

# Treatment of Endemic and Sporadic Goitre

International Thyroid Symposium,  
October 18 – 21, 1984, Budapest

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With 108 Figures and 93 Tables



**Schattauer** Stuttgart –  
New York 1985

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## Concluding Remarks

P. C. SCRIBA

The title of this symposium "Endemic and Sporadic Goitre" suggests, that both entities may be easily discerned. In fact, this conference has shown the contrary. There exists a continuous spectrum ranging from countries with severe iodine deficiency, endemic goitre and sometimes even cretinism to countries with very mild endemia, some of them realized only recently, there is still existing some iodine deficiency within their borders as Belgium and Denmark. In Europe, only the Scandinavian countries are obviously free from any iodine deficiency.

Both entities, endemic and sporadic goitre, are heterogeneous both in pathogenesis and in appearance as discussed with a long list of mechanisms effective in both conditions by G. HENNEMANN: cigarette smoking drew attention to its role as a re-discovered goitrogen and the role of immunomechanisms leading to non-toxic goitre (thyroid growth stimulating immunoglobulins) was amply discussed. TGI's possible contribution to sporadic goitre prolongs the list of goitrogens.

A plea for a better epidemiology leading to new data on the incidence of goitre and on the urinary iodine excretion was put forward. An improved iodine prophylaxis performed with more consequence would hopefully result in the final disappearance of any endemic goitre leaving us with the truly sporadic goitre. The future incidence of the latter disease and its heterogeneity will have to be defined.

The diagnosis of non-toxic goitre in the individual patient is usually achieved by excluding all other possible thyroid diseases. This problem was only briefly touched. However, it has become very clear, that the diagnostic definition of the non-toxic goitre subgroups needs improvement, when therapeutic studies are being planned. Some of the therapeutic reports clearly lacked a definition of the degree of iodine deficiency and statements about "goitre age", consistence, volume, patient age groups and criteria for monitoring of side effects, therapeutic success and follow-up. In this sense, therapeutic studies are obviously difficult to perform.

During this conference, volumetry by means of ultrasonography was well accepted as a technique, which improves the control of therapeutic studies. It may be noteworthy, that one has to go as far as Stockholm in order to observe normal thyroid volumes both in school children and in adults!

Thyroid hormones, thyroxine, triiodothyronine and the combination of both, were discussed as medications for non-toxic goitre; in addition and perhaps as a surprise to some of us, there may be something like a renaissance of iodide for this treatment. However, it is probably fair to state, that some of the studies reported are still in the experimental phase. The regimen providing the maximum of an anti-goitrogenic effect and the minimum of thyrotoxic side effects is still debated. In ad-

dition, follow-up studies will have to show the most effective means in order to prevent the occurrence of goitre after medical treatment.

The results discussed apply largely to iodine deficiency goitre; the treatment of this disease is still necessary but it is hoped, that iodine prophylaxis will make it as superfluous as in Finland (A. LAMBERG). – There is a severe lack of information about the treatment of the subgroups of sporadic goitre in the presence of sufficient iodine intake, however.

Obviously, there remains a lot of important work for all of us to do.

Finally, it is my privilege and also my pleasure to thank the scientific organizers of this conference, Drs. REINWEIN and BEYSEL, and their helpers. Contributors and participants in this conference have made it a lively and interesting event. The most generous sponsor has made this conference in the beautiful city of Budapest a very pleasant experience which will last in our memory. Thank you all.