telarha sau pubarha prematura (izolate)

- examen clinic: talie, greutate, nevi, pete caffe au lait, neurofibroame, mase abdominale

- anamneza - posibilitatea de ingestie de hh f./m.

- varsta osoasa - dc e normala, e ok

- eventual dozare de E2/TST.

- reevaluare peste 6 luni, incl rgf.

dc are VO>2 DS sau crestere de VO, talie inalta,>1 semne de pubertate, trebuie evaluate pt pubertate precoce

!!!! menstra izolata --> tumori, corp strain, abuz sexual

! deficitul de GH mascheaza cresterea in inaltime si dezvoltarea mamara, persista VO >>. Atentie la fetele care au avut iradiere cerebrala pt diferite cauze

Analize: FSH, LH, TST/E2 la laboratoare specializate cu limita de detectie de 0,2 U/l pt FSH,LH. valori foarte mari de E2 sau TST trebuie sa caut ovarele sau suprarenala de tumori.

Eventual dozare de E2 saptamanal pt a obtine valorile reale, eventual evaluarea mucoasei vaginale si a dimensiunilor uterului.(latime >1,5 cm).

LH >=0,6 U/L bazal si >= 6 dupa stimulare --> pubertate.

In pseudopubertate precoce(PPP)=periferica, raspuns absent la test, in telarha/pubarha precoce raspuns diminuat.

In pubertate precoce centrala (CPP) raspuns pubertar cu crestere de LH, E2/TST.

Laboratory Criteria for Rapidly Progressive Complete Precocious Puberty

1. Sex hormone level pubertal (diurnal early)

1.1 Estrogen (girls, cyclical): E29 pg/mL, vaginal cornifi cation

1.2 Testosterone (boys): 20–1200 ng/dL

1.3 DHEAS normal for age height age

2. Sex hormone excess is sustained: • Bone age >height age > chronological age

3. LH and FSH pubertal

3.1 Sleep-associated LH rise initiates puberty •

3.2 Basal: LH.0.6 and FSH.2.0 IU/L or more (monoclonal RIA) •

3.3 Post-GnRH LH4.2 IU/L

4 Exclude: tumor, hypothyroidism, gonadotropin-independent precocity