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Adalah benar sebagai Corresponding Author pada artikel :

Judul	:	Diabetic ketoacidosis in children: an 11-year retrospective in Surabaya, Indonesia
Nama Jurnal	:	Paediatrica Indonesiana
Nomor ISSN	:	2599-056x
Volume, Nomor, tahun	:	55, 1, 2015
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Surabaya, 7 Agustus 2023

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Pediatria indonesia
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 To: nur rochmah

5 February 2015 11.42

Dear Author,
 We have reviewed your manuscript and made some changes needed (highlighted in yellow). Please do the revision in enclosed manuscript based on our editors' comments below:

p 1 Changed the title to:
 Diabetic ketoacidosis in children: an 11-year retrospective in Surabaya, Indonesia

p 4 Length of patient stay
 Is this mean? median?

p 5 Similarly, another study stated that DKA often presented with vomiting, abdominal pain, dyspnea, weakness, anorexia, and changes in mental status.REF? Two studies also showed that children with diabetic ketoacidosis had significantly greater weight loss than those without.14-16
 Please clarify which reference goes with which sentence.

p 5 Mortality in ARF complicating DKA was 40%.17
 Please explain 'complicating DKA'?

and kindly send back to us the revised manuscript before February 12, 2015 in order to avoid any delay in our journal publication.

Your cooperation is very much appreciated.

Thank you.

Regards,



Paediatrica Indonesia x813-PI- ----

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pediatria indonesia

nur rochmah
RE: Request for corresponding address
To: Pediatria Indonesia

13 April 2015 12.36

Dear Pediatria indonesia,
My correspondence address is
Jl pucang anom timur 5 no 30 a surabaya 60286
Best regards

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----- Original message -----
From: Paediatrica Indonesiana
Date:13/04/2015 09:36 (GMT+07:00)
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Kurnia Dwi Astuti, Mohammad Heru Muryawan, Omega Mellyana

Mantoux test results and BCG vaccination status in TB-exposed children
Fadilah Harahap, Ridwan M. Daulay, Muhammad Ali, Wisman Dalimunthe, Rini Savitri Daulay

Effect of phototherapy with aluminium foil reflectors on neonatal hyperbilirubinemia
Tony Ijong Dachlan, Tetty Yuniati, Abdurachman Sukadi

Early allergy symptoms in infants aged 0-6 months on breast milk substitutes
Mulya Safri, Aulia Rahman Putra

Linear growth patterns in small for gestational age and preterm infants after zinc supplementation
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adequate for the number of items in the scales. The symptom impact scale had a Cronbach's alpha value of 0.51; and the impact of treatment scale had a Cronbach's alpha of 0.47, which were satisfactory for subscales containing????18
This paragraph uses terms that are somewhat different from the terms used in Table 2. Please choose term for each sub scale and be consistent with usage. Inconsistent use of terms is confusing for readers. Also, please complete the last sentence of the paragraph.

p 2 < 5 years (group 1) or > 5 years
Please underline either < or >, accordingly.

p 3 Table 2. Mean DqoLY scores for < 5 year and > 5 year duration of illness
Please underline either < or >, accordingly.

p 3 Table 2:
-Please underline < or >, accordingly.
-Please include P values in the table.

p 3 Table 3:
-Should we see the n= ? for each group?
-Would you like to include the P values?

p 4 In our 22 subjects, we found no significant difference in total DQoLY scores between groups (P=0.72). In groups 1 and 2, the mean feeling sick scores were 0.6 (SD 1.20) and 1.8 (SD 0.98), respectively, while the mean school activities limitation scores were 0.5 (SD 1.21) and 1 (SD 1.1), respectively. Group 2 with a duration of illness > 5 years had significantly better feeling sick score (P=0.007) and school activities limitation score (P=0.02) than those of group 1, who had < 5 year duration of illness.
-Where is this data?
-Please give the P values.
-Do we need another table for this data?

p 4 Our study showed that more than 5 year duration of illness was associated with better DQoLY, compared to less than 5 year duration of illness.
Please add 'or equal to' as appropriate.

p 4 We found that the categories of impact of treatment, the parent issue, and health perception in DQoLY, were better in the group with more than 5 year duration of illness.
What were the P values? Significant?

