

PRACTICAL PEARLS: Precocious Puberty

<p>INTRODUCTION</p>	<p>Precocious puberty (PP) is traditionally defined as development of secondary sexual characteristics before age 8 in girls and before age 9 in boys. Incidence of central PP 1/5000-1/10,000; idiopathic causes more common in girls, organic causes more common in boys</p> <p>Variations of normal growth and development which do not need evaluation include:</p> <ul style="list-style-type: none"> • premature adrenarche (early onset of pubic hair and/or body odor) • premature thelarche (nonprogressive breast development under age 2) • lipomastia (apparent breast development which is really adipose tissue) <p>http://pediatrics.aappublications.org/content/pediatrics/137/1/e20153732.full.pdf</p>
<p>INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE</p>	<p>Think about true precocious puberty when you see:</p> <ul style="list-style-type: none"> • progressive breast development over a 4-6 month period • progressive testicular enlargement • pubertal signs accompanied by rapid linear growth and/or any CNS symptoms. <p>➔ Screening includes LH, FSH, Estradiol/Testosterone and a bone age.</p> <p>Think about virilizing disorders (late onset congenital adrenal hyperplasia; adrenal or gonadal tumors) when you see;</p> <ul style="list-style-type: none"> • excessive axillary/pubic hair, acne, voice changes over 3-6 month period • progressive penis enlargement without testicular enlargement • virilizing signs with rapid linear growth <p>➔ Screening includes 17-OHP, Testosterone, DHEAS and a bone age.</p>
<p>WHEN TO REFER</p>	<ul style="list-style-type: none"> • If 17-OHP >100 ng/dl and bone age is advanced • LH>0.3 mIU/ml, Testosterone > 50 ng/dl, Estradiol >2 ng/dl (>20 pg/ml)
<p>HOW TO REFER</p>	<ul style="list-style-type: none"> • (413) 794-KIDS; Pediatric Endocrinology
<p>WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT</p>	<ul style="list-style-type: none"> • Thorough history and examination; may include additional blood tests and imaging • Initiation of treatment if needed with follow-up • Counseling and education for the patient and family

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