered as an adjunct in the management of preeclampsia.

Keywords: Tri-iodothyronine (T\textsubscript{3}), Tetra-iodothyronine (T\textsubscript{4}, Thyroxine) and Thyroid stimulating hormone (TSH), Preeclampsia (PE)

1. Introduction

Pregnancy is the condition of having a developing embryo or fetus in the body after successful conception. The pregnant women experiences physiological changes to support fetal growth and development [1].

Preeclampsia is a multisystem disorder of pregnancy which is characterized by hypertension (Blood pressure >140/90mmHg) with proteinuria (urinary protein excretion of >300mg/L in 24hrs specimen) after 20 weeks of gestation in previously normotensive, non-proteinuric pregnant women [2].

PE frequently occurs in primigravidae (70%). It is more often associated with obstetrical-medical complications such as multiple pregnancies, pre-existing hypertension, diabetes etc. The onset is usually insidious [3].

Thyroid function tests (serum T\textsubscript{3}, T\textsubscript{4} and TSH) are done to assess functional status of thyroid gland.

Pregnancy is associated with significant but reversible changes in thyroid function studies [4]. In normal pregnancy serum total T\textsubscript{3} and T\textsubscript{4} increases significantly during the first half of gestation and reach their plateau values by 20 weeks while increase in TSH is not commonly observed [5].

During PE serum total T\textsubscript{4} was significantly lower, serum TSH was significantly higher and serum total T\textsubscript{3} was similar to control (normal pregnant) [6].

Thus, the primary objective of this study is to delineate the usefulness of thyroid function tests in patients with preeclampsia.

2. Materials and Methods

The study was conducted on 25 pregnant females having PE attending the Ante Natal Clinic, Department of Gynaecology and Obstetrics, Umaid Hospital for women and children, Jodhpur (Rajasthan). Results were compared to age matched 25 normal pregnant females. Subjects included in this study were in their third trimester of pregnancy.

A thorough clinical and symptomatic examination of all the patients was done under the guidance of the treating gynecologist and the evidence of symptoms to confirm the presence of PE, were recorded in a proforma. The clinical course and the complications, if present, in relation to the disease were also recorded. Following investigations were performed in all the subjects included in this study in clinical laboratories, Department of Biochemistry, Dr. S. N. Medical College, Jodhpur (Rajasthan):

- Serum T\textsubscript{3}, Serum T\textsubscript{4} and Serum TSH by Enzyme Linked Fluorescent Assay (ELFA) Method.

3. Results

The present study had been conducted on 50 pregnant females of same age group (19-35 years), comprising of 25 clinically established preeclamptic pregnant females and equal number of normal pregnant women.

The mean Systolic Blood Pressure (SBP) and Diastolic Blood Pressure (DBP) of preeclamptic pregnant females was 148.12 ± 15.71 and 97.36 ± 10.69 mmHg respectively while 112.96 ± 8.81 and 67.16 ± 9.39 mmHg in normal pregnant females respectively. A statistically high significant difference (p<0.0001) was observed in SBP and DBP.
Mean serum T₃ level in preeclamptic pregnant (1.83 ± 0.53 nmol/L) shows a significant relationship (t=2.38; p=0.0211) as compared to the normal pregnant (2.18 ± 0.54 nmol/L). (Table: 1, 2)

Mean serum T₄ level in preeclamptic pregnant (101.46 ± 116.69 nmol/L) shows a non-significant relationship (t=0.0037; p=0.99) as compared to the normal pregnant (101.47 ± 12.38 nmol/L). (Table: 3, 4)

Mean serum TSH level in preeclamptic pregnant (3.59 ± 2.57 µIU/mL) shows a significant relationship (t=2.38; p=0.0211) as compared to the normal pregnant (2.93 ± 2.54 µIU/mL). (Table: 5, 6)

Mean serum TSH level in preeclamptic pregnant (101.46 ± 116.69 nmol/L) shows a non-significant relationship (t=0.0037; p=0.99) as compared to the normal pregnant (101.47 ± 12.38 nmol/L). (Table: 3, 4)

Serum T₃ and serum TSH shows a non-significant relationship between the both groups studied and the results were matched with the study of Gulaboglu M et al (2010), [8] and Khadem N et al (2012), [9].

Estimation of serum thyroid function tests (serum T₃, T₄ and TSH) is simple, reliable, economic and sensitive that can now be considered as an adjunct in the management of preeclampsia. Hence they should be recommended to be included in the panel of routine investigations for proper management of PE to prevent serious complications and sequelae of disease.

References


Author Profile

Monika Yadav received M.Sc. (Medicine) Biochemistry degree in 2013 and now working as senior demonstrator in Department of Biochemistry, Dr. S. N. Medical College, Jodhpur (Rajasthan)