

<sup>1</sup>The primary indication for treatment is to prevent impairment of adult height. Elevated testosterone levels in the absence of bone age advancement does not warrant treatment. Exceptions may be made for boys with testosterone-induced behavioral changes or progressive masculinization of the genitalia.

<sup>2</sup>Routine labwork is unlikely to change management and is not recommended. <sup>3</sup>Typical MAS-associated testicular involvement is associated with Sertoli and/or Leydig cell hyperplasia, which likely carry a small theoretical risk of malignant transformation. In addition, MAS-associated testicular involvement is likely associated with a slight increased risk of testicular germ cell tumors. Biopsy of affected testes is not recommended. Lesions should be followed with serial exam and ultrasound. Consider biopsy for lesions with atypical features such as a palpable mass, or for lesions that are large and/or progressive.

## References

Boyce AM, Chong WH, Shawker TH, Pinto PA, Linehan WM, Bhattacharryya N, Merino MJ, Singer FR, Collins MT. Characterization and management of testicular pathology in McCune-Albright syndrome. J Clin Endocrinol Metab. 2012;97:E1782-90.

## Legend

BID = twice daily; MAS = McCune-Albright syndrome; mo = months; PE = physical exam; q = each; US = ultrasound