**What is the profil of gigantism?: 7 observations**

**Introduction**

Gigantism is a condition characterized by excessive growth and height significantly above average; it is usually caused by a tumor on the pituitary gland. In some cases the condition can be passed on genetically through a mutated gene.

**Aim:**

Describe clinical, hormonal and morphological profile of 7 children with gigantism.

**Patients et méthodes**

**Patients**

7 patients (2F/5 H) were retrospectively reviewed.

- Mean age = 14 years (09-16).
- Age of onset of symptoms = 12 years.
- Tall stature (50%).
- Brain tumor syndrome (50%).
- Discrete dysmorphic syndrome (n=1).
- Delayed puberty (n = 4).
- A McCune Albright syndrome (n = 1).
- No signs of MEN type 1.

**Methods:**

Laboratory studies used in the diagnosis:

- OGTT/growth hormone (GH) and IGF-I.
- Of hypopituitarism: cortisol, ACTH, FT4, TSH, FSH, LH, E2, TESTO, PRL.
- Imaging studies include Magnetic resonance imaging (MRI): To image pituitary adenomas.

**Résultats**

The diagnosis is late: In our series 50% were diagnosed after a brain tumor syndrome.

Hormone - diagnosis: OGTT / GH and IGF1 which must be greater than 2DS because this rate can be high in case of large family size.

The treatment is difficult and requires a combination of several treatment arms. In addition there is no indication of AS before age = 15 years.

The genetic study is required.

**Discussion**

- Average of GH = 110 μui/ml and high IGF1.
- Hyperprolactinemia (n = 2).
- Gonadal failure (n = 3).
- Hypothyroidism (n = 1).
- Normal cortisol level (n = 7).
- Hypothalamic-pituitary - MRI: locally invasive pituitary adenoma (n = 4) and aggressive (n = 2).
- Treatment: surgery (n = 6), second surgery (n = 3), surgery + radiotherapy (n = 4), surgery + radiotherapy + somatostatin analogs (AS) (n = 3), surgery + AS (n = 1 case), AS (n = 1).

**CONCLUSION**

Gigantism is a rare disease of the child. A monitoring of growth allows early diagnostic and early treatment.