Supporting Information

Prevalence of Simple Nodular Goiter and Hashimoto’s Thyroiditis in Current, Previous and Never Smokers in a Geographical Area with Mild Iodine Deficiency

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Fig. 1S Study consort diagram and causes of in-Hospital admission for study population.

2632 PATIENTS EXAMINED FROM 01/01/2004 TO 12/31/2005

- 67 patients with partial or total thyroidectomy
- 4 patients with thyroid dysgenesis
- 255 patients with hyperthyroidism
- 39 patients with major debilitating physical illnesses
- 404 patients actual or previous drugs assumption
- 52 patients with acute or chronic renal failure
- 49 patients with incomplete data collection
- 50 patients refused informed consent
- 12 subjects with non-negative histological specimen

1800 PATIENTS ENROLLED FOR THE STUDY

- CCS 3.0 n=176
- CCS 7.2 n=575
- CCS 7.3 n=118
- CCS 7.5 n=22
- CCS 8.0 n=462
- CCS 9.0 n=288
- CCS 10.0 n=51
- CCS 17.0 n=108

a) Thyroidectomy was performed in 34/67 patients (53.82%) for benign thyroid diseases; b) Thyroid dysgenesis was characterized in all cases by thyroid hemiagenesis (3/4 right thyroid lobe); c) Normal range for TSH serum levels = 0.5–4.5 mUI/L [13]; d) Amiodarone (n = 379), lithium (n = 4) and interferon (n = 21) [14]; e) Renal Failure = Estimated glomerular filtration rate < 60 mL/min/1.73 m² (http://www.kidney.org/PROFESSIONALS/kdoqi/guidelines_ckd/toc.htm); f) Non-negative histological specimen was seen in two patients with malignant histological specimen, five with suspicious histological specimen and five with non-diagnostic histological specimen; g) The causes of in-Hospital admission were classified using the 2002 clinical classification software CCS (http://www.hcup-us.ahrq.gov/reports/natstats/his96/clinclas.htm)