Diabetes duration and thyroid stimulating hormone levels in children with type 1 diabetes mellitus

Nur Rochmah, Muhammad Faizi

Abstract

Background Children with type 1 diabetes mellitus (T1DM) are at risk of thyroid dysfunction. An association between diabetes duration and thyroid stimulating hormone level remains inconclusive.

Objective To assess for a possible association between diabetes duration and thyroid stimulating hormone levels in children with T1DM.

Methods We conducted a cross-sectional study from January to June 2017 in the Pediatric Endocrine Outpatient Clinic at Dr. Soetomo Hospital. Subjects were children with T1DM aged 7 to <18 years. Exclusion criteria were children with diabetic ketoacidosis, previously diagnosed thyroid problems, and hospitalization in the PICU.

Results From the 55 regular patients in our outpatient clinic, 34 patients were included in the study. Nineteen (54.3%) subjects were male, and the overall mean age was 11.3 years. Subjects' mean duration of diabetes was 3 years and their mean thyroid stimulating hormone concentration was 3.76mIU/L. Pearson's correlation test revealed no significant association between duration of diabetes and thyroid stimulating hormone level ($r_s=-0.068$; $P=0.703$).

Conclusion There was no significant association between duration of diabetes and thyroid stimulating hormone levels in children with T1DM.

Keywords: diabetes duration, thyroid stimulating hormone, type 1 diabetes mellitus children

From the Department of Child Health, Airlangga University Medical School/Dr. Soetomo Hospital, Surabaya, East Java, Indonesia.

Reprint requests to: Nur Rochmah, Department of Child Health, Airlangga University Medical School/Dr. Soetomo Hospital. [Jl Prof Dr Moestopo 6-8. Surabaya. Phone 031-5501748. Email: dnurrochmah@gmail.com](mailto:dnurrochmah@gmail.com) ADDRESS. PHONE NUMBER. EMAIL

Comment [A1]: Tambahkan alamat, no telp, email

According to the World Health Organization and the International Diabetes Federation, the prevalence of diabetes is on the rise.^{1,2} Data from the Pediatric Endocrine Working Group showed that 1,153 patients suffered from T1DM until April 2016.³ Thyroid dysfunction is reportedly higher among T1DM patients.⁴³⁻⁹⁸ Among diabetic adult populations, 15-30% reported autoimmune thyroiditis compared to 5-22% in children.⁸⁷ In the non-diabetic population, 2-10% adults and 1-4% children reportedly have the condition.^{9,10,11} To date, serum thyroid stimulating hormone levels in T1DM patients have rarely been studied in Indonesia. Therefore, the objective of this study was to assess for a possible association between diabetes duration and thyroid stimulating hormone concentration in children with type 1 diabetes mellitus.

Methods

This cross-sectional study was carried out from January - June 2017 in the Pediatric Endocrine Outpatient Clinic at Dr Soetomo Hospital. Subjects were children with T1DM aged 7 to <18 years. Exclusion criteria were diabetic ketoacidosis, previously diagnosed thyroid problems, and hospitalization in the PICU. Blood specimens were processed by an ADVIA Centaur immunoassay system, using an electrochemilluminescence immunoassay (ECLIA) method to measure TSH levels. Statistical analysis was done with Pearson's correlation test. Results with P values <0.05 were considered to be statistically significant. FT4 levels were obtained for subjects with abnormal TSH levels.

The normal limits for FT4 were 1.0-2.1 ng/dL in 2 to 7-year-olds and 0.8-1.9 ng/dL in 8 to 20-year-olds. The normal TSH limits were 0.7-5.7 mIU/L in 2 to 7-year-olds and 0.7-5.7 mIU/L in 8 to 20-year-olds. The diagnosis of primary hypothyroidism was made in those with low FT4 and high TSH. Subclinical hypothyroidism was diagnosed in those with high TSH and normal FT4; hyperthyroidism in those with low TSH and high T3 and T4; and subclinical hyperthyroidism in those with normal TSH and high T3 and T4.¹² (De Boer, 2007)

Results

There were 55 T1DM patients who regularly visited our OPC. Thirty-four patients met the inclusion criteria and were included in the study.

