## Potential factors causing susceptibility to TSHR autoimmunity

External factors

Infection

Trauma

Stress

Iodine intake

Irradiation

Internal factors

Thyroid autoantibodies

Sex steroids

Pregnancy

Fetal microchimerism

Increased genetic susceptibility

HLA class II genes with an arginine at position 74

CTLA4

CD40

Tg

Unknown genes on a variety of confirmed loci

## Possible clinical indications for TSHR antibody assessment

Graves disease

Diagnosis

Assessment of disease activity

Prediction of remission after antithyroid drug administration

Graves ophthalmopathy

Detection of underlying autoimmunity

Assessment of disease activity

Hypothyroidism

Diagnosis of atrophic Hashimoto thyroiditis

Pregnancy and neonatal thyroid dysfunction<sup>A</sup>

Prediction of neonatal Graves disease

Diagnosis of transient hyper- and hypothyroidism in the newborn

Toxic multinodular goiter

Diagnosis of coexisting Graves disease

 $<sup>^{\</sup>mbox{\sc AThe}}$  function of persistent TSHR antibodies in pregnancy should be determined using a bioassay.