

## Correspondence

### Vitamin D deficiency in hyperthyroidism

Sir,

I read the article by Jyotsana *et al*<sup>1</sup> with interest in which authors have described bone mineral homeostasis in subjects with hyperthyroidism<sup>1</sup>. The most surprising element is lower vitamin D levels in controls compared to patients. Authors have failed to give adequate explanation of this finding. We have reported significantly lower vitamin D levels in Indian patients with hyperthyroidism<sup>2</sup>. In this study, 30 patients with thyrotoxicosis were studied for vitamin D status and bone mineral density (BMD). The mean 25 (OH) vitamin D levels in patient group were 15.3±7.1 ng/ml and 30 per cent of patients had severe vitamin D deficiency (<10 ng/ml). We have postulated hyperpigmentation of skin, malabsorption and increased vitamin D metabolism as possible mechanisms of vitamin D deficiency in hyperthyroidism<sup>3</sup>. Authors of the present study<sup>1</sup> have not cited this important paper which was first reported study on this subject from India. Goswami *et al*<sup>4</sup> have reported malabsorption in Indian patients with hyperthyroidism. According to this study significant number of patients (46%) with thyrotoxicosis in India had fat malabsorption<sup>4</sup>. Absorption of fat soluble vitamins such as vitamin D is likely to be hindered in such a state. It is worthwhile to study correlation between steatorrhea and vitamin D status in these patients with thyrotoxicosis. Also, in Table I mean age in two groups looks similar but has been shown as significantly different. The signs \* and \*\* have not been explained.

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#### References

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