Comment [A2]: 'until April 2016' maksudnya yg terdiagnosis sampai bulan April 2016? Mulai dari kapan? ..ini data UKK yang belum dipublikasi..dari data registri Data ini utk daerah mana? ...Data nasional secara umum dari teaching hospital di Indonesia..kami cross cek lagi ke UKK
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Table 1. Baseline characteristics of subjects

Characteristics	(N=34)
Male sex, n (%)	19 (55.94)
Mean body weight (SD), kg	33.34 (12.6)
Mean height (SD), cm	136.6 (16.63)
Mean body mass index (SD), Z-score	-0.68 (1.58)
Mean age (SD), years	11.3 (3.5)
Mean duration of diabetes mellitus (SD), years	3 (1.98)
Mean TSH (SD), mIU/L	3.76 (8.48)

Comment [A4]: Tambahkan 'Mean TSH (SD)' ke dalam Table 1

Comment [A5]: 19/34=55.9%, mohon cek ulang

There were 2 male patients with high TSH levels, 25 and 45 mIU/L, respectively. These patients were subsequently found to have normal FT4 levels, hence, they were diagnosed with subclinical hypothyroidism. Mean TSH was 3.76 (SD 8.48) mIU/L, ranging from 0.033 to 45 mIU/L. Pearson's correlation test revealed no significant association between duration of diabetes and thyroid stimulating hormone concentration ($r_s = -0.068$; $P = 0.703$).

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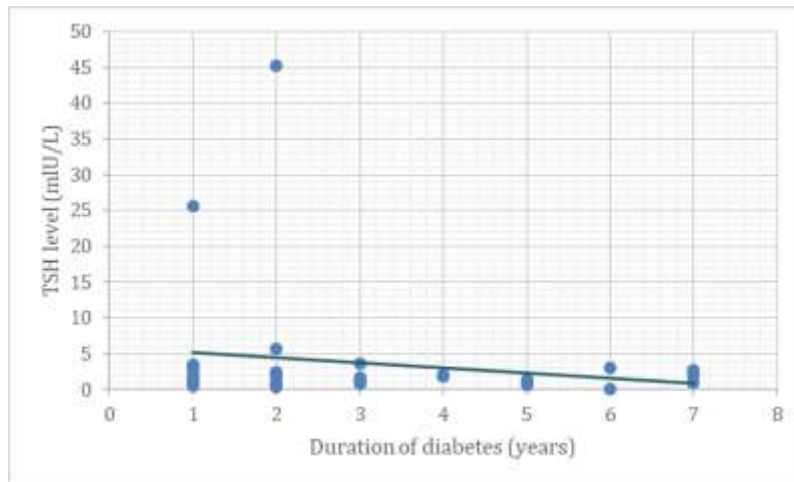


Figure 1. Association between duration of diabetes and TSH levels in children with T1DM

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There were 2 patients with high TSH, one with duration of illness 1 year with TSH 25 mIU/L and one patient 2 years 45 mIU/L (figure1).

Discussion

The mean TSH concentration in our subjects was 3.76 (SD 8.48) mIU/L. The International Society for Pediatrics and Adolescent Diabetes Mellitus recommends that screening of thyroid function by measuring thyroid stimulating hormone (TSH) and anti-thyroid peroxidase antibodies at the time of diabetes diagnosis and, thereafter, every second year in asymptomatic individuals without goiter, or in the absence of thyroid autoantibodies. ~~More frequent assessment is indicated otherwise.~~¹⁴⁻³ Kabelitz (2003) and Loviselli (2001) reported the prevalence of autoimmune thyroiditis in population was 2.9-3.4%,^{14,15} while Kalaoumenou (2007) reported 4.6% in Greek population.¹⁶ ~~Autoimmune thyroiditis reported in 2.9-3.4%,^{14,15,2,13} Greek 4.6%.¹⁶⁻⁵~~ Subclinical hypothyroidism was found in 7-20%⁷ compared to adults with rates of 1-10%,^{7,8} and 2-6% in the general population of children.⁹

