Kerrigan, 2006). Dress and activities for the physically precocious child should be appropriate to the chronologic age. Sexual interest is not usually advanced beyond the child's chronologic age, and parents need to understand that the child's mental age is congruent with the chronologic age.

Diabetes Insipidus

The principal disorder of posterior pituitary hypofunction is diabetes insipidus (DI), also known as **neurogenic DI**, resulting from undersecretion of **antidiuretic hormone (ADH)**, or **vasopressin** (Pitressin), and producing a state of uncontrolled diuresis (Makaryus and McFarlane, 2006). This disorder is not to be confused with nephrogenic DI, a rare hereditary disorder affecting primarily males and caused by unresponsiveness of the renal tubules to the hormone.

Neurogenic DI may result from a number of different causes. Primary causes are familial or idiopathic; of the total cases, approximately 20% to 50% are idiopathic (Di Iorgi, Allegri, Napoli, et al, 2014). Secondary causes include trauma (accidental or surgical), tumors, granulomatous disease, infections (meningitis or encephalitis), and vascular anomalies (aneurysm). Certain drugs, such as alcohol and phenytoin (diphenylhydantoin), can cause a transient polyuria. DI may be an early sign of an evolving cerebral process (De Buyst, Massa, Christophe, et al, 2007).

The cardinal signs of DI are polyuria and polydipsia. In older children, signs such as excessive urination accompanied by a compensatory insatiable thirst may be so intense that the child does little more than go to the toilet and drink fluids. Frequently, the first sign is enuresis. In infants, the initial symptom is irritability that is relieved with feedings of water but not milk. These infants are also prone to dehydration, electrolyte imbalance, hyperthermia, azotemia, and potential circulatory collapse.

Dehydration is usually not a serious problem in older children, who are able to drink larger quantities of water. However, any period of unconsciousness (such as after trauma or anesthesia) may be life threatening because the voluntary demand for fluid is absent. During such instances, careful monitoring of urine volumes, blood concentration, and IV fluid replacement is essential to