The importance of early recognition in the infant is discussed in Chapter 8. Growth cessation or retardation in a child whose growth has previously been normal should alert the observer to the possibility of hypothyroidism. Treatment is daily oral TH replacement. The importance of daily compliance and the need for periodic monitoring of serum thyroid levels should be stressed to patients and their families.

Goiter

A goiter is an enlargement or hypertrophy of the thyroid gland. It may occur with deficient (hypothyroid), excessive (hyperthyroid), or normal (euthyroid) TH secretion. It can be congenital or acquired. Congenital disease occurs as a result of maternal administration of antithyroid drugs or iodides during pregnancy or as an inborn error of TH production. Acquired disease can result from increased secretion of pituitary TSH in response to decreased circulating levels of TH or from infiltrative neoplastic or inflammatory processes. In areas where dietary iodine (essential for TH production) is deficient, goiter can be endemic.

Enlargement of the thyroid gland may be mild and noticeable only when there is an increased demand for TH (e.g., during periods of rapid growth). Enlargement of the thyroid at birth can be sufficient to cause severe respiratory distress. Sporadic goiter is usually caused by lymphocytic thyroiditis. TH replacement is necessary to treat resulting hypothyroidism and reverse the TSH effect on the gland.

Nursing Care Management

Large goiters are identified by their obvious appearance. Smaller nodules may be evident only on palpation. Benign enlargement of the thyroid gland may occur during adolescence and should not be confused with pathologic states. Nodules rarely are caused by a cancerous tumor but always require evaluation. Nurses should be aware of the possibility of goiters and report findings. Questions regarding radiation exposure should be included in patient assessments.