In our study, subjects' mean duration of diabetes was 3 years and mean age was 11.3 years, in which in the periode of puberty. Thyroid dysfunction apparent at diabetes onset^{10,124} or years thereafter.^{10,142,135} Peak of autoimmune thyroiditis incidence in the early until mid puberty.^{174,18}

Two of our male patients were diagnosed with subclinical hypothyroidism. Females have been reported to be at risk for autoimmune thyroiditis.^{419,20,5,16} Sharifi *et al.* and Araujo *et al.* stated that gender predisposition of patients suffered from thyroid dysfunction was varies between genders.^{2,17,18} Subclinical hypothyroidism is frequently observed in T1DM.^{134,21-2749}

We found no significant association between duration of diabetes and TSH levels in children with T1DM. Past studies have shown that the longer the duration of diabetes, the higher the prevalence of autoimmune thyroiditis.²²⁻⁰⁻²⁶² A previous study reported that prevalence of autoimmune thyroiditis in T1DM patients increased post-puberty.²³³ Another study stated that the peak prevalence of thyroid antibody was observed after the age of 15 years or a duration of diabetes of 3.5 years.²⁴

Thyroid stimulating hormone is a sensitive method to detect thyroid dysfunction. Normal TSH has a high negative predictive value to exclude thyroid

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disease and TSH changes can be detected earlier than FT4 changes. Ramasamy *et al.* stated that TSH >2.2mIU/L was predictor of hypothyroidism in T1DM, with 83% sensitivity and 72% specificity.²⁸⁵ However, TSH is of limited value for diagnosing hypothyroidism in central hypothyroidism and acute illness. The TSH needs to be rechecked after the acute illness to distinguish between non-thyroidal illness syndrome and actual hypothyroidism.²⁹⁶ In addition, the TSH examination is less expensive than the thyroid antibody test. Screening once every 2 years is safe, effective, cost-efficient, as well as useful for avoiding the trauma of unnecessarily frequent blood sampling.¹³

Comment [A15]: Ramasamamy=26?

In conclusion, there was no significant association between duration of diabetes and thyroid stimulating hormone in children with T1DM.

Acknowledgement

We would like to thank all the medical staff of the Pediatric Endocrine Outpatient Clinic at Dr. Soetomo Hospital for their assistance in our study.

Conflict of Interest

None declared.

References

1. World Health Organization. Global report on diabetes. Geneva: WHO; 2016. p.21
2. International Diabetes Federation (IDF). Diabetes atlas. 7th ed. Belgium: International Diabetes Federation; 2015. [cited: 2017, June 2nd. Available from: <http://www.idf.org/diabetesatlas>.
3. UKK Endokrin Anak. Unpublished data. 2016.
4. Krzewska A, Ben-Skowronek I. Effect of associated autoimmune diseases on type 1 diabetes mellitus incidence and metabolic control in children and adolescents. *BioMed Res Int.* 2016;2016:6219730.
5. Jonsdottir B, Anderson C, Carlson A, Delli A, Forsander G, Ludvigsson J, *et al.* Thyroid autoimmunity in relation to islet autoantibodies and HLA-DQ genotype in newly diagnosed type 1 diabetes in children and adolescents. *Diabetologia.* 2013;56:1735-42.
6. Denzer C, Karges B, Nake A, *et al.* Subclinical hypothyroidism and dyslipidemia in children and adolescents with type 1 diabetes mellitus. *Eur J Endocrinol.* 2013;168:601-8.

