INTRODUCTION

McCune-Albright syndrome (MAS) is a rare condition and heterogeneous. The clinical condition caused by a rare genetic mutation. This disorder is most common in female and characterized by a triad of cutaneous, bone, and endocrine abnormalities.

CASE REPORT

A girl with MAS, initially present with vaginal bleeding at the age of 12 months. Ultrasonography examination revealed bilateral ovarian cysts also ureteral and ovarian enlargement. Bone age rapidly advanced as growth spurt. Consider with clinical and paraclinical findings, the patient was diagnosed as a case of gonadotropin-independent precocious puberty who was treated with Tamoxifen. During the follow-up, recurrent episodes of bleeding, ovarian activation, and cyst formation, as well as breast size development were reported. At the age of second years old, fibrous dysplasia was detected, which in coexistence with precocious puberty confirmed the diagnosis of MAS. The patient had cafe-au-lait sign in skin of stomach during follow-up. The laboratory results: LH < 0,1 mIU/mL, FSH < 0,1 mIU/mL, estradiol 21,72, Urogenital USG (January 9th 2016) : Ratio corpus/cervix >1, puberty uterus, ovary cyst, Bone Age same with left hand of 7 year 6 month old girl (advance).

Keywords: McCune-Albright Syndrome, Bleeding, Fibrous Dysplasia of Bone, Precocious Puberty

CONCLUSION

Considering that clinical manifestations of MAS appear later in the course of recurrent periods of ovarian activation and cyst formation, a careful clinical observation and follow up of patients is necessary and the diagnosis of MAS must be kept in mind in cases with gonadotropin-independent precocious puberty.