Aim:
The 45,X/46,XY karyotype is rare (1/15,000)
- It represents from Turner females to phenotypically normal males with varying degrees of genital ambiguity.
- Although, high gonadotropin levels have been described in 0-5 years old girls with Turner syndrome, high FSH level is not well known finding in prepubertal girls older than 6 years.

Case:
- A 6 y 8 m girl presented with lipomastia
- She was born 3720 gr via section and her background was normal

Physical examination:
Height: 116.4 cm (-0.57 SD)
Weight: 26.8 kg (+1.17 SD)
BMI: 19.7 kg/m² (+1.73 SD) (95.6 p)
MPH: 170 cm (+1.05 SD)
BP: 110/70 mmHg,
Prominent eyes, prolonged palpebral fissur
Other systems were normal, Breast 1 (lipomastia), Pb 1

CA: 6 8/12 PAH: 154.9 – 148.8 cm
BA: 6 10/12 - 7 10/12 MPH: 170 cm

- FSH: 16.7 mIU/mL
- LH: <0.1 mIU/mL
- E₂: <5 pg/mL
- TSH: 2.5 IU/mL
- fT4: 1.57 ng/dL

- Karyotype: 45X0/46XY (22/82) FSH: 10 mIU/mL
- Buccal mucoza: 45X0/46XY (82/18) FSH: 8.2 mIU/mL

- ECHO and Urinary USG were normal
- No hearing loss
- Glucose: 82 mg/dl, insulin: 7.8 μIU/mL, HbA1c: %5
- AST:25 U/L, ALT: 14 U/L, tissueTransgl IgA negative,
- Normal Lipids
- Negative Anti-TPO
- IGF1: 144 ng/mL, DHEAS: 99 μg/dL (2.8-85)

Conclusion:
Despite of normal height, Turner syndrome should be suspected in the presence of
- Prepubertal FSH elevation or
- Lower height SDS than MPH SDS
Elevated FSH level expects in 0-5 years old children with 45X0 Turner syndrome, but it can be also seen in prepubertal girls.