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7. Ghawil M, Tonutti E, Abusrewil S, **et al.** Autoimmune thyroid disease in Libyan children and young adults with type 1 diabetes mellitus. Eur J Pediatr. 2011;170:983-7.
8. Van den Driessche A, Eenkhoorn V, Van Gaal L, De Block C. Type 1 diabetes and autoimmune polyglandular syndrome: a clinical review. Neth J Med. 2009 67:376-87.
9. Canaris GJ, Manowitz NR, Mayor G, Ridgway EC. The Colorado thyroid disease prevalence study. Arch Intern Med. 2000;160:526-34.
10. Wu T, Flowers JW, Tudiver F, Wilson JL, Punyasavatsut N. Subclinical thyroid disorders and cognitive performance among adolescents in the United States. BMC Pediatr. 2006;6:12.
11. Kordonouri O, Hartmann R, Deiss D, Wilms M, Grüters-Kieslich A. Natural course of autoimmune thyroiditis in type 1 diabetes: association with gender, age, diabetes duration, and puberty. Arch Dis Child. 2005;90:411-4.
12. De Boer, Lafranchi SH, 2007. Pediatric thyroid testing issues. Pediatr Endocrinol Rev. 5;1:570-7. In: Kappy MS, Allen DB, Geffner ME. Pediatric practice endocrinology.2010: 107-30.
13. Kordonouri O, Klingensmith G, Knip M, Holl RW, Menon PSN, Aanstoot HJ, et al Other complications and diabetes-associated conditions in children and adolescents.Pediatric Diabetes 2014: 15 (Suppl. 20): 270-8.
14. Kabelitz M, Liesenkotter KP, Stach B, et al.. The prevalence of anti- thyroid peroxidase antibodies and autoimmune thyroiditis in children and adolescents in an iodine replete area. Eur J Endocrinol, 2003;148:301-7.
15. Loviselli A, Velluzzi F, Mossa P, et al.. Sardinian schoolchildren study group. Relationship to goiter prevalence and thyroid function. Thyroid 2001;11;9:849-57.
16. Kaloumenou L, Duntas L , Alevizaki M, et al.. Thyroid volume, prevalence of subclinical hypothyroidism and autoimmunity in children and adolescents. J Greek

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Paediatr Soc 2007;70:107–14.

Umpierrez GE, Latif KA, Murphy MB, *et al.* Thyroid dysfunction in patients with type 1 diabetes: A longitudinal study. Diabetes Care. 2003;26:1181–5.

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15. Severinski S, Banac S, Severinski NS, Ahel V, Cvijovic K. Epidemiology and clinical characteristics of thyroid dysfunction in children and adolescents with type 1 diabetes. Coll Antropol. 2009;33:273–9.

16. Glastras SJ, Craig ME, Verge CF, *et al.* The role of autoimmunity at diagnosis of type 1 diabetes in the development of thyroid and celiac disease and microvascular complications. Diabetes Care. 2005;28:2170–5.

17. Kim EY, Shin HC, Yang SW. Polymorphisms of HLA class II predispose children and adolescent with type 1 diabetes mellitus to autoimmune thyroid disease. Autoimmunity. 2003;36:177-81.

18. Warncke K, Frohlich-Reiterer EE, Thon A, *et al.* Polyendocrinopathy in children, adolescents, and young adults with type 1 diabetes: a multicenter analysis of 28,671 patients from the German/Austrian DPV-Wiss database. Diabetes Care. 2010;33:201-7.

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19. Barker JM, Yu J, Yu L, Wang J, Miao D, Bao F, *et al.* Autoantibody “subspecificity” in type 1 diabetes: risk for organ-specific autoimmunity clusters in distinct groups. Diabetes Care. 2005; 28:850–5.

20. Sharifi F, Ghasemi L, Mousavinasab N. Thyroid function and anti-thyroid antibodies in Iranian patients with type 1 diabetes mellitus: influences of age and sex. Iran J Allergy

[Asthma Immunol. 2008;7:31-6.](#)

21. Araujo J, Brandão LAC, Guimarães RL, *et al.* Prevalence of autoimmune thyroid disease and thyroid dysfunction in young Brazilian patients with type 1 diabetes. [Pediatr Diabetes. 2008;9:272-6.](#)

22. Shun CB, Donaghue KC, Phelan H, Twigg SM, Craig ME. Thyroid autoimmunity in type 1 diabetes: systematic review and meta-analysis. [Diabet Med. 2014;31:126-35.](#)

