**Patient G. N., female, 33 years old**, pregnant, was examined at endocrinology at week 12 of pregnancy for a positive TPOab finding. The TSH and TPOab examinations were carried out as part of a pilot project. Patient is at increased risk for family and personal history: her mother is treated for hypothyroidism, the patient has type 1 diabetes mellitus and is treated with insulin, she has breast ablation due to breast cancer. While the patient had a physiological pregnancy when she was 25 and 28 years old, two spontaneous abortions occurred in age 30 and 31 at 7th and 9th week of pregnancy. She does not know the causes of abortions. Now there is a fifth pregnancy. She has no chronic treatment, iodine in pregnancy has not been recommended. In objective finding: BMI 26, the patient is normotensive, palpable node is in the upper pole of the right thyroid lobe, the node is stiffer, smooth, does not hurt, exhibits swallowing, nodules are not enlarged. The patient was unaware of the thyroid node. Other somatic findings are adequate. Laboratory tests: FT4: 12.8 pmol / l (norm 11.5-22.7), TSH: 1.868 mIU / l (norm 0.5-4.9), Tgab: 97.9 kIU / l ( standard <60.0), TPOab: 2166.0 kIU / l (standard <60.0). Cytology based on a thin needle aspiration biopsy in the right thyroid lobe, in the CLT field the presence of oncocyte neoplasia of uncertain biological nature was found, moreover intranuclear inclusion indicates papillary carcinoma.

• Tgab - Thyroglobulin antibody (<60 kIU / l)  
• TPOab - Thyroid peroxidase antibody (<60 kIU / l)  
  
**Question:** Does the presence of thyroid autoimmunity (especially TPOab) play a role in eufunctional women? Should universal screening be introduced or just focused on women at increased risk? What will be the next therapeutic approach?