**Patient R.B., female, 34 y/o** went for an examination at the endocrinology dep. because of repeated abortion (3 times in a row). Based on anamnesis, she is feeling healthy, no obvious endocrinology problems, she does not take any medication. Menstruation from 12 years, she stopped using anticonception 2 years before first attempt of pregnancy. That was followed by 3 physiological pregnancies, all of them being aborted in 7-10 week of gestation. Objective examination did not show any conspicuous pathological changes, BMI 26,7, normotension, thyroid gland was visible and slightly enlarged, was smooth in surface, was tougher, lymphatic nodes were not enlarged. Labs: : fT4: 14,9 pmol/l (nor­m 11,5−22,7), TSH: 11,377 mIU/l (nor­m 0,5−4,9), Tgab: 414,1 kIU/l (norm < 60,0), TPOab > 10 000 kIU/l (norm < 60,0). Ultrasonography of thyroid gland: volume 20 ml (norm < 18 ml), conclusion: CLT (Chronic Lymphocytic Thyroiditis)

**Question:** Do even the subclinical conditions have negative impacts on pregnancy and the child? What steps should we take in order to help the patient?