23. Lee YJ, Jung SY, Jung HW, *et al.* Unfavorable course of subclinical hypothyroidism in children with Hashimoto's thyroiditis compared to those with isolated non-autoimmune hyperthyrotropinemia. [J Korean Med Sci. 2017;32:124-9.](#)

24. Kakleas K, Paschali E, Kefalas N, *et al.* Factors for thyroid autoimmunity in children and adolescents with type 1 diabetes mellitus. [J Med Sci. 2009;114:214-20.](#)

25. Kordonouri O, Klinghammer A, Lang EB, *et al.* Thyroid autoimmunity in children and adolescents with type 1 diabetes: a multicenter survey. [Diabetes Care. 2002;25:8:1346-50.](#)

26. Kakleas K, Soldatou A, Karachaliou F, Karavanaki K. Associated autoimmune diseases in children and adolescents with type 1 diabetes mellitus (T1DM). [Autoimmun Rev. 2015;14:781-97.](#)

27. Muhame RM, Mworozzi EA, Ma Assey K. Thyroid autoimmunity and function among Ugandan children and adolescents with type-1 diabetes mellitus. [Pan Afr Med J. 2014;19:137.](#)

28. Ramasamy V, Kadiyala R, Fayyaz F, Mallipedhi A, Baglioni P, Okosieme OE. Value of baseline serum thyrotropin as a predictor of hypothyroidism in patients with diabetes mellitus. *Endocr Pract.* 2011;17:26-32.

29. Stockigt J. Case finding and screening strategies for thyroid dysfunction. *Clin Chim Acta.* 2002;315:111-24.

References

1. World Health Organization. Global report on diabetes. Geneva: WHO; 2016. 2016. p.2
2. International Diabetes Federation (IDF). Diabetes atlas. 7th. ed. Belgium: International Diabetes Federation; 2015. [cited: YEAR MONTH DATE]. Available from: <http://www.idf.org/diabetesatlas>.
3. Krzewska A, Ben-Skowronek I. Effect of associated autoimmune diseases on type 1 diabetes mellitus incidence and metabolic control in children and adolescents. *BioMed Res Int.* 2016;2016:6219730.
5. Jonsdottir B, Anderson C, Carlson A, Delli A, Forsander G, Ludvigsson J, et al. Thyroid autoimmunity in relation to islet autoantibodies and HLA DQ genotype in newly diagnosed type 1 diabetes in children and adolescents. *Diabetologia.* 2013;56:1735-42.
6. Denzer C, Karges B, Näke A, Rosenbauer J, Schober E, Schwab KO, et al. Subclinical hypothyroidism and dyslipidemia in children and adolescents with type 1 diabetes mellitus. *Eur J Endocrinol.* 2013;168:601-8.
7. Ghawil M, Tonutti E, Abusrewil S, Visentini D, Hadeed I, Miotti V, et al. Autoimmune thyroid disease in Libyan children and young adults with type 1 diabetes mellitus. *Eur J Pediatr.* 2011;170:983-7.
8. Van den Driessche A, Eenkhoorn V, Van Gaal L, De Block C. Type 1 diabetes and autoimmune polyglandular syndrome: a clinical review. *Neth J Med.* 2009 67:376-87.
9. Canaris CJ, Manowitz NR, Mayor G, Ridgway EC. The Colorado thyroid disease prevalence study. *Arch Intern Med.* 2000;160:526-34.

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Comment [A17]: Mohon di cek ulang penomoran sitasi di bagian Discussion

