

Thyroid Dysfunction and Kidney Dysfunction

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Dear Editor,

I read with interest the study by Al Fahdi et al.¹ published in the May 2022 issue of the *Oman Medical Journal*. The authors studied thyroid dysfunction (TD) among Omani patients with chronic kidney disease (CKD) and found that 11.7% of CKD patients had TD. Of these, 62.9% had subclinical hypothyroidism and 37.1% had subclinical hyperthyroidism. They concluded that TD coexisted with kidney dysfunction and these hormonal axis dysfunctions might not be evident at initial presentation and, therefore, might necessitate regular clinical and laboratory evaluations.¹ Apart from a few study limitations presented by the authors, we believe that the following limitation is noteworthy. The precise assessment of thyroid gland functions for a particular population needs a referral to the thyroid hormones normative data (THND). Since the determinants of age, gender, weight, genetic background, and ethnicity control THND,² certain populations-specific THND have been built.³⁻⁵ The normal range for thyroid-stimulating hormone of 0.2–4.5 mIU/L and 8–24 pmol/L for free thyroxin were considered in assessing thyroid health status in the studied CKD cohort. However, the reference of

the employed THND was not addressed. This limitation might additionally debate the rightness of the study results. We believe that relying upon the national THND rather than a foreign standard could better discern the prevalence and pattern of TD among CKD patients. Hence, we suggest the construction of Omani THND and its employment in clinical fields and research settings.

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