Autoantibodies in Children and Adolescents with Turner Syndrome

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Sir,

The results of the study of Glück et al. [1] on the prevalence of autoantibodies to endocrine organs in girls with Ullrich-Turner syndrome aged 5-14 years indicate that during childhood in this syndrome there is not an increase in serological signs of endocrine autoimmunity. We already reported in 1989 [2] our data on the prevalence of organ- and non organ-specific autoantibodies in 46 Turner patients aged 5.2-21.6 years (mean 12.8 years) and found that antiparietal cell antibodies were significantly more frequent in patients than in controls and that the frequency of antithyroid (antimicrosomal and Table 1. Autoantibody frequencies in Turner patients and in controls

antithyroglobulin) antibodies was higher in Turner patients than in control group, even if not significantly. Now, to be able to compare our data with the results of Glück et al. [1], we have selected, among the Turner patients followed in the Department of Pediatrics of the University of Pavia [3], the subjects whose age was below 15 years. In 62 patients aged 1.4-14.7 years (mean 9.8 ± 3.1 years), 38 with 45, X karyotype and 24 with mosaicisms and/or structural abnormalities of the X chromosome, organ- and non organ-specific autoantibodies were determined with the immunofluorescence method, while antithyroid antibodies were tested by passive hemagglutination, as already reported [2]. At the moment of the investigation, 2 patients presented with psoriasis, 1 was affected by hypothyroidism and 1 by vitiligo. In table 1 the results of the autoantibody evaluation are reported. Twenty-two patients were positive for one or more autoantibodies; their mean age was 10.1 ± 2.7 years, while the mean age of the 38 patients without autoantibodies was 9.6 ± 3.4 years ($p = \text{NS}$). 45, X karyotype was present in 8 of the positive patients (36.4%) and in 30 of the negative ones (75%) ($p < 0.01$). We did not find any correlation with chronological age. Our results are in contrast with those of Glück et al. [1], since we have found a significant increase in antithyroglobulin and antimicrosomal antibodies in our patients, whose age is in the same range as Glück's patients, and have been compared with an adequate number of age and sex-matched controls. Also laboratory techniques are comparable. We believe that the selection criteria of the patients, which exclude from the evaluation the girls with overt thyroid hypo- or hyperfunction, could have biased the results of Glück's study.

References

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