Comment [A18]: Tambahkan halaman

Comment [A19]: Tambahkan tanggal/bulan/tahun men-sitasi

10. Wu T, Flowers JW, Tudiver F, Wilson JL, Punyasavatsut N. Subclinical thyroid disorders and cognitive performance among adolescents in the United States. *BMC Pediatr.* 2006;6:12.
11. Kordonouri O, Hartmann R, Deiss D, Wilms M, Grüters Kieslich A. Natural course of autoimmune thyroiditis in type 1 diabetes: association with gender, age, diabetes duration, and puberty. *Arch Dis Child.* 2005;90:411-4.
12. Umpierrez GE, Latif KA, Murphy MB, Lambeth HC, Stentz F, Bush A, *et al.* Thyroid dysfunction in patients with type 1 diabetes: a longitudinal study. *Diabetes Care.* 2003;26:1181-5.
13. Severinski S, Banac S, Severinski NS, Ahel V, Cvijovic K. Epidemiology and clinical characteristics of thyroid dysfunction in children and adolescents with type 1 diabetes. *Coll Antropol.* 2009;33:273-9.
14. Glastras SJ, Craig ME, Verge CF, Chan AK, Cusumano JM, Donaghue KC. The role of autoimmunity at diagnosis of type 1 diabetes in the development of thyroid and celiac disease and microvascular complications. *Diabetes Care.* 2005;28:2170-5.
15. Kim EY, Shin HC, Yang SW. Polymorphisms of HLA class II predispose children and adolescent with type 1 diabetes mellitus to autoimmune thyroid disease. *Autoimmunity.* 2003;36:177-81.
16. Warneke K, Frohlich Reiterer EE, Thon A, Hofer SE, Wiemann D, Holl RW, *et al.* Polyendocrinopathy in children, adolescents, and young adults with type 1 diabetes: a multicenter analysis of 28,671 patients from the German/Austrian DPV-Wiss database. *Diabetes Care.* 2010;33:2010-7.
17. Barker JM, Yu J, Yu L, Wang J, Miao D, Bao F, *et al.* Autoantibody "subspecificity" in type 1 diabetes: risk for organ-specific autoimmunity clusters in distinct groups. *Diabetes Care.* 2005;28:850-5.
18. Sharifi F, Chasemi L, Mousavinasab N. Thyroid function and anti-thyroid antibodies in Iranian patients with type 1 diabetes mellitus: influences of age and sex. *Iran J Allergy Asthma Immunol.* 2008;7:31-6.
19. Araujo J, Brandão LAC, Guimarães RL, Santos S, Falcao EA, Milanese M, *et al.* Prevalence of autoimmune thyroid disease and thyroid dysfunction in young Brazilian patients with type 1 diabetes. *Pediatr Diabetes.* 2008;9:272-6.

20. Shun CB, Donaghue KC, Phelan H, Twigg SM, Craig ME. Thyroid autoimmunity in type 1 diabetes: systematic review and meta-analysis. *Diabet Med.* 2014;31:126-35.
21. Lee YJ, Jung SY, Jung HW, Kim SY, Lee YA, Shin CH, *et al.* Unfavorable course of subclinical hypothyroidism in children with Hashimoto's thyroiditis compared to those with isolated non-autoimmune hyperthyrotropinemia. *J Korean Med Sci.* 2017;32:124-9.
22. Kakleas K, Paschali E, Kefalas N, Fotinou A, Kanariou M, Karayianni C, *et al.* Factors for thyroid autoimmunity in children and adolescents with type 1 diabetes mellitus. *Ups J Med Sci.* 2009;114:214-20.
23. Kordonouri O, Klinghammer A, Lang EB, Crutgers-Kleslich A, Grabert M, Holl RW. Thyroid autoimmunity in children and adolescents with type 1 diabetes: a multicenter survey. *Diabetes Care.* 2002;25:8:1346-50.
24. Muhame RM, Mworozzi EA, Ma Assey K. Thyroid autoimmunity and function among Ugandan children and adolescents with type 1 diabetes mellitus. *Pan Afr Med J.* 2014;19:137.
25. Kakleas K, Soldatou A, Karachaliou F, Karavanaki K. Associated autoimmune diseases in children and adolescents with type 1 diabetes mellitus (T1DM). *Autoimmun Rev.* 2015;14:781-97.
26. Ramasamy V, Kadiyala R, Fayyaz F, Mallipedhi A, Baglioni P, Okosieme OE. Value of baseline serum thyrotropin as a predictor of hypothyroidism in patients with diabetes mellitus. *Endocr Pract.* 2011;17:26-32.
27. Stockigt J. Case finding and screening strategies for thyroid dysfunction. *Clin Chim Acta.* 2002;315:111-24.