

RESULTS

A total of 4383 women participated in the study; PPT developed in 169 (3.9%). Women were divided at the time of study entry, into two groups according to their risk for thyroid disease, based on a personal questionnaire and physical examination; there were 943 women in the high-risk group (21.5%) and 3441 (78.5%) in the low-risk group.

Of the 4384 women recruited, 261 were TPOAb-positive (5.9%), of whom 92 (35.2%) belonged to the high-risk group. The incidence of PPT was 58 of 92 (63.0%). Of the 261 women who were TPOAb-positive, 169 (64.8%) were part of the low-risk group. The incidence of PPT was 39 of 169 (23.1%). The total incidence of PPT in the TPOAb-positive group was 97 of 261 (37.2%).

Of the 4123 TPOAb-negative women, 851 were in the high-risk group and 47 of them had PPT (5.5%). Of the 3272 women in the low-risk group who were TPOAb-negative, 25 (0.8%) had PPT. The total incidence of PPT in TPOAb-negative women was 72 of 4123 (1.7%). The figure summarizes these data.

Logistic-regression analysis found that PPT was more likely to develop if the women were in the high-risk group versus the low-risk group (odds ratio [OR], 6.69; 95% confidence interval [CI], 4.63 to 9.68) and if they were TPOAb-positive (OR, 34.1; 95% CI, 3.5 to 49.6); all the other factors included in the logistic-regression analysis were not significantly associated with PPT.

The authors described six distinct clinical progressions of PPT in the 169 women: hypothyroidism at 6 months followed by euthyroidism at 12 months (27.2%), euthyroidism followed by hypothyroidism (22.5%), hypothyroidism followed by persistent hypothyroidism (18.3%), hyperthyroidism followed by hypothyroidism (13.6%), hyperthyroidism followed by euthyroidism (16.0%) and euthyroidism followed by hyperthyroidism (2.4%). A total of 54.4% had hypothyroidism at 12 months.

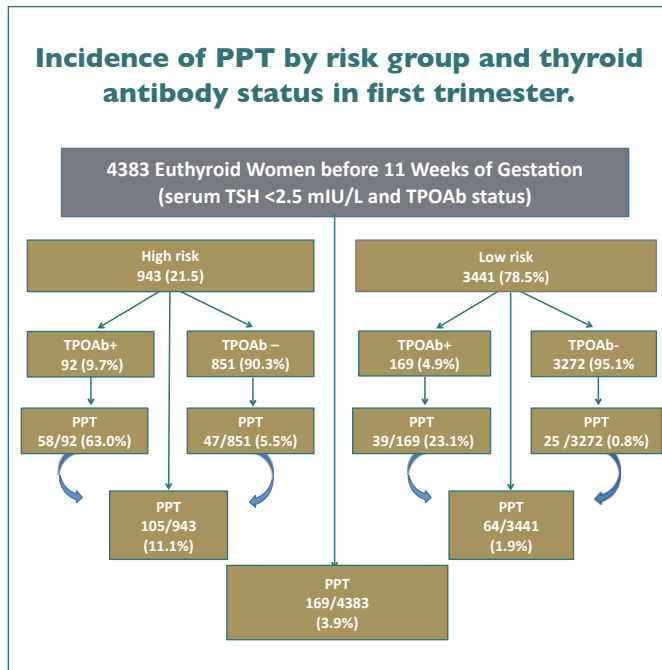
Overall, 82% of the 169 women in whom PPT developed had a hypothyroid phase, and 32% had a hyperthyroid phase. Thyroid antibody titers were not significantly different among patients who had the hyperthyroid phase as compared with the hypothyroid phase.

There was no difference in antibody titer at study entry between hypothyroid and euthyroid women at 12 months postpartum.

The median serum TSH at 6 months was significantly different (6.7 vs. 5.2 mIU/L; P<0.001) between women with persistent hypothyroidism and those who were euthyroid.

CONCLUSIONS

Of the 261 TPOAb-positive women, 97 (37.2%) had PPT, versus 72 (1.7%) of the 4123 TPOAb-negative women. Of the 169 women in whom PPT developed, 92 (54%) remained hypothyroid at the end of the first postpartum year. Of the 261 TPOAb-positive women, 52 (20%) were hypothyroid 1 year after delivery, versus 40 (1%) of 4123 TPOAb-negative women (P<0.001).



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