As early as 1871 HILTON FAGGE described sporadic cretinism. Similarly, cases of sporadic goitrous cretinism were described by OSLER in 1897, but hardly anything was heard about its etiology till recently. Great advances have been made in our knowledge of the defects of thyroxine synthesis by studying goitrous cretinism and goitrous hypothyroidism in several of the families by McGIRR and HUTCHINSON, HUBBLE and BURRELL and GAIRDNER. On the other hand, little has been added to explain the etiology of sporadic cretinism which is a much commoner condition. On the basis of pathologic and post mortem studies, it is now believed that the commonest cause of sporadic cretinism is absence of the thyroid gland. A few pathologic reports in the past and a number of cases after radioactive iodine uptake studies have revealed the presence of remnants of thyroid tissue at the sublingual, normal or ectopic sites. These cases of maldevelopment and maldescent of the thyroid are considered by HUTCHINSON to be cases of thyroid dysgenesis and it is becoming increasingly recognized that the state of hypothyroidism in these children may develop slowly or at a latter age and remain incomplete so that more obvious manifestations may never be seen. In this paper we are presenting a similar case who manifested stunting of growth due to hypothyroidism only after the third year of age but was mentally normal.

Report of a Case

A., a 10-year-old male child, was admitted to our hospital with the complaint of stunting of growth for the past six to seven years.

The infant was delivered normally at 9 months gestation. It was a spontaneous delivery but the mother had antepartum haemorrhage for about two to three hours which was controlled after the birth of the baby. At 3 days of age he developed mild jaundice which disappeared after three to four days. Later on the child’s development and milestones, according to the parents, remained normal up to about 3 years when they noticed that the child, though mentally normal, was not gaining height and weight. The shortening of stature became all the more apparent with increasing age and for this reason the patient was brought to hospital.

Both the parents of the patient were healthy and of normal stature, as also the five other siblings. There was no history of short stature in the family either on the paternal or maternal side. Furthermore, there was no history of the mother taking any antithyroid drugs during pregnancy or lactation.
Fig. 1.—Photograph of patient with hypothyroidism showing short stature (5 ft 1 in.) at 10 years of age.

Fig. 2.—X-ray of hand showing only three carpal bones at 10 years of age.