CONCLUSIONS
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From the data presented above, the following conclusions may be drawn.

1. Serum total $T_3$ levels were significantly lower in both critically ill patients and severely malnourished patients ($P<0.001$ & $P<0.01$ respectively).

2. Serum total $T_4$ levels were significantly lower in both critically ill patients and severely malnourished patients ($P<.01$ & $P<.02$ respectively).

3. Serum TSH levels were not significantly lower in both critically ill patients and severely malnourished patients ($P>0.1$ in both groups).

4. Thus the condition observed by us, “sick euthyroid syndrome” which is characterized by significant decrease in serum triiodothyronin ($T_3$) and serum thyroxin ($T_4$) but no significant change in thyroid stimulating hormone (TSH) levels, occurs in all non thyroid illnesses, which have nothing more in common than catabolic state. Hence it has been suggested that the decrease in thyroid hormone level may be a protective phenomenon to limit protein catabolism and lower energy requirements in non thyroidal illnesses.

5. If thyroid indices are measured early in the course of critical illness, which is predictive of subsequent outcome, children with a poor prognosis (low $T_3$,$T_4$ levels) could be identified earlier. The clinical value of such laboratory assessment will be enhanced because presumably there will be time available for intensive therapeutic intervention.