Academic Journal of
Pediatrics & Neonatology
ISSN 2474-7521

Juniper Publishers
key to the Researchers

Proceeding
Volume 3 Suppl 1 – March 2017
DOI: 10.19080/AJPN.2017.03.555628

Acad J Ped Neonatol

Short Stature; Not Always Straight Forward; Clinical Cases Scenarios

Asma Deeb*

Department of Pediatric Endocrinology, Mafraq Hospital, UAE

Submission: March 05, 2017**; Published:** March 28, 2017

***Corresponding author:** Asma Deeb, Chief of Paediatric Endocrinology, Mafraq Hospital & Gulf Medical School, Abu Dhabi, United Arab Emirates, Tel: +971-50-8350568; Email: adeeb@mafraqhospital.ae

Abstract

Short stature is the commonest cause for referral to paediatirc endocrinology clinic. Although the etiology can be clear on initial assessment, many children present with short stature that can be a challenge to diagnose the cause for. General blood tests for chronic diseases are important as some pathologies can have no or non-specific symptoms. An example of those is celiac disease. Getting a karyotype in a short girl (particularly if puberty is delayed) is necessary to exclude Turner syndrome. Bone age assessment is useful but there can be variation between different interpreters.

IGF1 is a helpful test to assess growth. However, its wide reference range, the need for age and gender specific ranges make it difficult to interpret. Growth hormone stimulation tests are labor-intensive and can be unreproducible. Cut off for normal values vary and there are complicating issues about which stimulant to be used and the application of priming rules. Some children have poor growth velocity but might have normal response to growth hormone stimulation. In this group of children, growth hormone profile can be helpful. In the case of low IGF1, IGF1 generation test can be useful prior to committing to an expensive long-term treatment with IGF1 therapy. In this talk, different complex case scenarios will be discussed to highlight the difficulty in confirming the etiology of short stature in some short children.