Therapeutic Management

In many cases, the goiter is transient, asymptomatic and regresses spontaneously within a year or two. Therapy of a nontoxic diffuse goiter is usually simple, uncomplicated, and effective. Oral administration of TH provides the feedback needed to suppress TSH stimulation and decrease the size of the thyroid gland. TSH levels should be monitored, with the goal of restoring normal growth and development. Surgery is contraindicated in this disorder. Untreated patients should be evaluated periodically.

Nursing Care Management

Nurses help identify children with thyroid enlargement and provide reassurance and education regarding therapy and positive outcome.

Hyperthyroidism

Graves disease is the most common cause of hyperthyroidism in children. This disease often runs in families. **Graves disease** associated hyperthyroidism is caused by autoantibodies to the TSH receptor causing excess secretion of TH. Most cases of Graves disease in children occur in adolescence, with a peak incidence between 12 and 14 years old. Transient **Graves disease** may be present at birth in children of thyrotoxic mothers. The incidence is higher in girls than boys (Léger and Carel, 2013). There is no cure for **Graves disease**, and treatment options continue to be debated among pediatric endocrinologists (Léger and Carel, 2013).

Signs and symptoms of **Graves disease** develop gradually, with an interval between onset and diagnosis of approximately 6 to 12 months. Clinical features include irritability, hyperactivity, short attention span, tremors, insomnia, and emotional lability. Clinical manifestations are presented in Box 28-7.

Box 28-7

Clinical Manifestations of Hyperthyroidism (Graves Disease)

Cardinal Signs