LETTER TO THE EDITOR



Letter to "Levothyroxine absorption test results in patients with TSH elevation resistant to treatment"

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We read the manuscript entitled "Levothyroxine absorption test results in patients with TSH elevation resistant to treatment" with great interest and pleasure [1]. We thought some points should be clarified so we decided to explain the test result discrepancies. In the article to determine the absorbtion rate in patients with high levels of thyroid-stimulating hormone (TSH) despite receiving adequate doses of levothyroxine;

% L4 absorbtion: [(peak $\Delta T4 \times volume \ distribution) \div$ administered dose of LT(μg)] \times 100

Volume distribution(dL): 4.42 \times body mass index

formula is used and according to the formula, those with an absorbtion result of more than 60–80% are considered normal. Considering the five patients evaluated in the study;

Absorption rates were not consistent with the data in the study Table 1. In addition, very high peakT4 values are required for the 60–80% absorption rate required for the test to be normal. In the study named "The clinical utility of free

Table 1	LT4	absorption	test result	
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Patient	Basal fT4 ^a	Peak fT4	BMI (kg/m ²)	Absorption (%)
1	0.636	0.639	27	6
2	0.290	0.440	27	40
3	0.400	2.000	47	166
4	0.200	1.300	26	97
5	0.530	1.980	30	90

^aReference range of normal fT4 level is 0.89-1.76 ng/dLPatient 1: $[(0.639-0.636) \times 4.42 \times 27 \div 1000] \times 100 = \% 0.035$ Patient 2: $[(0.440-0.290) \times 4.42 \times 27 \div 1000] \times 100 = \% 1.79$ Patient 3: $[(2.000-0.400) \times 4.42 \times 47 \div 1000] \times 100 = \% 33.2$ Patient 4: $[(1.300-0.200) \times 4.42 \times 26 \div 1000] \times 100 = \% 12.64$ Patient 5: $[(1.980-0.530) \times 4.42 \times 30 \div 1000] \times 100 = \% 19.27$ Bold values in the table from orjinal study

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thyroxine in oral levothyroxine absorption testing", in which the formula is taken as reference, calculations were made with total T4 and free T4 values and it was observed that similar incompatibility was detected in the same way [2].

As a result, the reliability of this formula, which is used to evaluate the absorption of levotroxin in patients with persistent elevation of TSH despite levothyroxine replacement therapy, is controversial and there are studies in which an increase of 50–100% in basal free T4 is accepted to evaluate malabsorption [3].

Compliance with ethical standards

Conflict of interest The authors declare no competing interests.

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