Relation between CNP signaling pathway and the effect of combined treatment with GnRHa and GH on the linear growth in mid/late pubertal girls at great bone ages with CPP or EFP

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OBJECTIVES

• To evaluate the effect of combined treatment with Gonadotropin-releasing hormone analogue (GnRHa) and recombinant human growth hormone (GH) on the linear growth in mid/late pubertal girls at great bone ages with central precocious puberty (CPP) or early and fast puberty (EFP).

• To investigate the relation between C-type natriuretic peptide (CNP) signaling pathway and GH’s effect on linear growth in these girls.

METHODS

Twenty-two girls were diagnosed as CPP or EFP, whose bone ages were older than 11.5 yrs, and received different therapies as follows: eleven girls received the combined treatment with GH and GnRHa, another eleven girls matched for auxological characteristics were treated with GnRHa alone. At the beginning and the end of the 6 months’ treatment, peripheral blood samples were collected to test serum amino-terminal proC-type natriuretic peptide (NTproCNP), insulin-like growth factor-1 (IGF-1) and procollagen type 1 amino-terminal propeptide (P1NP) concentrations. Comparisons were made among height velocity (HV), the improvement of predicted adult height (PAH) and the changes of serum NTproCNP, IGF-1, P1NP concentrations between the two groups.

RESULTS

After six months’ treatment, the height velocity and △PAH of the girls treated with GH and GnRHa were statistically faster and higher compared with control group (P<0.01). Serum NTproCNP [(10.5±4.9)pmol/L vs. (9.6±2.9)pmol/L], IGF-1 and P1NP concentrations were not significantly different between the beginning and the end of the 6 months’ treatment in the GH-combined group (P>0.05). In contrast, the girls treated with GnRHa alone showed a significantly decrease of both serum NTproCNP [(10.5±3.6)pmol/L vs. (6.9±1.5)pmol/L] and P1NP levels (P<0.05), but no significant change of serum IGF-1 level(Fig.1).

CONCLUSIONS

• In CPP or EFP girls who are in mid/late puberty and at great bone ages, the combined treatment with GH and GnRHa may accelerate linear growth and improve predicted adult height.

• This growth-accelerating effect of GH could in part be induced by the increase production of CNP.

References