



¹To be performed at initial presentation in all patients suspected of having MAS, regardless of clinical symptoms. ²The primary biochemical abnormality in MAS-associated hyperthyroidism is elevated T3 production, which may occur in the setting of normal thyroxine and free T4. In the absence of frank hyperthyroidism, an elevated T3/T4 ratio is suggestive of autonomous T3 production in a patient suspected of having MAS. ³A small percentage of patients with radiologic disease and normal TFT's will go on to develop hyperthyroidism at some point during childhood. ⁴MAS-associated thyroid disease is correlated with a slight increased risk of thyroid cancer. Patients with radiologic disease should be monitored with yearly physical exam and thyroid US every 2-5 years. ⁵Absence of biochemical or radiologic thyroid abnormalities after age 2 years effectively rules out MAS-associated thyroid disease, and no further monitoring is required.

References

Celi FS, Coppotelli G, Chidakel A, Kelly M, Brillante BA, Shawker T, Cherman N, Feuillan PP, Collins MT. The role of type-1 and type-2 5'deiodinase in the pathophysiology of the T3 toxicosis of McCune-Albright syndrome. *J Clin Endocrinol Metab*. 2008.

Tessarìs D, Corrias A, Matarazzo P, De Sanctis L, Wasniewska M, Messina MF, Vigone MC, Lala R. Thyroid abnormalities in children and adolescents with McCune-Albright syndrome. *Horm Res Paediatr*. 2012

Legend

H&P = history & physical exam; MAS = McCune-Albright syndrome; mo = months; q = each; T3 = triiodothyronine; T4 = thyroxine; TFTs = thyroid function tests; TSH = thyroid stimulating hormone; US = ultrasound