

# Tall stature and overgrowth syndromes

# hyperpituitarism

- ▶ Primary rare
- ▶ Secondary more common easy to treat

- ▶ Prolactinoma
- ▶ Acth oma
- ▶ Somatotropinoma
- ▶ Tsh oma
- ▶ Gnrh oma very rare ex.hamartoma in hypothalamus.

# Tall stature

- ▶ Ht more than 2 sd
- ▶ It means ht percentile more than 97.7
- ▶ Social acceptance
- ▶ Concern about e2

# Over growth in the fetus and neonate

- ▶ Maternal diabetes more common
- ▶ Over growth synd.
- ▶ Mainly by excess igf2 production
- ▶ Bws m=f 1 in 14000
- ▶ Genetic or epi genetic abnormality in 11p15
- ▶ 15% familial 85% sporadic

# bws

- ▶ Proptosis
- ▶ Nevus flamus
- ▶ Earlobe crease
- ▶ Macrosomia beta cell hyperplasia
- ▶ Embryonal tumors
- ▶ Wilma carcinom adrenal neuroblastoma
- ▶ hepatoblastoma

# bws

- ▶ Cancer risk is hi till 8y
- ▶ Follow as
- ▶ Abdominal sono and alfa feto prot q3 m til 8y
- ▶ There after renal sono q1 y

# Other synd

- ▶ Costello
- ▶ Weaver
- ▶ sotos

perlman

Simpson behmel golabi



# Over growth in childhood

- ▶ Familial
- ▶ Exogenous obesity
- ▶ Ks(xxy) 1 in 1000
- ▶ Xyy

Xxx      xxxy      x yyy

Marfan AD   CTD   low U/L

Ectopia lentis kyphoscoliosis aortic root dilation and valvular def

- ▶ Homocystinuria AR
- ▶ Def of cystathionine synthetase
- ▶ Like marfan phenotype and intellectual disability if untreated

# sotos

- ▶ Cerebral gigantism
- ▶ Hyper thyroidism
- ▶ Precocious puberty
- ▶ E2 receptors

# Pituitary gigantism

- ▶ Acro vs gigantism
- ▶ Very rare
- ▶ Sporadic MEN1 carney complex neurofibromatosis  
tuberus scerosis

- ▶ Rapidly growth vs acro
- ▶ Enlargin head and hands and feet
- ▶ Headache visual defects
- ▶ Gh igf1 igbp3
- ▶ Gh test 75 glucose not more than 1 ng/dl
- ▶ In normal adolescent cutoff is 5 ng/dl

# evaluation

- ▶ If hx and p/e is normal only wrist x ray
- ▶ Other
- ▶ On the base of history
- ▶ gh igf1
- ▶ gh supp test
- ▶ If gh is excess then mri
- ▶ in males karyotyping
- ▶ Cardiac ophtalmic consult for whom suspected in marfan and homocystinuria

# treatment

- ▶ Reassurance of family
- ▶ BA if predicts HT more than 3-4 SD
- ▶ 200 male 185 females
- ▶ Or evidence of significant psychosocial impairment

# Sex steroids

- ▶ No effect in late puberty(no later than BA14)
- ▶ In girls 12
- ▶ No more experience
- ▶ So only for extreme cases
- ▶ Testos 500q2w til 6 mo
- ▶ Ethynil e2 0.5 mg/d
- ▶ epiphysiodesis



